



National Association of
Catholic Chaplains

October
Vol.13 No.9

Task Force on Universal Standards Meets in New York

New York City was the site of the first face-to-face meeting of the Collaborative Task Force on Universal Standards. The meeting was held at The HealthCare Chaplaincy on September 7 and 8. Attending were representatives and executives from six sponsoring organizations: AAPC, ACPE, APC, CAPPE/ACPEP, NACC, and NAJC.

Participants were divided into three work groups: for standards in chaplaincy, for standards on professional ethics, and for standards on supervised pastoral education. NACC representatives are Mr. D.W. Donovan and Ms. Mary Lou O’Gorman in the chaplaincy group (Ms. Mary Johnson was unable to attend.); Sister Jane Connolly, IHM, Rev. Frank Danella, OSFS, and Ms. Ann Hurst in the professional ethics group; and Ms. Linda Bronersky, Sister Barbara Brumleve, SSND, and Dr. John L. Gillman in the supervised pastoral education group.

Initially, the participants met in a large group with a facilitator who helped the group establish some general working agreements. Each task group was then issued a flip chart,

markers, and masking tape and was charged with designing a process, structure, and timeline to complete the common standards.

While the task groups were at work, the presidents and executives met to review their ongoing collaborative work. They agreed to combine the Council on Collaboration (formed a year ago with three representatives from AAPC, APC, ACPE, NAJC, and NACC) and the Presidents/Executives Council (the leadership group meeting since the Toronto conference) into one working group to be known as the Council on Collaboration. This new group will still have three representatives from the six pastoral care, counseling, and education organizations, but to ensure continuity it was felt that the organizations should have executive and elected leadership with direct authority. Father Joe Driscoll was reelected chair of the Council.

July of 2004 is the deadline for the

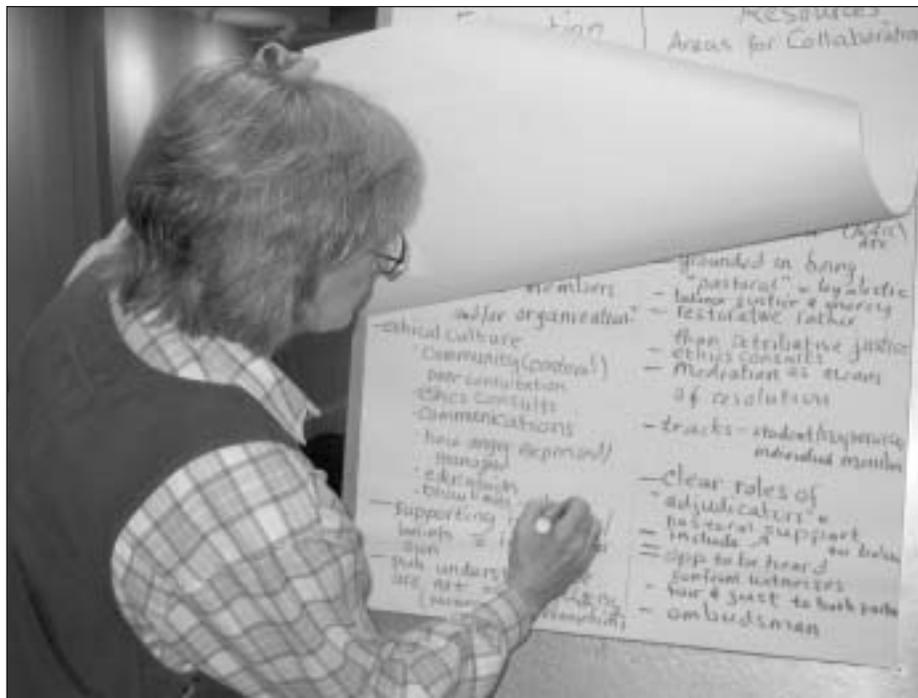
See Task Force on page 2.

Pastoral Care
— wide awake
in the city that
never sleeps.

In This Issue:

A New Vision	2
For Members Only	2
Letters	3
Rev. Joseph J. Driscoll	4
Certification News	6
2004 Conference Information	7
Strategic Plan Commentaries	8-11
CPE in South Africa	12
Circle of Life Award	13
Roy Woodruff Retires	14
In Memoriam	15
Book Reviews	16
Prayers for Healing	17
Positions Available	20

NACC-certified chaplain and board member Ann Hurst captures her group's ideas on a flip chart. Ann was elected chair of the task group on professional ethics.



Summer Retreat

By Georgia Gojmerac-Leiner

I followed my heart and went to the sea
To spend my gift of summer
Playing at its lap as a child at her mother's knees.
What would I find there, in the safety
of her watch?

The greater power of the hard working waters
Impressed itself upon me—
I feared the thought of straying from the shore,
Be pulled away from the life I know
By the undertow.
So I watched the watery giants
Break into pencil lines of waves
Writing and erasing those inimitable patterns
Of things on the sand,
Things we have no words for.

I wandered and waited like a gull, tern or plover
Each for our idea of a morsel,
They for a clam, crab or a snail
And I to feed my senses.
I poured over the ocean of meaning
As I would over Scripture.
I memorized the feeling
Of the salty, transparent-green, cold waves
Smelling of seaweed,
Clapping their approval.
I scooped sand dollars embedded in smooth sand,
Rinsed them out for my shirt pocket.

The birds gorged on quick bites of sea life
Before the waves took them back.
I memorized their cries and
High pitched chirps,
"Ocean, ocean,"
Holding the earth in balance
In the tension of your push and pull,
In your tides.
"Ocean, ocean," I echo,
As if calling, "Mother, mother."

In my inland home,
The summer rustles in dry leaves
And mature grasses wait the autumn cut.

—August 2003

NACC-certified chaplain Georgia Gojmerac-Leiner is the Catholic and interfaith chaplain at Emerson Hospital in Concord, Massachusetts. She is also a poet and an essayist.

Task Force

Continued from page 1.

task groups to assemble a draft of the universal standards for each of the three areas, focusing on areas of agreement. In November of 2004, a joint meeting of the boards of the six sponsoring organizations will consider the final document at the ACPE national conference in Portland, Maine.

Prior to the Universal Standards meeting, the NACC representatives met as the NACC Task Force on Standards, Policies,

and Procedures on Saturday, September 6. Their immediate goal is to arrange the NACC standards in a more useable format, identifying the standard, as well as the specific policy and procedure for that standard. The group divided the standards among themselves along the lines of chaplaincy, ethics, and pastoral education. Their goal is to have a draft ready for the NACC National Certification Commission by the end of October 2003.

An attractive, new Vision

Vision has been redesigned to complete the overhaul of the Association's identity package, which began with the adoption of a new logo two years ago following restructuring. We are taking advantage of new printing, layout, and mailing technologies to provide you with a product that features two colors throughout, crisper photo-

graphs, and attractive graphics as well as economies in mailing. The redesign also reflects the Association's commitment to improving the ways in which the National Office and Board of Directors communicate with our members and various publics – a dynamic process supported by our new Strategic Plan.

Introducing the new "For Members" section of the website

For Members is a new section of the NACC's website. It has been designed to offer content that is for current members of the Association:

- ▼ An online Address Change Form.
- ▼ A Certification Application Request Form.
- ▼ Past issues of *Vision* in their entirety (includes all the issues from 2002 and 2003).
- ▼ Prayers for Healing (This section is currently being developed.)
- ▼ An online Membership Directory (This section should be ready by the time you receive this issue of *Vision*.)

To gain access to the above sections you must first register online. Go to

www.nacc.org/membership/forMembers.asp to register. You must be a current member of the NACC and know your membership number. (Subscribers to *Vision* do not have access to the For Member web pages). If you do not know your membership number, send an e-mail to Robert J. Kopchinski at rkopchinski@nacc.org and request this information.

For Member content may be found throughout the NACC website and is identified by the For Members symbol. Just click on the corresponding link and then enter your username and password on the login screen.

Send your feedback on these features and the website to rkopchinski@nacc.org.



vision

Vision is published 10 times a year by the National Association of Catholic Chaplains. Its purpose is to connect our members with each other and with the governance of the Association. Vision informs and educates our membership about issues in pastoral/spiritual care and helps chart directions for the future of the profession, as well as the Association.

ISSN: 1527-2370

Executive Editor

Rev. Joseph J. Driscoll

Editor

Susan Cubar
scubar@nacc.org

Graphic Designer

Gina Reiter

The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

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

Manager of Operations
Kathy Eldridge
keldridge@nacc.org

Communications
Susan Cubar
scubar@nacc.org

Finances
Sue Walker
swalker@nacc.org

Membership
Barbara Hempel
bhempel@nacc.org

Professional Practice (Certification)
Marilyn Warczak
mwarczak@nacc.org

Special Projects
Robert Kopchinski
rkopchinski@nacc.org

New pins

In June, the National Office sent out new membership pins, which reflect the various levels of membership. The following is a selection of the many thank you notes and letters we received.

▼ I wanted to say "thank you" for the newly designed membership pin. I am very pleased with the design and logo. It is one I can wear and feel like it clearly signifies who I represent in my ministry. The person who designed this pin deserves recognition for a good accomplishment.

I also appreciated the letter enclosed with the pin. Your message clearly states why we do this ministry every day. I shared your message with the other staff chaplains.

*Sister Joyce Streff, OSB
Sioux Falls, South Dakota*

▼ Peace and all good to you! I want to thank you very much for the new, beautiful membership pin – I'm wearing it everyday and very grateful for it.

Also, thank you for my own copy of *A Ritual for Laypersons* that I also use. May God bless you in all your work, ministry, service, and leadership.

*Sister Christine Bielenda OSF/T
Zanesville, Ohio*

▼ I am writing to thank you for the beautiful new membership pin, which I received. Thank you also for the inspiring message enclosed in your letter.

Since wearing the pin I have received various inquiries from staff and family of residents here at St. Joseph's Manor, so it certainly has the effect of making my chaplain ministry more visible.

Once again, my gratitude for all your efforts on behalf of the organization as well as each individual member.

*Patricia Stockdale
Milford, Connecticut*

▼ The membership pin is beautifully done, and I thank you. Receiving my membership as emeritus status is in a way exciting. I recently began a ministry as a volunteer at a local nursing home. I signed in as a formal volunteer to obtain

Letters

a status with the staff. My tag says, Brother Richard, Volunteer Pastoral Care Services. Exactly what I wanted, so I feel very much a part of the NACC.

It is a private nursing home with 99 percent minority residents and staff. I live in this area. We have about 30 Catholics out of the 160 residents, and as Black Catholics in this area their Catholicism dates back to Civil War times. Each has a powerful story. To be available to all residents is my goal.

Thank you for the opportunity to continue my ministry with the NACC, even as I am myself in "senior status" in my Holy Cross Community.

*Brother Richard Kiniry, CSC
Forestville, Maryland*

▼ Thank you for the gift of the NACC membership pin. It was a wonderful surprise to receive in the mail. I will wear it proudly during my hospital ministry. Surely, I'm the only one in South Africa to wear the pin!

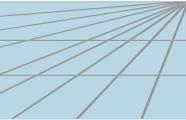
Starting Monday, July 7, three supervisors and myself will hold a three-week short CPE course for 24 graduate students and seminarians from all over Africa. The NACC pin will be prominently displayed on my hospital jacket as a reminder of the mission we share in our Church.

*Brother John Brice, OFM
Jeppestown, South Africa
ofmsa@global.co.za*

▼ Yesterday's mail brought an interesting package from your office. What a surprise I received upon opening it and finding your newly designed membership pin! I like everything about it: color, size, the identification of the category of membership, but especially the cross about which you spoke in your letter.

The pin will be a reminder of our mission as I carry out my duties here at Villa Siena. I love working with the elderly residents here, though I do miss the chaplaincy work in the acute care hospitals.

*Sister Adelaide Kulhanek, DC
Mountain View, California*



Rev. Joseph J. Driscoll

Not One Way, Not My Way, Not Even the Right Way

Yahweh of the Hebrew scriptures seldom reverts to name-calling – schoolyard style, that is – though the constantly bickering tribes certainly deserved such treatment. And centuries, even millennia later, all the so-called religious bodies, right to the present day, still bicker, and in the extreme, bloody one another in tribal warfare. It is no wonder so many people stay clear of organized religion.

But I do remember the voice of an angry Lord God calling the people “stiff-necked.” Not only once, but many times over would the voice of the Lord echo through many pages and many events in the lives of the people whom Yahweh loved particularly and peculiarly, even if they were “stiff-necked.”

Good for you, God, if you don’t mind me saying so. You chose a good name – an accurate adjective when you pause and play with the image. Stiff-necked: head held high, self-righteous, above the fray (those tax collectors and sinners, for example), rigid, a know-it-all. Very different from a head bowed, humble, one with the crowd, flexible, willing to listen and learn from the other.

All of us, individually and collectively, do at times get stiff necks from looking out *one* way, that is *our* way, and of course, though often unsaid, the *right* way. So how does one relieve a stiff neck? Let it drop first. Then move it back and forth. Massage it. Roll it back and forth, up and down. Of course, you know what might happen then? One might actually catch a view of something from the side, or from below, or a little to the right, or left. A different way of seeing things, someone else’s way of seeing things, perhaps a better way of seeing things.

In early September, representatives of the tribes of six major pastoral care, counseling, and education organizations gathered in New York City – nearly 50 of us. This initial meeting is the first of a year-long process by which we will move closer to the goal of agreeing to one set of universal standards for the profession of chaplaincy, one set of universal standards for supervised pastoral education, and one universal code of ethics.

I have no doubts – whoops, that is a little stiff-necked

– rather I have few doubts – of where the membership of our respective organizations rests on the goal of this monumental effort to be one people with one voice in our profession. Anyone in the ballroom in Toronto where 1,500 of us gathered last February will remember the spontaneous eruption of applause that stopped Neil Elford, then President of CAPPE mid-sentence when he was announcing the decision of the four boards who earlier that day voted to move forward with this venture. That was an incredible moment. Standing on the dais witnessing the spontaneous ovation, I caught Neil’s eye and he looked as stunned as the rest of us standing there, taken aback by the passionate response of our members.

The lights down, the dais darkened, the tables cleared and away from the glamour of standing dreams, we now sit at working tables with lots of tribal differences, or in more refined language, cultural differences among the now six organizations.

My prayer is that when any of us, individually or collectively, start to stiffen our neck, that we will have the courage, respect, and care to invite the other to drop one’s head, move it back and forth, massage it a little, and roll it back and forth, up and down.

The NACC’s way, or Joe Driscoll’s way, or whoever else’s way, collectively or individually, is only one way, not necessarily the right way, and maybe even not the best way. There are different ways of seeing or doing things – someone else’s way of seeing or doing things, perhaps a better way of seeing and doing things.

From the many conversations with our colleagues in the other cognate groups, especially during the last six months among the leadership, I have discovered approaches and processes in the other organizations that I believe are far better than our own; likewise I have seen methods and processes where I think the NACC leads the way.

A fundamental approach to this common venture, I believe, is the premise that each group contains some wisdom, and that if we can gather that wisdom from each, we will come away with not just a common set of standards or ethics, but an *excellent* common set of standards and ethics.

Last month, I was on a conference call with several physicians with whom I will be working to draft guide-

All of us, individually and collectively, do at times get stiff necks from looking out one way, that is our way, and of course, though often unsaid, the right way.

lines for physicians on how to approach spiritual issues with patients. As you can imagine, this is a critical issue that has particularly come to the fore through the conferences the last 10 years on spirituality and medicine. In a lively, at times challenging exchange, Dr. Francis Lu (a pioneer among physicians in raising the need to attend to a patient's spiritual concerns; see the interview in the March 1999 *Vision*) asked me if chaplains had any written guidelines that could support the position that I was laying out for them.

I shared that ironically six of the major chaplaincy, education, and pastoral counseling organizations would be gathering to look at formulating one set of standards that will hopefully address some of the issues that we were discussing. He seemed quite excited about this prospect as I indicated our proposed timeline of the fall of 2004. This experience further underscores the importance of "getting our act together" as now even the physicians are looking to us.

Jim Gibbons, ACPE President, issued a word of caution that I found an important balance as I find myself ratcheting up my own expectations for this ambitious undertaking. He said, "We need to have the freedom not to succeed." While that may seem overly cautious, perhaps

even self-defeating, I believe the wisdom that Jim offered is to loosen up our expectations which themselves can become "stiff-necked." He and all of the executives and presidents want very much to succeed, and hope we do; however, this is a process that is far beyond any one individual or any one organization.

Many of us call this the work of the Spirit. God's spirit. And God is not stiff-necked; rather it is God's people that are stiff-necked in our petty bickering, maybe not so petty, or seemingly so at the time.

Our organizations have been blowing with the Spirit of God more or less from our beginnings. Our organizations are not an end in and of themselves. In fact, they are merely dust formed into clay for a particular purpose at a particular time. We are a part of the religious tribes to which we belong, and all 12 or 20 or whatever many, somehow originating with the one God over all.

Our organizations are blowing with the Spirit of God, more or less. When we are stiff-necked, it seems then that we are less of God. So let's drop our heads, let's move them back and forth, let's massage them, let's roll them back and forth, up and down. Let's be more of God.

Let's show God that we heard God's voice. We seek not to be a stiff-necked people. ▼



Through the gracious generosity of The HealthCare Chaplaincy, the nearly 50 representatives from across the United States and Canada were treated to a beautiful dinner boat cruise on New York harbor on the Sunday evening of our time together. Looking toward the majestic Stature of Liberty on the outside deck, one couldn't help but wonder what new land the six organizations were now about to enter in this history-making moment. (Standing far right, Rev. Walter J. Smith, SJ, NACC board member and president/ceo of The HealthCare Chaplaincy.)

Certification News

More certification information on the website

The NACC website has recently been updated and includes information about:

- ▼ Standards
- ▼ Equivalency policy
- ▼ Application request form
- ▼ Calendar
- ▼ Commission
- ▼ CPE centers
- ▼ FAQs (frequently asked questions)
- ▼ Newly certified members
- ▼ Recertification

Go to: www.nacc.org/certification/.

Certification team members wanted – Earn continuing education hours

If you serve on an interview team, you can earn continuing education hours besides gaining valuable professional experience. For each interview, presenters earn three continuing education hours; chairs and readers earn one hour.

The Association needs certified chaplains and supervisors to serve on certification interview teams. The roles of chair, presenter, and reader alternate, and you will receive training developed by NACC interview Team Educators via conference calls.

We ask that you commit to serving on three interview teams at one location. The NACC will reimburse you for travel, Saturday night lodging, and Saturday and Sunday meals. See dates and sites listed in the box on the right.

To volunteer, contact Marilyn Warczak at the National Office: (414)483-4898; mwarczak@nacc.org.

Dates and locations of chaplain certification interviews for 2004

Spring

Saturday/Sunday, May 1–2

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

Due date for materials is February 1, 2004.

Fall

Saturday/Sunday, October 2–3

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

Due date for materials is July 1, 2004.

Chaplains at the table with physicians

NACC President and Chief Executive Officer, Father Joe Driscoll, joined 20 other invited participants at a two-day conference in Reston, Virginia, September 9–10, 2003, to draft guidelines for physicians on how and when to address spiritual issues with patients. Co-sponsored by the Association of American Medical Schools (AAMC), and the George Washington University Institute for Spirituality and Healing (GWish), the group was comprised of medical school deans, physicians at teaching hospitals, and five representative chaplains and chaplain supervisors.

The participants, divided into four working groups, met by conference calls during the late summer to prepare presentations in different areas such as the ethical issues involved with addressing spiritual and religious concerns. Focus points included ethical boundaries governing physician-patient relationships, ethical concerns of medicine moving into the area of spirituality and religion, opportunities and limits of medical school curricula for training students and residents, and the possibility of teaming physicians and chaplains in the training process.

At the end of the meeting, a consensus draft document was developed that will be circulated for more discussion and cri-



(Left to right) Rabbi Zahara Davidowitz-Farkas; Father Joe Driscoll; Dr. Christina Puchalski, Director of GWish; NACC-certified supervisor Ms. Mary T. O'Neill; Rev. Stephen Mann; Ms. M. Brownell Anderson, Associate Vice President in AAMC's division of medical education; and Imam Yusuf Hasan.

tique among the different parties. Father Driscoll observed, "A significant learning for the physicians was the realization of the intense training background of the professional chaplain, and the difference between the chaplains and clergy."

NACC 2004 Annual Conference

March 13–16, 2004 ▾ Kansas City, Missouri

What do spiritual assessments, interdisciplinary team meetings, praying with patients, budgets, memorial services, charting, patient satisfaction measurement, strategic planning, and quality improvement measurements have in common?

Each of these items is a part of the life and ministry of today's professional chaplain. It is indeed a long road from the corporal works of mercy to board certification! In today's environment, the work of a professional chaplain is increasing in its complexity – some of the daily tasks look and feel like ministry and some do not. The purpose of this year's conference is to weave together the varied aspects of today's ministry into an integrated whole. Within the context of prayer, church and healthcare leaders will address these important issues.

Highlights

▾ Opening keynote presentation

Praying the Hours: The Sacred Call of the Workplace

This plenary will focus on spirituality of work and the workplace.

Speaker: Most Rev. Robert F. Morneau, DD, Auxiliary Bishop of Green Bay, Wisconsin.

▾ **Working the Hours: The Sacred Business of Pastoral Care**

This plenary will focus on the need for professional accountability within the profession of chaplaincy. Issues to be explored are the need for chaplains to understand and contribute to the overall ministry of their organizations through the measurement of outcomes, performance improvement, documentation, and so forth.

Speaker: Sister Jean deBlois, CSJ, Director of the Master of Arts in Health Care Mission Program at the Aquinas Institute of Theology, St. Louis, Missouri.

▾ **Of Bibles and Balance Sheets**

This plenary will focus on the economic and financial structure of organizations and the impact of those structures on the ministry.

Speaker: Sister Mary Roch Rocklage, RSM, Chairperson of the Board, Sisters of Mercy Health System, St. Louis, Missouri.



Professional Chaplaincy

Sacred Call, Sacred Business

▾ Over 20 creative and inspiring workshops with something for everyone – from “Martha and Mary: Models for Integrating Business and Ministry” and “Caring for the Soul of the Chaplain” to “Practical Methods for Facilitating Intercultural Dialogue,” “Ethics,” and “Fundraising for the Timid.”

- ▾ There will be affinity group meetings for long-term care, single-member departments, directors, prison chaplains, and more.
- ▾ New Feature – Innovation Showcase – designed to highlight new and creative innovations within professional pastoral care.

Fees

Early registration.....	\$250
Regular registration	\$300
Student registration.....	\$190
One-day registration.....	\$150
Spouse/guest meal package (no registration)...	\$50

Hotel

Hyatt Regency Crown Center
2345 McGee Street, Kansas City.
Reservations: 800-233-1234
Single/double occupancy...\$99 plus tax.



2003 Strategic Plan / 2

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

Strategic Plan

The Profession of Chaplaincy

Strategic Issue

Ours is an amazing 70-year journey from the “lone ranger,” on-call chaplain set apart in the institutional setting of the 1930s, to today’s departments of spiritual care with clinically trained, board certified chaplains and clinical pastoral educators, integrated into almost every aspect of the life of the health care organization. We can now claim ourselves as a profession, though an important next question begins to surface: “Do others claim us as a profession?” Like all the other professionals on the team, there is that moment when each profession “comes of age,” as it were, and we are at that moment now!

The six major pastoral care, counseling, and education organizations in North America stand at the threshold of an exciting opportunity to have one voice for the one profession that we have nurtured and grown together over these years. Having successfully published together a white paper describing and detailing the profession of chaplaincy, we now can move to the next step of agreeing to one set of universal standards for the profession. In doing so, chaplaincy and clinical pas-

Commentary

The Challenge of Professionalism

By **Richard M. Leliaert, OSC**

Recently a physician friend of mine gave me an article from the *Archives of Internal Medicine* (2003; 163:1645-9) about conflicts between spiritual or religious convictions and clinical judgments for appropriate end-of-life care. Religious patients and families (especially Christians, according to the article) often provide religious justifications for insisting on aggressive medical care near the end of life. Four such rationales are common: (1) hope for a miracle; (2) not giving up on the God of hope; (3) God’s gift of life is worth preserving at any cost; and (4) suffering can have redemptive value. When these beliefs conflict with clinical judgment, many clinicians invoke the aid of chaplains or clergy to discuss alternative religious interpretations with the patient/family to reach a consensus on appropriate limits to life-sustaining treatment.

This article got me thinking about the “profession” of chaplaincy and the tension(s) chaplains experience between the spiritual/religious aspects of their profession and their interaction with professional clinicians in the health care setting. I see two aspects to a profession: one is what the business or corporate world calls the “professional” aspect of one’s service – how one’s service meets accepted technical standards of performance. This is by far the dominant meaning of the term. The other is a lesser used but significant meaning: “What do I profess?” – actually related to what religious believers call a profession of faith. Our challenge in being accepted as professional chaplains paradoxically relates to both meanings of the word.

As the Strategic Plan indicates, over a 70-year journey, we are at that special moment wherein we have come of age as a profession. But do others recognize us as professional peers, as true members of a health care interdisciplinary team? What about our being “non-revenue producing?” Each of us might give varied answers to this question. From one perspective, the Joint Commission (JCAHO) has slowly evolved toward increasing recognition. Many of us experience genuine recognition from our peers. From another perspective, we encounter health care professionals like that physician who cynically said to one of my staff members: “I’d like to get paid just for saying a few prayers!”

Milestones in chaplaincy

Two milestones were achieved recently. One was the publication of the White Paper – *Professional Chaplaincy: Its Role and Importance in Healthcare* (2001) – describing the role and significance of spiritual care by five of the largest chaplaincy groups in North America (whose combined membership totals over 10,000). The other was the EPIC Conference in Toronto earlier this year, wherein six groups of chaplains, supervisors, and educators agreed to forge a set of common standards for certification, a common code of professional ethics, and a joint council of liaisons. The former spoke to our external publics, the latter toward our internal growth as professionals.

The White Paper provided a generic, inclusive, and understandable description of the transcendent nature of chaplaincy or spiritual care for the various publics of our culturally and spiritually diverse world. It showed the distinction between religion and spirituality, while turning people’s minds to the many ways by which chaplains bring time-tested spiritual and religious resources to help people focus on transcendent meaning, purpose, and value. For us in the NACC, this transcendent dynamic gets very specific, as our Mission sees us as participating “in the healing mission of Jesus Christ.” Overall, however, professional chaplains reach across faith group boundaries and do not proselytize.

How do we substantiate chaplaincy's value to health care?

I want to discuss briefly a challenge related to the Strategic Priority, which states: "Further legitimize the profession of chaplaincy and substantiate its value to the emerging health care delivery system." In the July/August 2003 issue of *The APC News*, p. 13, Larry VandeCreek wrote an article entitled, "Can We Demonstrate Important Psychosocial Influences on Health?" Since the influence of pastoral/spiritual would be considered a psychosocial/religious influence, he argues, it is subject to four methodological difficulties regarding "demonstrating" direct psychosocial influences on health.

- ▼ "health is affected by a host of variables about which we know little and over which we have no control";
- ▼ "health is usually very stable except in unusual circumstances" (research efforts tend to reflect stability rather than change);
- ▼ "identifying influences requires *long-term projects*, repeating observations and measurements often"; and
- ▼ "a definition of health is required to conduct a study of variables that influence it" (and spirituality is just as hard to define as health).

Again, as I thought about this problem and how it relates to the Strategic Priority, I asked, how do we actually *demonstrate* the influence of religious/spiritual interventions on healing? If I anoint a person with the Sacrament of the Sick, or if a chaplain prays for a patient, say before an open heart surgery, and the person significantly improves, how do I demonstrate whether the anointing, or prayer for that matter, actually influenced or even "caused" the patient's improvement? A cardiac surgeon can easily demonstrate in most cases that the open heart surgery directly resulted in an improvement, maybe even a cure, of the patient's condition. But was the anointing or prayer actually a contributing factor? And if so, how? And how do I/we demonstrate it to a skeptic?

"As chaplains, we all want to believe that our ministries are helpful," writes VandeCreek, but "clearly demonstrating it scientifically is quite another matter." The first part would stand alone if we weren't engaged with the profession of chaplaincy; but since we value chaplaincy *as a profession*, we will need to dialogue with each other and our peers regarding the four problem areas discussed above.

Tactics to consider

To legitimize chaplaincy and to demonstrate its value, especially to hospital administrators, means that as a profession we may need to write and prioritize steps for achieving the Strategic Priority. We may need to develop certain areas of our profession that have been undervalued or even bypassed thus far:

- ▼ The development of reliable research surveys and the dissemination of the results in professional chaplaincy and health care journals, such as *The Journal of Pastoral Care*. Nurses, for example, stress publication in professional nursing journals as part of their professional standing. But NACC members seem to have published few articles in professional publications (outside of *Vision*).
- ▼ The training of more NACC members as skilled research specialists. I sense that for many of us, this may not be a priority, but my own background as an educator, for example, put me in touch with the "publish and/or perish" dimension of professional life. Medical residents, for example, are especially driven to learn research techniques and to share the results of their research with their peers and mentors.
- ▼ The specialized development of areas wherein professional chaplains are already proficient, especially bioethics and organizational ethics. As Bridget Deegan-Krause pointed out in her article on "The Changing Role of the Chaplain" in the August/September 2003 issue of *Vision*, the healing ministry of Jesus is expanding in many ways from bedside to boardroom. Caring for the souls of our organizations offers us unique opportunities to forge new paths of professionalism.
- ▼ The stimulus for moving into the forefront of the ethical, legal, social, and religious/spiritual dimensions of the Human Genome Project. NACC already belongs to the National Coalition for Health Professional Education in Genetics (NCHPEG), and

toral education will complete the journey toward standing and recognition as a profession.

The challenge before us, as indeed for all health care services in this time of scarce resources, is to provide consistent measure to the effectiveness of the intervention that chaplains provide with patients, family, and staff. The writing of universal standards for the future needs to be done with an eye to clear, competency-based and outcome-focused standards in the whole continuum of health services, not just acute care as in the past. These standards will need to be specific and concrete, and include such specialty areas as end-of-life care, issues around the Human Genome project, cultural diversity, etc.

Our legacy of 70 years in developing a profession is an enormous gift, and a reminder, that our future growth as a profession is just as promising.

Strategic Priority

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

2003 Strategic Plan / 3

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

Strategic Plan

Financial and Operational Stability

Strategic Issue

Health care is moving from a period of relative abundance of resources to a period of scarcity of resources. For the NACC, this abundance provided a lot of “in kind services” from health care organizations, especially our Catholic-sponsored entities. Printing costs, telephone calls, and available work time are examples of the “in kind services” that kept the Association’s costs down. Anticipating the inadequacy of the association’s almost exclusive financial dependence upon the members, the restructuring process was the result of our first steps toward exploring development opportunities for the Association.

Even with the increase of dues that put us in parity with the other professional organizations, we are struggling to put into place the personnel envisioned to complete the new structure in support of the mission. We have seen the first significant decline in membership that we have anticipated as we have observed our average age rise in the last 10 years.

Alongside these challenges is the reality that our

Commentary

The Cat in the Hat: It’s All About Balance

By **Ann Hurst**

Over the past several years, given the economic trends, I have begun to imagine that I will be working until I am 80 in order to be able to recoup losses in my retirement investments. Some of you might be experiencing similar feelings. My husband keeps encouraging me by saying, “We’re in it for the long haul. Things will improve! In the meantime, we’ll just be a little more frugal.”

During the recent strategic planning sessions, the NACC has had to take stock of its financial house as well—looking for ways to be in it for the long haul and to be more frugal. During the strategic planning process, the NACC took a look at the present reality, as well as the changing needs. Membership was one aspect of that reality, and we saw that our membership is presently declining. Since the organization is largely funded through dues, this continuing situation does not lend itself toward financial stability.

Establishing financial and operational stability requires good stewardship. What does this mean for our association? Yes, yes, we’re going to talk about the “money thing.” Do you remember Dr. Seuss’s book, *The Cat in the Hat*? Yes, the scraggly black cat with the red and white-striped hat. The cat who “stood on a ball with a cake on rake . . .” Well, that cat was not so adept in his balancing act and his values . . . a bit shaky I propose. Anyway, we all know he made a pretty good mess of things.

Stewardship is about achieving a balance of energies – energies that we put forth and energies that we receive and reserve in harmony with our shared values. Good stewardship encompasses taking a good look at the organization’s mission and reviewing the resources available to achieve that work. This includes, not just dollars, but resources of the human kind as well. Everything we do should frugally support our mission. Every dollar we spend and every hour we work should support our mission.

Aha! So what exactly is our mission you might wonder? I was hoping you would ask. Here it is:

Mission

The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

While we are at it, we might also review our vision and values too.

Vision

The National Association of Catholic Chaplains will be known as:

- ▼ The association of choice for Catholic Chaplains and clinical pastoral educators;
- ▼ The forum of dialogue between the Catholic Church and chaplaincy in responding to new realities;
- ▼ The initiator of continual renewal and transformation of the practice of chaplaincy.

Values

Integrity
Justice
Quality

Spirituality
Stewardship

Strategic issue

We strive to embody all of these values as we venture out to “achieve financial and operational stability to ensure sustainability and growth of the association and the viability of the profession.”

One step toward financial and operational stability took place several years ago with the centralization of some of the operations and restructuring the Board of Directors. The NACC revisited this strategic issue last year. Under the new Strategic Plan, we continue to examine the structure, systems, and personnel. This process involves looking at the present way we are doing business, but keeping a look forward to ensure succession of executive leadership within and to develop new relationships and partners.

Ensuring operational stability requires a committed Board of Directors and dedicated staff at the national office. While we are mentioning this staff, let us pause a moment to thank them from the bottom of our hearts, because they are dedicated and work hard to provide excellent services, often in the face of increasing workloads. Let’s admit it too, that as customers, sometimes we can get pretty crabby!

Back to the Board. Some of the basic responsibilities of the Board of Directors are to establish, review, and fulfill the organization’s mission and purpose. Additionally, the Board is responsible for ensuring that there are sufficient resources (energies, gifts, and assets) to fulfill the mission and to provide the necessary services. The Board works collaboratively with the President and CEO to develop financial resources, as well as managing those resources effectively consistent with our values and sound financial practices.

New horizons

There are several activities that the NACC has embarked on that will enhance our ability to provide excellent services. Currently we are searching for an Executive Vice President and Chief Operating Officer. This person will oversee some of the internal functions such as the overall budget implementation, human resources management, the delivery of member services, and program administration. This will allow the President and CEO the time to devote to developing and maintaining external relationships and to development of funds for the organization. This involves promoting the mission, programs, and services to attract the support of members and those outside of the organization.

In February, at the Toronto EPIC Conference, NACC members met with a number of other professional chaplain groups and committed to collaborating on several projects. The groups began that work in September. They will be working on ways in which we can pool resources to achieve initiatives that are common to all.

As we move forward with this goal, we can expect feelings of anxiety, fear, and skepticism as well as the myriad feelings that arise with change. Like, the Cat in the Hat, we may stumble, tumble, or fall. However, we can also embrace the wonder and excitement that comes with new experiences. In the midst of this, we strive to improve the structures, systems, and processes so that we may provide excellent services to our members that will support them in their healing ministries.

NACC-certified chaplain Ann Hurst serves on the NACC Board of Directors and is Director of Pastoral Services at Deaconess Medical Center, Spokane, Washington; hursta4@aol.com.

ministry deeply affects persons and communities at their most vulnerable moments. Sickness, dying, and unexpected crisis will be a part of every person’s life at one time or another. People never forget who was present and what care and solace they received. We can and should develop relationships with potential partners who share our mission and would support our initiatives to insure quality spiritual care for all persons.

Creating new partnerships with potential donors will provide not only the financial resources to support the mission, but the vitality of individuals and groups who join us with their investment of ideas, energy, and overall support.

The living experience of the association in the new organizational structure these past several years now provides us an opportunity to evaluate operations and staffing to most effectively accomplish our mission. Thus, the resources, human and financial, can together accomplish financial and operational stability toward an exciting future.

Strategic Priority

Achieve financial and operational stability to ensure sustainability and growth of the Association and the viability of the profession.

Multicultural CPE in South Africa

By **John Brice, OFM**

Each July for three weeks, Edwina Ward, a South African supervisor, organizes a “mini” CPE experience at Grey’s Hospital. (The course can only be three weeks long during the break between semesters, the winter holiday period.) Grey’s Hospital is a 450-bed tertiary care facility drawing its patients from a hundred mile radius catchment area of rural Zululand. About 60 percent of the patients admitted to Grey’s are either HIV positive or have full-blown AIDS besides the illness that caused their hospitalization.

Sixteen final year seminarians and nine graduate students from the University of Natal participated in the course July 7 to 25 held at Grey’s Hospital. Dr. Edwina Ward, Sister Jacinta Bannon, IBVM, Rev. Christopher Ozodi, a Nigerian Anglican priest, and I provided this year’s supervision.

My small group of seven consisted of two Zulu Oblates (OMI) seminarians, one seminarian for the Diocese of Kimberley, South Africa, one



Brother John's small group outside Grey's Hospital, Pietermaritzburg, KwaZulu Natal, South Africa.

Ugandan seminarian from the Mariannhill Missionaries (CMM), one Anglican seminarian from Kenya, one Anglican priest from Uganda, and one Lutheran minister from Namibia. Our small group was truly ecumenical, international, and multicultural. Verbatim analysis in small group sessions was very lively as each participant contributed from a rich background of pastoral experience and theological education.

In one small group session, a student named Siphon, which is Zulu for gift (not his real name), presented his verbatim. A 22-year-old Zulu woman, Thandi, Zulu for beloved (not her real name), was admitted for heart problems. When the doctors checked Thandi they discovered that she was HIV-positive. Siphon visited her late one afternoon. They quickly formed a

See [CPE](#) on page 13.



The 2003 CPE students and supervisors in Grey's Hospital chapel after morning worship.

Our small group was truly ecumenical, international, and multicultural.

CPE

Continued from page 12.

close relationship. She was eager to speak with him about her fears of death but was interrupted by the arrival of some family members. Siphso promised to see her first thing the next morning. Thandi died during the night. The nurses said that the shock of being HIV-positive caused her to have a massive heart attack. Siphso also was in shock at the sudden death of Thandi. Members of the small group ministered to him in his grief. We all learned so much from such a tragic event.

Each morning we gathered together for a worship service in the hospital's chapel. Students took turns in planning and leading the service. The liturgies were very creative. Zulu singing, Kenyan hand clapping, English hymns, incense, colorful ethnic cloths, and creative candle arrangements were some of the various elements that were used to design prayerful and joyful celebrations of

God's goodness and love.

For four years, I have participated in these "mini" CPE experiences. Each year I come away feeling abundantly blessed. I enjoyed the opportunity of journeying with these young people and facilitating their personal and pastoral growth in the formation of a pastoral identity. Each year during the participants' evaluation of the course, they acknowledge that this has been the most helpful course in their personal growth and pastoral development. This positive feedback is encouraging for the supervisors.

Besides the three-week "mini" CPE course, there are one-month and three-month programs held in Cape Town twice a year. Sister Jacinta and Kay Espley are the supervisors. Dr. Edwina Ward offers an extended CPE course during one semester each year to graduate students at the University of Natal.

There is a great need in South Africa to train an African supervisor. When we three white supervisors identify a possible candidate from our

various CPE courses, the sponsoring church or religious community is very reluctant to release him or her for supervisory training. Often the candidate is earmarked for higher studies or formation work. This is a problem because we would like to have a multi-racial supervisory team, but we cannot do this without the help of churches and religious communities. We ask for your prayerful support in our ongoing quest to train an African supervisor.

NACC-certified chaplain Brother John Brice, OFM, is also certified by the Association of Clinical Pastoral Education of South Africa. He is a member of the Provincial Council of the Province of South Africa of the Franciscan Friars and is the supervisor in charge of CPE programs in the Johannesburg region; ofmsa@global.co.za.

We ask for your prayerful support in our ongoing quest to train an African supervisor.

Providence Health System, Portland, receives 2003 Circle of Life Award

The Providence Health System in Portland, Oregon, was one of three recipients of the 2003 Circle of Life Award. Providence works to provide end-of-life care that is patient- and family-centered by tailoring its program to each patient's and family's unique situation and needs. In recognition for its achievements in advancing hospice and palliative care, Providence will receive \$25,000. The Providence Health System employs about 40 chaplains in the Portland area, many of whom are NACC members.

An example of Providence's commitment to improving care at the end of life is reflected in the creation of the End-of-Life Committee, which meets regularly at the local and regional levels. NACC-certified chaplain Liam Davitt is an integral member of this interdisciplinary committee. One of the first objectives of the committee was to develop a survey for families that helped Providence Health System track how well they were meeting patient and family needs at end of life

and led Providence to identify the need for closer communication between doctors and families. The Circle of Life award also highlighted Providence's music thanatologists. These two professionals provide prescriptive harp music to patients who are immediately dying, are nearing the end of life, have recently been diagnosed with a life-threatening condition, or are facing a particularly difficult or painful medical procedure. The thanatologists are part of the spiritual care department.

The Circle of Life Award honors innovative programs that have improved the care people receive near the end of their lives whether in hospital, hospice, nursing home, or home. The American Hospital Association, in conjunction with the National Hospice and Palliative Care Organization, the American Medical Association, and the American Association of Homes and Services for the Aging, sponsors the annual awards, which are supported by a grant from the Robert Wood Johnson Foundation.

C. Roy Woodruff retires from AAPC

Minister,
teacher,
counselor,
supervisor,
leader.

The American Association of Pastoral Counselors has announced that C. Roy Woodruff, PhD, the association's executive director since 1988, has retired from his post after 15 years of faithful, dynamic leadership of the organization. As AAPC's executive director he was instrumental in initiating and cultivating relationships between the pastoral counseling profession and the national representatives of the mental health professions, consumer advocacy groups, Federal agencies and the Congress of the United States, and



for significantly enhancing national public recognition and value for pastoral counselors.

AAPC, an interfaith organization, is the primary professional association for certified pastoral counselors and others who professionally integrate spirituality and psychotherapy, with members throughout North America and around the world. The association office is located in Fairfax, Virginia.

According to Dr. Woodruff, he has

become "interested in the practical importance of spiritual and relational values in workplace and organizational settings, especially in our multicultural, multifaith society. Attention to these dynamics . . . helps create a positive working environment for the benefit of all concerned. I plan to offer consultation in these sensitive and often neglected areas of organizational life . . ."

"Dr. Woodruff has been an excellent leader of AAPC for many years, and he is a man of unsurpassed integrity. As his colleagues we are excited for him in this new endeavor," said Vic Maloy, AAPC President.

Dr. Woodruff received the Distinguished Contribution Award at AAPC's 40th anniversary conference at Newport, Rhode Island, on April 26, 2003. The award reads, "C. Roy Woodruff, PhD, Minister, Teacher, Counselor, Supervisor, Spokesman, Leader and AAPC Diplomate: Recognizing his outstanding career in the teaching and practice of pastoral counseling, his fifteen years of faithful and dedicated service as executive director of AAPC, his tireless efforts to promote pastoral counseling among mental health professions, religious judicatories, and governmental bodies, his depth of spirit and loving presence, and his farsighted leadership preparing AAPC for the 21st century."

His numerous appointments have included presidency of The COMISS Network, member of the National Quality Caregiving Coalition of the Rosalynn Carter Institute, member of the National Mental Health Leadership Forum, member and Chair of the Virginia Board of Professional Counselors, and Wayne E. Oates Visiting Professor at The Southern Baptist Theological Seminary. ▼

Minding the light

Newport harbor on the beautiful coast of Rhode Island was the picturesque location for the annual meeting of the American Association of Pastoral Counselors on April 24-26, 2003. It was also the setting for a moving farewell to Roy Woodruff, AAPC executive director, these past 15 years. I joined Jo Schrader, APC executive director, in representing the pastoral care, counseling, and education movement in a tribute to the excellent leadership that Roy has provided not only his organization, but indeed all of us in the profession.

At the end of his eloquent farewell address, Roy told the story of a husband and wife who were lighthouse keepers for many, many years. The man was now dying, and he brought his wife close to him and whispered to her, "Mind the light," and repeated again, "Mind the light." He died shortly thereafter, and his wife kept her promise and continued to "mind the light" for the next 10 years until she herself died.

And so Roy thanked the membership for the privilege of the trust of his leadership, and closed telling them to "mind the light."

Roy minded the light with an extraordinary sense of commitment and trustful watch for the 15 years he was executive. He was on the steering committee for the enormously successful Dialogue 94, which was chaired by our own Rosemary Abramovich, OP, and I served with Roy for many years on the executive committee of The COMISS Network. Anyone who met Roy encountered a gentleman with a warm, sincere presence, a good listener and an able negotiator. Roy was particularly successful in bringing the issues of AAPC, especially reimbursement for services, to "to the hill" in dogged meetings with coalitions for many years in the long, sometimes tedious, legislative process.

Roy not only minded the light, he was a light to many of us in collaboration these many years. On behalf of us all, I pray Roy continue to shine in the next part of his journey as a man of God, and a pastor to many. I will miss a cherished colleague, but joyfully look ahead to working with the next lighthouse keeper of AAPC - The Rev. Dr. Douglas M. Ronsheim.

- Joe Driscoll

Professionalism

Continued from page 9.

earlier this year, the Association of Professional Chaplains (APC) joined NCHPEG. This is a promising area of collaboration, and both the NACC and APC have been contacted to lead a major presentation of the spiritual/ethical aspects of genetics at NCHPEG/GROW's annual meeting in January 2004. (GROW stands for Genetic Resources on the Web.)

Our distinguished profession

Lastly, Franciscan Father Daniel Sulmasy, MD, PhD, embodies the twofold professionalism we have spoken of. As a priest and physician, as well as a PhD, he speaks to our efforts to enhance the profession of chaplaincy. In his article in *Health Progress* (July/August 2003; 10-13, 50) entitled "Can Medical Schools Be Catholic?," he cites Abraham Flexner's six criteria for distinguishing professions from other human enterprises:

- ▼ They are intellectual operations with large individual responsibility;
- ▼ They depend on science and learning;
- ▼ They put their learning to a practical and definite end;
- ▼ They possess an educationally communicable technique;
- ▼ They engage in self-organization and self-regulation;
- ▼ They tend to become increasingly altruistic in motivation.

While Father Sulmasy applies these criteria to medicine, we have no trouble adapting them to professional chaplaincy. All that we do and all our educational/certification criteria – CPE, academic preparation, code of ethics, clinical/spiritual ministry, and so on – are easily integrated into these criteria. Our challenge is to realize the Strategic Priority with even increasing intensity. The White Paper and Toronto have provided the foundation(s) for entering into a whole new era of chaplaincy. This article simply provided some further points for reflection and action.

Vatican II's document on the Church in the Modern World (*Gaudium et Spes*, #43) provides a fitting conclusion to these reflections as it challenges us as believers to "integrate human, domestic, professional, scientific and technical enterprises with religious values, under whose supreme direction all things are ordered to the glory of God."

Richard M. Lellaert, OSC, PhD, is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center, Dearborn, Michigan. He is Chair of the Board of Directors and the Association's representative to NCHPEG; lellaerr@oakwood.org.

From another perspective, we encounter health care professionals like that physician who cynically said to one of my staff members: "I'd like to get paid just for saying a few prayers!"

Please remember in your prayers:

▼ **Deacon Gabriel L. Lasch**, who died on June 25 in Morristown, New Jersey. He was a member of the first class of men who were ordained to the permanent diaconate for the diocese of Paterson. He was the diocese's senior deacon and until just days before his death had been active in his parish ministry as well as his hospital and nursing home ministry. Deacon Lasch's chaplaincy ministry included service at Morristown Memorial Hospital and Morris Hills Center. He had been a member of the NACC since 1978.

▼ **Sister Antoinette Courtney, CCVI**, who died on September 3 at the Incarnate Word Retirement Community in San Antonio, Texas. She served for many years in the finance department at Santa Rosa Hospital, but in her later years enrolled in a pastoral care program at St. Francis Medical Center in La Crosse, Wisconsin, and then served as a chaplain at St. Anthony's Hospital in Amarillo, Texas. She joined the NACC in 1984 and was certified in that year. In 1993 Sister Antoinette volunteered to minister to the people of Peru, working in pastoral ministry in a hospital there.

In Memoriam

▼ **Sister Earleen Paula Desselle, OSF**. A resident of Baton Rouge, Louisiana, she died on Sunday, September 14 at Our Lady of the Lake Regional Medical Center. She was 54 and a native of Reserve. She was a member of the Franciscan Missionaries of Our Lady order since 1968, and was a chaplain at Our Lady of the Lake Regional Medical Center. Sister Earleen joined the NACC in 1978 and was certified in 1977.

Book Reviews

The Art of Listening

Dialogue, Shame and Pastoral Care

By Neil Pembroke

Erdmans Publishing Co., 2002. \$22.00

Reviewed by Susan C. Johnson

Haven't we all been there at one time? You enter a patient's room intent on listening to their concerns and establishing a relationship of trust, but you exit with a very different experience. You can't quite put your finger on it. You used solid, open-ended questions following the patient's lead, but that spark, that connection that you've made so many times before just isn't there. "What went wrong?" you ask. Perhaps your own feelings of diminishment over these failed expectations leave you feeling guilty and even somewhat ashamed. Chances are, you are not alone! Chances are, you could benefit from reading Neil Pembroke's book, *The Art of Listening: Dialogue, Shame and Pastoral Care*.

The initial reading of the introduction alone is a very humbling experience. In it, Pembroke lays out a very scholarly approach to build the case for what he believes to be the essence of all pastoral ministries: *presence*. Presence, for this author, is more than simply "being there" or "being with" another in their pain or their struggle. It is the willingness and the ability to receive into our own being, the "thoughts and feelings, hopes and dreams, pain and fears of the other." It is further, a willingness to allow the other to make a claim on our freedom: to belong to them, in a sense.

This is not a challenge for the faint of heart, either, as Pembroke points out. True presence demands that pastoral ministers enter courageously into the struggle with the other, much like Jacob wrestling with his God, and inviting them toward a new understanding, a deeper level of being. It requires that we journey with the other in their process of becoming.

The author draws heavily from the work of Gabriel Marcel on availability and Martin Buber on confirmation. Pembroke begins with Marcel's contention that presence, authentic sharing, in being, in the life of the other, is a grace requiring participation, or active engagement with the other, and contemplation, the thoughtful examination within the self of our outward experience and environment. He develops these concepts further through Buber's philosophy on the I-Thou Relationship. As when heat is generated by rubbing one's hands together, the friction created while cultivating the "Between" in the I-Thou Relationship provides deep insight

into the other. By accepting persons in their uniqueness and confirming them not only as they are, but also as the persons they are becoming, the pastoral minister participates in the two foundational moments in pastoral care.

While many pastoral ministers may not be firmly rooted in the writings of Marcel or Buber, or several of the other sources utilized by Pembroke in the development of his argument, and I must confess to my own hesitation based on this deficiency, it need not be an impediment to benefit. The author takes very deliberate steps at each stage of his presentation to thoroughly explore those teachings, their connections to other schools of thought, and their implications for pastoral ministry. He begins with a comprehensive look at what Marcel has to offer on Presence as Grace and Availability, followed by an examination of Buber's thoughts on Presence as I-Thou Relation and Confirmation. Drawing from Hebrew Scripture, Pembroke continues to lay the foundation for Pastoral Availability in Care and Counseling. His overarching theme is that "before skills and techniques, there is availability." Before entering into the arena of Shame and Distorted Presence in Part Two, readers are led through a discussion of the Community of Self and the Role of Conscience.

It is in Part Two of this work, I believe, that pastoral ministers can most benefit, for it is here that Pembroke makes the case for calling oneself and the other to accountability for our experiences of shame and guilt. He offers a framework for redefining how we utilize our mis-steps and the negative self-evaluation they engender so that we are drawn to a conversion, not only of heart, but also of our approach to pastoral ministry. Our guilt can become the driving force that leads us toward more creative ministry and genuine presence with others and ourselves. It can also help us in formulating our own response to that nagging question, "What went wrong?"

Neil Pembroke is a lecturer in pastoral care at the School of Theology, Flinders University of South Australia and at the Adelaide College of Divinity.

Susan C. Johnson is an NACC-certified chaplain at the Door County Memorial Hospital, Sturgeon Bay, Wisconsin; sjohnson@dcmh.org.

Whatever You Do for the Least of These

Ministering to Ill and Dying Children and Their Families

By Pat Fosarelli, MD, DMin

Liguori Publications, 2003. \$14.95

Reviewed by Josie Rodriguez

At a recent children's team meeting I introduced this book as one we could place in our tool box of resources. It was obvious from the enthusiasm of social workers, nurses, and physicians sitting around the table that day that this

Neil Pembroke takes the idea of presence, a familiar (perhaps too familiar) idea, and gives it greater depth and meaning.

— David Lyall, *New College, Edinburgh*

Prayers for Healing

Rev. Raymar E. Bobber, OFM
Springfield, Illinois
cancer

Tony Pinto
Fort Lauderdale, Florida
recovery from surgery

Sister Eileen Buckley, RSHM
Rochester, Minnesota
severe health problems

Susan Cubar
Milwaukee, Wisconsin
recovery from surgery



Edna M. Lezotte
Boston, Massachusetts
open heart surgery

Dianne M. Miller
La Mirada, California
right knee replacement

Sister Mary Beth Wilhelm, CSA
Fond du Lac, Wisconsin
surgery for a total knee replacement

You are invited to take these names to your prayer setting and remember your colleagues who are in need of healing. Perhaps you could also offer a phone call or a note to those on this list. If you know of an association member who is ill and in need of our prayers, we ask that you (1) request permission of the person to

submit his or her name, need (cancer, stroke, etc.), and city and state and (2) send this information to the *Vision* editor at the National Office. You may also send in a request for yourself. Names will be posted here for three issues; then we ask that you resubmit the person's name.

Book Reviews

Continued from page 16.

book was long overdue and much needed in the area of ministering to ill and dying children. As past chaplain for the pediatric team at San Diego Hospice, I was honored to review this book by Dr. Pat Fosarelli, a pediatrician for 25 years and faculty member at Johns Hopkins Medical school and St. Mary's Seminary.

The cover, a picture of a little girl using a plastic stethoscope on her toy bear is appealing, and urges the reader to pick up the book. I especially appreciated the way this book was divided into the chapters by age group: infants and toddlers; preschoolers; school-age children; pre-teens and early teenagers; and mid to late teens. One chapter addressed special consideration for parents and siblings.

Physical, developmental, and spiritual considerations with pastoral care approaches were discussed in a consistent and repetitive manner – most helpful for the beginning chaplain or new pastor or minister. But I would have liked to have read different scenarios or examples instead of the same ones chapter after chapter.

The author includes brief chapters at the end of the book dealing with chronic illnesses, mental illnesses, catastrophic injuries, and terminal illness with pastoral approaches for each.

Ministering to ill and dying children and their parents is difficult. It was through Dr. Fosarelli's experience and understanding that she was able to give us sound, authentic, and helpful advice. Meeting the children and families where they are, not where we are or where we think they should be, was emphasized from chapter to chapter. This book – easy to read and often repetitive – would be helpful for chaplain interns and perhaps as a resource within a CPE program.

Cultural and religious diversity is an area which was not addressed and from my experience as a pediatric chaplain often is an important consideration in ministering to ill children and their parents

The enthusiasm and need for the type of information in this book was evident also as I gave a presentation to a group of seminary students taking a course in pastoral care.

NACC-certified chaplain Josie Rodriguez, MA, is a clinical chaplain in San Diego, California; josierod@mindspring.com.

(Left to right) Father Joe Driscoll, NACC President and Chief Executive Officer, Bishop Wilton D. Gregory, USCCB President, and Bishop Dale J. Melczek, NACC board member and USCCB liaison to the NACC, gathered at a reception at the USCCB building in Washington, D.C., on September 10, 2003, to mark the 25th anniversary of the pontificate of John Paul II. Earlier in the day, Father Driscoll addressed the USCCB administrative board on the use of the title "chaplain" in the context of health care in the United States.



Educational Opportunities

Pastoral Care during and after a Disaster: Psychosocial training for clergy

November 5–6, 2003 ▾ Chicago, Illinois

The purpose of this training is to equip clergy, chaplains, and other pastoral care givers with basic knowledge and skills to provide initial crisis ministry interventions during and after disaster. This training bridges the gap between the pastorate and chaplaincy and provides specific psychosocial training for chaplains and clergy who might respond to disasters.

Presenter Chaplain Naomi Paget, DMin, BCC, is certified in crisis intervention by both the International Critical Incident Stress Foundation and the National Organization for Victim Assistance. She is a member of the national American Red Cross Spiritual Care Response Team, a component of the national Critical Response Team. She is the Executive Director of Marketplace Samaritans, Inc., Chaplaincy Consultant for the Baptist Convention of New England, Adjunct Professor at Denver Seminary, and has served as State Representative for the Association of Professional Chaplains. Her clinical practice is in serving as chaplain for the FBI.

This event takes place at: First Baptist Congregational Church, 1613 West Washington, Chicago. It is funded by the Center of Excellence for Bioterrorism Preparedness at Rush-Presbyterian-St. Luke's Medical Center, in association with The Rush Department of Community Affairs and the Chicago

Department of Public Health. For more information, go to: www.expressiveconducting.com/clergydisastertraining.htm.

Spirituality & Healing in Medicine

November 8–9, 2003 ▾ Boston, Massachusetts

The Harvard Medical School, Department of Continuing Education, in conjunction with The Mind/Body Medical Institute, The George Washington University, and The George Washington Institute for Spirituality and Health, presents Spirituality & Healing in Medicine: The Importance of Forgiveness. This course with expanded interactive workshops and dialogue opportunities takes place November 8–9 at The Westin Hotel, Copley Place, Boston, Massachusetts, under the direction of Herbert Benson, MD, and Christina M. Puchalski, MD, FACP.

To register or view course information online, go to www.cme.hms.harvard.edu. Inquiries can be made by phone: (617)384-8600.

Amazing Grace: A day of theology for chaplains

November 13, 2003 ▾ La Crosse, Wisconsin

This educational day for chaplains will be held at Franciscan Skemp Hospital in La Crosse, Wisconsin. It features presentations on "The Theological Development of Grace" by Earl Madary of Viterbo College and "The Application of Grace in Ministry" by Rev. Dan Crosby of St. Anthony Retreat Center.

For more information and to register, contact NACC-certified chaplain Mary Pat Campbell at (715)346-5355.

Cardinal Glennon Children's Hospital tools posted online

The Promoting Excellence in End-of-Life Care website features 16 tools used by the SSM Cardinal Glennon Children's Hospital program. Cardinal Glennon's program builds and maintains a network of providers in the greater St. Louis and southern Illinois region to give dying children and their families the care they need, including physical, emotional, and spiritual support, without requiring them to leave the familiarity of home.

The Cardinal Glennon tools include an Anticipatory Post Death Interview, a Quality Assurance Good Death tool, and a Home Health Care Needs Assessment.

To view and/or download the tools follow this link: www.promotingexcellence.org/glennon/.

Last Acts Palliative Care Resource Center

Last Acts has launched the Palliative Care Resource Center, a new online resource located at www.lastacts.org/palliativecare/. The Palliative Care Resource Center offers practical information to support and improve the delivery of palliative care. It is designed for clinicians, administrators, and advocates in hospitals, nursing homes, hospices, and long-term care facilities. It features an exclusive Last Acts report, "On the Road from Theory to Practice," created by a team of experts who researched best practices in the field. Site features include:

- ▼ Principles of Palliative Care defined for health care professionals, consumers, Spanish-speaking individuals, and pediatric professionals.
- ▼ Details clinical, organizational, and public policy barriers to delivery of palliative care.
- ▼ Workable solutions to overcome barriers in a variety of health care settings.
- ▼ Searchable database of promising practices already being applied.
- ▼ Links to websites, publications, resources, and more.

The Palliative Care Resource Center also offers an interactive feature for health care professionals to post their ideas and innovative programs, creating an actively growing pool of practical knowledge for all to share.

Conversations Before the Crisis – a new resource guide

The Last Acts Family Committee has developed a new resource guide: *Conversations Before the Crisis*. This booklet can be used by both the elderly and children of the aging who need help having a discussion about end-of-life wishes. This guide offers the reader conversation "triggers," such as using

television programs and family gatherings to start talking, and includes sample language as guidance. It also includes a resources listing with helpful books and websites. To order a copy of this new guide, send an e-mail to LastActs@aol.com and be sure to include your name, full mailing address, and a reminder that you would like this resource.

To review an online PDF version of *Conversations Before the Crisis*, go to: www.lastacts.org/files/resources/CrisisConvo.pdf.

New website offers financial education for those facing illness

DignityResources.com is a new website that provides financial education and related resources for people facing serious or life-threatening illness. The site will help individuals understand the assets and financial options available to them during the course of their illness, as well as help them make the most informed choice possible given the particulars of their situation. The site may also be used by social workers, case managers, and palliative caregivers to assist them in their work with patients. To view this new site, go to: www.dignityresources.com.

Mental health ministry resources from the Congregational Resource Guide

In her article, "The Church's Voice on Mental Illness," Carole Wills challenges faith communities to move beyond the silence, ignorance, and prejudice that so often characterize congregational members in their relations with persons who suffer from mental illness. Wills, of the National Alliance for the Mentally Ill (NAMI) Indianapolis, reveals several cases illustrating how congregations fail to understand and respond to the reality of mental illness. She believes that education can change attitudes and create a "mission-driven response to the needs of the mentally ill."

To that end, Wills has developed an extensive and fully annotated list of more than 40 mental health ministry resources. Here the reader will find printed and audio-visual resources for faith communities, pastoral caregivers, and the general public, as well as mental health-related organizations. From this list, Wills has also developed a shorter report of those resources that are most highly recommended.

These resources are found on the Congregational Resource Guide website which has been created by the Alban Institute and the Indianapolis Center for Congregations, and Funded by Lilly Endowment Inc.

Ms. Wills' article can be found on www.congregationalresources.org/MHIntro.asp; for the mental health ministry resources, go to: www.congregationalresources.org/MentalHealth.asp.

Positions Available

▼ CHAPLAIN

QueensCare, Los Angeles, CA – Seeking part-time or full-time Catholic priest to join the Pastoral Care Division of QueensCare. Chaplain would provide pastoral care for Catholic patients in the Queen of Angels Hospital in Los Angeles, California, assist with noon Masses at the hospital and have some on-call responsibility. Applications from retired priests are welcome. Compensation would include salary and could include some meals. Send resume to Rebecca O'Neill, Director of Human Resources, 1300 N. Vermont, #706, Los Angeles, CA 90027; fax: (323)953-9979 or e-mail to rlonell@queenscare.org. Please visit our website at www.queenscare.org. QueensCare is a faith-based nonprofit that provides innovative health services in the multicultural communities of Los Angeles County.

▼ DIRECTOR OF PASTORAL SERVICES

Providence Health System (PHS), Portland, OR – one of the largest private employers, is hiring a full-time Director of Pastoral Services. Professional certification by NACC and master's degree in the theology or related field is required. Five to seven years' experience leading a pastoral/spiritual team is required. Must have both clinical and administrative experience and competencies and be comfortable supervising a large staff of diverse personalities. Ability to create and maintain a healthy work environment for the chaplain team and have a strong ethical background. Develops, implements and administers programs, procedures, and service efforts related to pastoral care. Come work and live in the beautiful Pacific Northwest with quiet ocean beaches, mountains, desert, and rain forests all within a couple of hours drive of Portland. PHS is a regional nonprofit integrated health care system with facilities in Oregon, Washington, California, and Alaska. We offer excellent compensation and benefits package. Relocation assistance available. Contact Tony Ross: (503)215-4418; Tony.Ross@providence.org; fax: (503)215-4770; or apply online at www.providence.org, job #16151. Providence Health System is an Affirmative Action/Equal Opportunity Employer. Pre-employment drug and health screen required.

▼ ROMAN CATHOLIC PRIEST CHAPLAIN

Saint Joseph's Regional Medical Center, Paterson, NJ – St. Joseph's Regional Medical Center is a Roman Catholic health care institution of the St. Joseph's Healthcare System, sponsored by the Sisters of Charity of St. Elizabeth and is a 700+ bed acute care Level II trauma center. We seek a priest chaplain who has knowledge and respect for religious/cultural diversity and provides sacramental, liturgical, and pastoral ministry to patients, families, and staff. Certification as chaplain by NACC or APC strongly preferred as is at least three years of previous experience in ministry as well as ecclesiastical endorsement. Competitive salary and benefits package. Interested? Please send resume to Rev. Martin D. Rooney, Director, Pastoral Care, St. Joseph's Regional Medical Center, 703 Main St., Paterson, NJ 07503; fax: (973)754-3273 or e-mail to: rooneym@sjhmc.org.

▼ CHAPLAIN

Rehoboth McKinley Christian Health Care Services, Gallup, NM – Requires a Master of Divinity or theological equivalent; three years of chaplain experience in a health care setting; four quarters of CPE; and APC/NACC/NAJC certified.

Relational qualities of ability to express self clearly, to convey a sense of empathy, warmth, and understanding, to be an attentive listener, and to convey a sense of openness and availability to people of all faith traditions. Must have a personal and pastoral presence. Professional qualities such as the ability to articulate clearly an approach to pastoral care in a health care setting and a theology of pastoral care consistent with the organizational philosophy. Ability to work in a multicultural setting, interest in liaison work with community clergy, interest in providing educational workshops, and a commitment to practice high professional ethics, especially regarding confidentiality. Maturity shown by openness to seeking and receiving help and support of others, by a comfortableness with and mature approach to the issue of death and dying and an ability to bring a reminder of God's love and grace rather than a particular denomination or faith tradition. To apply: Send resumes to Toni Kinsel at the Human Resources Department of Rehoboth McKinley Christian Health Care Services, 1901 Red Rock Drive, Gallup, NM 87301; e-mail address: tkinsel@rmchcs.org; phone: (505)863-7139. Note that RMCHCS is an Equal Opportunity Employer. We take pride in the diversity of our staff, and seek diversity in our applicants. AA/EEOE.

▼ CHAPLAIN

Resurrection Health Care, Chicagoland, IL –

Chicagoland's largest Catholic health care provider, seeks an ordained Catholic priest to serve as a part-time Chaplain II at the Resurrection Life Center, located in the northwest Chicago area. The qualified candidate will be primarily responsible for coordinating and conducting all spiritual services and spiritual care. Additional responsibilities include mentoring CPE students and supervising Ministers of Care and volunteers. You must have the ability to cope with crisis situations under stress and respond appropriately when necessary. Certification as a chaplain by the NACC or 4 units of accredited Clinical Pastoral Education is preferred. Eligibility for certification at the time of appointment is also preferred. For more information, fax/e-mail us today at: fax: (847)296-2989; e-mail: Gdewalt@reshealth-care.org. www.reshealth.org. EOE. Resurrection Health Care. For All of You, All of Your Life.

▼ CHAPLAIN

Odyssey HealthCare, Fargo, ND – Hospice is where the heart is. Join Odyssey HealthCare in improving the quality of life for terminally ill patients and their families, through intensive treatment of physical and emotional pain and symptoms. We are a leader in hospice care and have the following opportunity available in Fargo: Chaplain. We offer outstanding rewards, benefits, and opportunities. Please forward resumes to Odyssey HealthCare, 2902 University Dr. South Fargo, ND 58103-6032 or e-mail: LRobins@odsyhealth.com. EOE.

▼ ON-CALL CATHOLIC CHAPLAIN

Rush North Shore Medical Center, Skokie, IL (a northern suburb of Chicago) – is a 268-bed teaching hospital and a member of the Rush system for Health compassion. Currently, Rush North Shore Medical Center has an opening for on-call chaplains to service the needs of our patients. The on-call chaplain will take calls as scheduled, Monday–Friday, 5:00 p.m.–8:00 a.m., on weekends, holidays, and assist with vacation coverage. They will carry a long-range pager and respond as needed during the scheduled times. The qualified applicant will have a minimum of one unit of CPE, a bachelor's degree, and some theological education. The qualified applicant will also have previous documented experience in pastoral care preferably in a hospital environment. The chaplain will be

responding to emergent needs, making rounds during the weekend, and tending to referrals. They must be able to provide appropriate pastoral care to individuals from divergent religious and cultural backgrounds. To apply, e-mail your resume to hrdept@rsh.net; forward a resume to Rush North Shore Medical Center, Attn: Human Resources, 9600 Gross Point Road, Skokie, IL 60076; or contact Belinda Chandler, Lead Chaplain, at (847)933-6434 for more information.

▼ SUPERVISOR/ASSOCIATE SUPERVISOR

Elliot Health System, Manchester, NH – The Elliot Health System, comprised of a Senior Health Center, VNA/Hospice, and inpatient and outpatient psychiatric services, among others, is an accredited ACPE center located just one hour north of Boston, MA. We are currently seeking an ACPE-certified supervisor or associate to direct the CPE program and to supervise levels I and II. Along with two full-time staff chaplains, the successful candidate will have responsibility for pastoral care ministry with patients, families, and hospital staff. Demonstrated supervisory experience and pastoral background in a health care environment required. Manchester offers the best of both worlds: we're an urban community amidst the beautiful lakes and mountains of New England. We are a short drive away from the scenic coastlines of New Hampshire and Maine and the entertainment, cultural offerings, and historic sites of Boston. Come join our health system in a growing ethnic community. For consideration, please apply online at www.elliotalhospital.org. We are an equal opportunity employer.

▼ DIRECTOR OF SPIRITUAL SERVICES

Marianjoy Rehabilitation Hospital, Wheaton, IL – a 120-bed facility with growing outpatient programs, is seeking a Director of Spiritual Services. The Director's primary responsibility is the ongoing development, coordination, and evaluation of a creative and innovative spiritual care service department within the hospital and outpatient sites. This individual also serves as a liaison with chaplains at network sites and with community clergy, and is an integral part of integrating mission, values and spiritual services within the organization. The ideal candidate will need to be an excellent communicator, highly organized, skilled at team-building, have strong spiritual assessment skills, exhibit skills for facilitating rituals, and have the ability to collaborate with many faiths and disciplines. Our candidate must be Roman Catholic, experienced in spiritual services and leadership, and possess a master's in theology, spirituality, or related field. Also required is a professional certification with NACC, ACPE, or APC. Previous hospital ethics work is desired. There are many worthy and fulfilling career paths in spiritual care. At Marianjoy, we focus on the total needs of each patient, family member, and employee – body, mind and spirit. To discover the Marianjoy difference for yourself, we invite you to visit our website at www.marianjoy.org. Or, forward your resume to: Marianjoy, Inc., Attn: Recruitment Team, 26W171 Roosevelt Road, Wheaton, IL 60187; phone: (630)462-4160; fax: (630)462-3647; e-mail: recruiter@marianjoy.org. Competitive salary and benefits offered. EOE. Sponsored by the Wheaton Franciscan Sisters.

▼ CHAPLAIN

Saint John's Health Center, Santa Monica, CA – one of the top 50 hospitals in the nation and the number one community hospital in California is seeking a chaplain to join a staff of spiritual caregivers committed to meeting the spiritual needs of patients, families, and staff at Saint John's Health Center. The successful candidate will have current NACC or APC certification/eligibility. Teaching ability and an understanding of holistic ministry are preferred. Bilingual skills (Spanish preferred)

are a plus. Send resume, apply in person, or call: Employment Office, Saint John's Health Center, 2020 Santa Monica Blvd., 3rd Floor, Santa Monica, CA 90404; toll free: (866)WORK4ME; (310)829-8824. PRINCIPALS ONLY. Fax: (310)315-6130. E-mail: healthcarejobs@stjohns.org. Apply online at: www.stjohns.org. Smoke- and drug-free environment. Post-offer, pre-employment drug screening. EOE.

▼ PASTORAL CARE DIRECTOR

Mohun Health Care Center, Columbus, OH – The successful candidate will be responsible for the management/administration of the department. Helps to provide for the enrichment of spiritual and emotional lives of our residents and staff, respectful of their cultural and religious beliefs and supports the chaplaincy services. Essential duties include visitation of residents, counseling, coordination of spiritual activities. A minimum of bachelor's degree with credits in theology, scripture, and clinical pastoral education, ability to relate effectively with our residents (sisters and priests) and experience in a long-term care facility is desired. For position summary, visit website at: www.columbusdominicans.org. Who we are: Mohun Health Care Center, St. Mary of the Springs Campus, next to Ohio Dominican University, 2340 Airport Drive, Columbus, OH 43219. Director of Human Resources, phone: (614)416-6136; fax: (614)251-0338.

▼ STAFF CHAPLAIN

St. Joseph Healthcare, Lexington, KY – Saint Joseph Healthcare is seeking a certified chaplain. Primary responsibility is to provide pastoral care to patients, families, and employees. CPE or equivalent pastoral training/experience is required. Candidates must be certified by NACC or APC. Send resume to: Saint Joseph Healthcare, One Saint Joseph Drive, Lexington, KY 40504; phone: (859)313-4296; fax: (859)313-3100; e-mail: blackj@sjhlex.org; website: www.sjhlex.org.

▼ CHAPLAIN

Sacred Heart Medical Center, Spokane, WA – We are a 623-bed, nonprofit acute care teaching facility offering a complete spectrum of services to a four state area comprising the Inland Northwest. Due to retirements, we currently have two 32-hours/week night openings. Must have bachelor's degree in theology, divinity, religious studies, pastoral counseling, or related field of ministry and 18 hours of theology - post-graduate. Must be certified by NACC or APC with at least four units of CPE or able to complete certification within 18 months of employment. Experience in a health care or wellness facility strongly preferred. We offer an excellent benefit package and competitive salary. EOE. Please apply online at www.shmc.org. Sacred Heart Medical Center, 101 West Eighth Avenue, PO Box 2555, Spokane, WA 99220; (509)474-3191 or (509) 474-4496.

▼ DIRECTOR OF MISSION SERVICES

St. Mary Medical Center, Walla Walla, WA – has a Director of Mission Services position available. Candidate must have current chaplain certification with NACC or APC. Previous health care chaplaincy or pastoral ministry experience with some management experience required. Excellent salary and benefits. Contact: Human Resources, St. Mary Medical Center, P.O. Box 1477, Walla Walla, WA 99362; (800)452-3320; www.smmc.com. EOE.

▼ CATHOLIC MINISTRIES CHAPLAIN

Clarian Health Partners, Indianapolis, IN – is seeking an ordained Roman Catholic priest or a lay Catholic chaplain to work with current Catholic priest to provide ministry to its

Catholic patients, visitors, and staff in its three hospitals. APC or NACC certification (within two years of hire date) is required, as well as affiliation endorsement and/or ordination in a religious community. Direct inquires or resume to Dr. Stanley Mullin, Director of Chaplaincy/Pastoral Education; smullin@clarian.org; (317)962-8611; fax: (317)962-3487; P.O. Box 1367, Indianapolis, IN 46206.

▼ CPE SUPERVISOR

Saint Anne's Hospital, Fall River, MA – located on the south coast of Massachusetts, 30 minutes from Newport and Providence, RI, and 60 minutes from Cape Cod and Boston, has an opening for a full-time CPE supervisor to oversee our internship and CPE extended unit programs. Our internship program has four interns and offers pastoral experience in the areas of cardiology, oncology, general surgery, general medicine, rehabilitation, and emergency medicine. Position is available February 1, 2004. The successful candidate for our position must have a master's degree in theology, spirituality, or counseling with two years' experience in supervision of CPE interns. CPE supervisor certification or in the process of obtaining certification required. Send resume to Saint Anne's Hospital, Human Resources Department, 795 Middle Street, Fall River, MA 02721 or e-mail to sah_hr@cchcs.org. Saint Anne's Hospital is a member of the Caritas Christi Health Care System.

▼ PASTORAL ASSOCIATE

Provena United Samaritans Medical Center, Danville, IL – Seeking a Catholic chaplain or priest for a full-time position at a 308-bed hospital. We are located in a small yet unique community west of Indianapolis, Indiana. Requirements: Four units of CPE completed, a minimum of two years in pastoral care work desirable. We offer an exceptional compensation and benefit package including pension plan. Please send resumes to Provena United Samaritans Medical Center, Human Resources, 812 N. Logan Avenue, Danville, IL 61832; fax: (217)443-5268 or e-mail CharlenkCornett@provenahealth.com.

▼ DIRECTOR OF PASTORAL CARE

Our Lady of the Lake Regional Medical Center, Baton Rouge, LA – is an 850+ licensed bed, not-for-profit, JCAPS-accredited facility. This challenging position develops and directs services designed to meet the religious and spiritual needs of patients and their families as well as hospital employees. The Director supports the spirit of Christian community by serving as a hospital representative and assists in determining priorities for special pastoral care projects. Qualifications include a master's degree in theology or related field and proven managerial skills. Three to five years' pastoral health care experience preferred. Applicants must have NACC or APC certification or equivalent. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrnc.com to apply online.

▼ PRIEST CHAPLAIN

Our Lady of the Lake Regional Medical Center, Baton Rouge, LA – is an 850+ licensed bed, not-for-profit, JCAPS-accredited facility. We are currently seeking an ordained priest chaplain to identify patient, family, and staff needs for spiritual guidance and counseling, serve the community through liturgical celebrations and sacramental support, and participate in interdisciplinary team meetings in an effort toward ensuring the provision of high quality pastoral care services. Candidates

must have ecclesiastical endorsement and NACC or APC certification. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrnc.com to apply online.

▼ CHAPLAIN

Our Lady of the Lake Regional Medical Center, Baton Rouge, LA – is an 850+ licensed bed, not-for-profit, JCAPS-accredited facility. We are currently seeking a chaplain to provide spiritual counseling services. Duties include identifying patient, family, and staff needs for spiritual guidance and counseling, serving the community through liturgical celebrations and sacramental support, and participating in interdisciplinary team meetings to ensure the provision of high quality pastoral care services. Candidates must have ecclesiastical endorsement, clinical pastoral education, and NACC or APC certification or eligibility for certification. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrnc.com to apply online.

▼ CATHOLIC PRIEST CHAPLAIN

St. Vincent Hospital and Health Care, Inc., Indianapolis, IN – Currently seeking a part-time Roman Catholic priest chaplain to join a large ecumenical staff. Successful candidate will be certified by the NACC or APC, have a master's degree in theology or behavioral science, have completed a minimum of four units of CPE, and have ecclesiastical endorsement. Excellent salary and benefits package. Interested candidates please send/fax cover letter and resume to St. Vincent Hospital and Health Services, Attn: A. Bennette, 2001 W. 86th St., Indianapolis, IN 46240-0970; aebennet@stvincent.org; or (317)338-3073. EOE.

▼ DIRECTOR OF CHAPLAIN SERVICES

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

▼ ACPE SUPERVISOR/ASSOCIATE

For Centura Health ACPE System-Center, St. Mary-Corwin Health Care, Pueblo, CO, Site – The position offers the smaller city connections and relationships found in Pueblo, the benefits and collegiality of a larger health care system (Centura), and the values of Catholic Health Initiatives, its sponsor. The hospital is a 200-bed hospital that serves southern Colorado. St. Mary-Corwin has been offering hospital and community-based CPE for two years. The hospital seeks to live out its mission "... to extend the healing ministry of Christ ..." and is creating a culture in which employees feel valued and inspired. If you seek more information, contact Garrett Starmer, Director, Centura Health Clinical Pastoral Education,

Administrative Offices, St. Anthony Hospitals, 4231 West 16th Ave., Denver, CO 80204; (303)595-2770; garretstarmer@centura.org.

▼ CHAPLAIN, COORDINATOR OF CATHOLIC MINISTRIES

Gundersen Lutheran Medical Center, La Crosse, WI – is a 325-bed teaching hospital with a Level II trauma and emergency center, and 45 medical clinics, rural hospitals, vision centers, and other facilities that serve more than 500,000 residents of three states. We currently have a full-time opening for: chaplain, coordinator of catholic ministries. This position involves direct ministry to patients/families/staff and collegiality with an ecumenical staff of four chaplains, in addition to six ACPE residents and summer/extended unit students. You will coordinate a longstanding Catholic ministry program of hospital eucharistic ministers and serve as a liaison with local parishes and diocesan personnel. Requirements for this position include four quarters CPE or equivalent, a college degree with post-graduate degree from an accredited seminary or institution, and three years' parish experience or equivalent. Preferred candidates will have additional degrees or course work in area of pastoral ministry and five years' experience in ministry. Gundersen Lutheran offers a competitive salary/benefits package. To apply online, visit our website: www.gundluth.org. For more information, please contact: Gundersen Lutheran Human Resources, 1900 South Ave., La Crosse, WI 54601; phone: 1(800)362-9567, ext. 54743; fax: (608)775-5594. We support a safe, healthy, and drug-free work environment through background checks and controlled substance screening. EOE/AA.

▼ PASTORAL CARE DIRECTOR PASTORAL CARE ADMINISTRATION

St. Boniface General Hospital, Winnipeg, Manitoba, CANADA – Join a community where you can make a difference. Our community of over 4,000 healers, teachers, researchers, and support staff invites you to become part of the team at St. Boniface General Hospital (SBGH), committed to providing both exceptional care for its patients and an outstanding work environment for its staff. **Position:** Full-time permanent bilingual position (French/English). **Qualifications:** University degree, preferably at master's level, in theology, pastoral ministry, or other related field and CAPPE membership required. Pastoral Care Specialist Designation in Institutional Ministry through CAPPE or equivalent advanced training/certification preferred. Minimum five years' pastoral care experience in a health care setting and five years' management experience preferably in spiritual care. **Responsibilities:** Develops, plans, implements, and evaluates all aspects of pastoral care within the hospital. Organizes and directs pastoral care services for patients, their families, staff and physicians. Helps create an atmosphere of teamwork and ministry consistent with the spirit and philosophy of a Catholic hospital. Manages and provides direction to all staff supervised. Serves on committees, assists with development and administration of Shared Pastoral Care Services Program, and acts as Coordinator of Pastoral/Spiritual Care Services for the Catholic Health Network. Provides guidance, leadership and support to facilities within the Catholic Health Corporation of Manitoba (CHCM). Interested applicants may apply in writing or via e-mail, including a detailed resume ASAP, to: Staffing Officer, Human Resources, St. Boniface General Hospital, 409 Taché

Avenue, Winnipeg, Manitoba R2H 2A6, CANADA; fax: (204)235-3695; e-mail: recruitment@sbgh.mb.ca; www.sbgh.mb.ca.

▼ CERTIFIED CHAPLAIN

Sacred Heart Health Systems, Pensacola, FL – Certified chaplain (not priest) wanted for full-time position to complete pastoral care staff of two Catholic priests, four full-time chaplains, and three part-time chaplains. Sacred Heart is a member of Ascension Health and consists of a 431-bed acute care hospital, which includes a women's and children's hospital and a 120-bed skilled nursing home. Benefits include competitive salary, paid time off, and retirement package. Sacred Heart is an equal opportunity employer. Direct all correspondence to: Sister Elaine Jordan, Director of Pastoral Care, Sacred Heart Hospital, 5151 N. Ninth Ave., Pensacola, FL 32504; or fax resume to: (850)416-4802.

▼ CHAPLAIN

Franciscan Communities – an ever growing faith-based not-for-profit organization is seeking a Chaplain for its North Central Indiana Area. Qualified candidates will have a dedication and compassion in meeting the needs of long-term care residents and their families. The candidate will serve in multiple locations and have a working knowledge of ethics and bereavement. Two years' experience as a chaplain preferred. The selected candidate will have strong initiative, organization skills, and be a proven self-starter. Requirements include one unit CPE and undergraduate degree; some travel required. Certification preferred. Interested candidates should submit their resume to hr-ncin@franciscancommunities.com or phone (765)464-5688. EOE.

▼ SPIRITUAL CARE DIRECTOR

St. Mary's Medical Center, Inc., Evansville, IN - SMMC, Inc. is a 600-bed Ascension Health facility located in southern Indiana. The primary duties of the Spiritual Care Director position include planning, organizing, and directing the activities of the SMMC, Inc. Spiritual Care Department in close coordination with all other St. Mary's Health Systems, Inc. entities. Also responsible for providing management oversight and direction to assure implementation of spiritual care services through the department staff, assuring effective integration of the St. Mary's Health System mission, vision, and values. A successful candidate will possess a master's degree in theology, spirituality, or a related field. He or she would have three to five years' ministry experience within a large health care setting, with three to five years' experience in the spiritual (pastoral) field being desirable. Previous hospital ethics committee work desired. Qualified applicants can apply on our website at www.stmarys.org; fax to: (812)485-6735; or mail directly to St. Mary's at 3700 Washington Avenue, Evansville, IN 47750.

Position Wanted

- ▼ NACC-certified chaplain with experience seeks a full-time position in pastoral care in the Northwest Indiana or Chicago South Suburbs. Prefer long-term care facility. Please contact Paul Kselman at paulmarykselman@myvine.com or (219)374-5703 for resume, work history, references and other necessary information.

Board of Directors

PRESIDENT AND CHIEF EXECUTIVE OFFICER

Rev. Joseph J. Driscoll
National Association of Catholic Chaplains
Milwaukee, Wisconsin
jdriscoll@nacc.org

EPISCOPAL LIAISON

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

CHAIR

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

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

Maryanna Coyle, SC
President and Executive Director
SC Ministry Foundation
Cincinnati, Ohio
mcoyle@chisvcs.org

Bridget Deegan-Krause
University Minister
College of Health Professions and
School of Dentistry
University of Detroit Mercy
Detroit, Michigan
krausebd@udmercy.edu

Mary W. Hassett
Partner/Chief Strategist
Brains On Fire
Greenville, South Carolina
mary@brainsonfire.com

Ann E. Hurst
Director of Pastoral Services
Deaconess Medical Center
Spokane, Washington
hursta4@aol.com

Shirley A. Nugent, SCN
Caritas St. Elizabeth's Medical Center
Boston, Massachusetts
nsan171@aol.com

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

Calendar

November

- 1-2** National Certification Commission meeting (begins on October 30) Milwaukee, Wisconsin
- 7** Board of Directors meeting Washington, D.C.
- 8-9** Spirituality & Healing in Medicine Boston, Massachusetts
- 10-13** USCCB General Meeting Washington, D.C.
- 12-15** ACPE Annual Conference Lake Geneva, Wisconsin
- 27** Thanksgiving National Office closed
- 28** National Office closed

December

- 1** Copy deadline January 2004 Vision
- 7-8** COMISS Network Annual Forum Washington, D.C.
- 24** Christmas Eve National Office closes at noon
- 25** Christmas Day National Office closed
- 31** New Year's Eve National Office closes at noon

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

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

ADDRESS SERVICE REQUESTED

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