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The 7th Annual NCHPEG / GROW Conference:

A Milestone for Chaplains

By **Richard M. Leliaert, OSC**

From the point of view of Chaplain J. Vincent Guss, representing the Association of Professional Chaplains, and from my perspective, representing the NACC, the 7th Annual Conference of the National Coalition for Health Professional Education in Genetics was not merely another conference. Chaplain Guss and I served as moderators for a full morning session on the spiritual and/or religious aspects of the Human Genome Project. While there were many skeptical attendees at first, our three speakers successively began to build "bridges of communication" between the worlds of religion and science. And by the end of the morning, the feedback was very positive. "I'm glad we took the risk of inviting NCHPEG members to engage the religious/spiritual issues," said Mr. Joseph McInerney, Executive Director of NCHPEG; "I'm very pleased this turned out as well as it did.

Mr. McInerney worked closely with Chaplain Guss and myself to plan a program that would address the religious/spiritual aspects of the Human Genome Project without being nar-

rowly sectarian or nebulously generic. While not being able to cover all faith or religious traditions, we wanted to be specific enough to get a handle on the issues of genetics while being open enough to keep building bridges. This is why I encouraged the NACC to join NCHPEG about four years ago – to enable the religious/ethical aspects of genomic issues to get onto the table in a constructive way. The APC joined for the same reason in 2003. So with this positive beginning, the NACC and the APC are now well-positioned to collaborate further to help our memberships gain greater insight into the issues we will all face as chaplains, wherever we work. Perhaps we can plan a session on genomics at our proposed joint conference in 2005.

Dr. Ron Cole-Turner of Pittsburgh Theological Seminary opened the dia-

I'm glad we took the risk of inviting NCHPEG members to engage the religious/spiritual issues.

– Joseph McInerney,
NCHPEG Executive
Director

See [NCHPEG](#) on page 2.



At the NCHPEG conference (left to right): NACC representative Richard Leliaert, OSC, PhD; Francis S. Collins, MD, PhD, Director of the National Human Genome Research Institute; and APC representative Vincent Guss.

NCHPEG

Continued from page 1.

logue by discussing “Religion and Genetics in the Clinical Encounter.” After carefully distinguishing religion from spirituality, and noting that the faith traditions often have more in common than in conflict, he observed that the religious quality in us is not a weird or peculiar lightning bolt that zaps us from beyond, “but is grounded *in common human experiences of life and death, awe and the awful, meaninglessness and despair, surviving nonetheless and trying to believe in spite of it all.*”

[Italics added.]

Dr. Cole-Turner noted that while there are religious answers to deeply religious questions – such as, “Why doesn’t God prevent genetic mutations which do so much harm?” or “If God allows or causes this adversity, is it really conducive to a greater good? – preset religious answers to such questions tend to alienate rather than connect people who see themselves as spiritual but not religious. A much more fruitful way is to tap into that deep implicit hunger for meaning and connectedness in the face of our common vulnerability and the unpredictability of life. At this level of shared yearning in our common humanity lies an implicit religious dimension that can ground the bridge of communication.



Going back to Job, religion often provides questions that God doesn’t answer per se. Rather than blaming or protecting God (theodicy), Dr. Cole-Turner concludes that we might better ask how we each live this broken life. How can we integrate pain and loss, good and bad, into a higher meaning which clearly states: in spite of all nonsense, life still makes sense? My/our life is a gift – a good gift? Then there is openness on all sides to a better answer to such questions as, “Am I just a victim of genetic or biological processes, or is there something deeper?” [See excerpt on this page.]

The second speaker, Dr. Abdulaziz Sachedina of the University of Virginia provided a stimulating discussion on “Genetics in the Context of Divine Purposes. Islamic Guidelines for a Multi-Faith Society.” His focus was specifically Muslim, presented in a clear and concise way. God gifted humanity by endowing human beings with an “innate disposition” capable of (1) judging the goodness of things, (2) knowing the causes of things, and (3) perfecting the self to reflect the divine nature, provided we respond to God’s guidance to build a just society. Hence, Dr. Sachedina observed, God doesn’t control human character or destiny by “fixing it” in the DNA, otherwise what would be the role of divine guidance?

There are basic principles of Islamic bioethics – for example, the importance of the public/common good, no harm and no harassment, protection against distress and constriction, averting probable harm – that resonate with all peoples, Dr. Sachedina noted. These come down to two basic Islamic principles guiding genetic intervention: (1) the principle of “no harm and no harassment” rules out any scientific intervention that could adversely impact the spiritual and moral well-being of individuals and communities; (2) the principle of “public good” allows DNA analysis in areas like preventive medicine and criminal justice, provided the information is not used to justify discrimination in any aspect of human interaction in society.

Rebecca Rae Anderson of the University of Nebraska Medical Center spoke about “Religious Traditions (mostly Christian) and Prenatal Genetic Counseling.” She provided an overview of her research into different religious traditions, research sponsored by the Jane Engleberg Memorial Fund (an annual award of the National Society of Genetic Counselors). Her work can be purchased in a large binder format by contacting the Munroe-Meyer Institute for Genetics and Rehabilitation, University of Nebraska Medical Center, 985450 Nebraska Medical Center,

See NCHPEG on page 4.

An excerpt from “Religion and Genetics in the Clinical Encounter” by Dr. Ron Cole-Turner

... we have to be wary of the presence of what I am calling the explicit, institutional, and often dogmatic form of religion, religion as pre-set answers. But it’s more important for us to be alert and tuned in to the implicit and personal forms of religion, to religion as open questions rather than pre-set answers. So I want to invite you to think about some of the ways that religion arises from our normal and common humanity, and for some of us at least permeates our very being with a yearning or an unsettledness that is often inarticulate, sometimes too deep for words, sometimes

silenced by good manners or fear of embarrassment, sometimes not yet even comprehended explicitly by the one whose life it shapes. I don’t want explicit religion to drop off the table, but it’s religion as this deep implicit hunger for meaning, for connection, that I want to focus on.

Defined this way, religion is going to be present in the clinical encounter, not always, of course, but often. So what do you do? Do you bring it up? Do you make it explicit? What are you doing if you take that step? What competencies, what vulnerabilities, what unpredictabil-

ties are thrown into play if you utter the words *religion* or *faith* or *God*?

Or, do you keep your head above these messy, irrational obstructions and stay focused on risk and susceptibility and *does this person have any idea what I am talking about?*

Or – third option now – do you tune in to the implicit religious dimension, maybe not saying any explicitly religious words but pausing and acknowledging and sharing a depth of feeling? . . .

To view the entire article, go to the NACC website: www.nacc.org. Used with permission of the author.

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.

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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.

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Sacrament of the Sick and Prison Ministry

▼ I am a prison chaplain at the House of Corrections in Middleton, Massachusetts, and for the past four years a member of NACC. When I first became a member back in June of 2000, I realized the NACC was in the process of reflecting on the Sacrament of the Sick. When I first saw that, I thought to myself, what does this sacrament mean to my ministry as a prison chaplain? My first reaction was – that's only for hospital chaplains. But then reflecting on the fact that so many of the men to whom I minister are suffering from either alcoholism or/and drug addiction I realized these men are gravely sick and are in need of the Sacrament of the Sick.

The first thing I did then was to contact the NACC National Office to see if any chaplains ministering to those suffering from these grave sicknesses were celebrating this sacrament with them. I was given the name of Kenn Rancourt, a NACC colleague who ministers at a drug/alcohol rehab center in Lewiston, Maine. He told me that yes they are celebrating the Sacrament of the Sick with their clients. They call it "Sacrament of Life Is Worth Living," as so many of his clients are ready to "throw in towel" as the odds seem all against them to recover. Those who receive this sacrament are told that although society in general easily gives up on them, the Church never does and is there to say in word and deed that

"life is worth living"; you are a child of God who loves you dearly just the way you are and wants to help you restore your health. At the end of the celebration, the anointed are helped to see that their suffering has meaning when they are joined to "what is lacking in the sufferings of Jesus for the good of the Church." Above all they are told they are not alone and are an important part of the Church.

In Our Lady of Guadalupe Chapel at the House of Corrections we have been celebrating for the past six months the Sacrament of the Sick during our Sunday liturgies. At our facility, a number of our clients are participating in drug/alcohol rehabilitation programs so at the moment of anointing I add often add "and the help of the Holy Spirit." . . . "to give you strength to enter more deeply into your recovery program" or "to save you and raise you up" . . . "so you may return to your families restored in God's time." It's hard to measure the results of these celebrations as the Spirit moves where it will; but many men tell me that it is helping them move forward with hope in their recovery programs.

I would be interested if anyone else has experience in this area of the Sacrament of the Sick for those suffering from drug and alcohol addiction.

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Letter

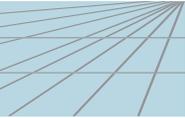
In Memoriam

Please remember in your prayers:

▼ **Sister Margaret M. Vehige, FSM**, who died on February 22, 2004, in St. Louis, Missouri. Her life's ministry was in health care administration, and in her later years she served as chaplain at SSM Rehab and SSM St. Joseph Health Center, St. Charles, Missouri. She became an NACC member in 2001.

▼ **Deacon Norman Thoresen**, who died on February 20, 2004, in Port Charlotte, Florida. He was an emeritus certified chaplain who joined the association in 1988 and a deacon of the

Archdiocese of Milwaukee. Father Art Schute notified the National Office of Deacon Thoresen's death: "Norm especially enjoyed teaching and preparing couples for Baptism; he did his chaplaincy ministry to inmates in prison; he liked working with young people who were going astray . . . he was always supportive of me and other certified chaplains and really treasured his relationship to and certification by the NACC."



Special Reports

Pastoral Care Week Committee

By Eileen Karrer Perkins

Activities

The Pastoral Care Week Committee schedules one face-to-face meeting per year. The full afternoon meeting takes place the day before The COMISS Network meeting in Arlington, Virginia. I attended the meeting on December 6, 2003. This plan allows the committee easy communication and feedback with COMISS. Further committee work is done throughout the year by e-mail and phone calls.

The theme for Pastoral Care Week 2003 was "Imagining Community." The Pastoral Care website, www.pastoralcareweek.org was considerably broadened including prayer resources and reflections on the theme. This growth was in response to requests from celebrants. We provided a separate e-mail address on the website for feedback and suggestions to our committee (pastoralcareweek@hotmail.com).

Accomplishments

With the support and assistance of Robert Kopchinski, from the NACC office, the webpage management was successfully shifted from NACC to Will Kinnaird of The COMISS Network.

A highlight of Pastoral Care Week 2003 was the online store which made it easier to shop for items. Orders increased by 3.9 percent and total sales by 1.99 percent. The income from the sales has more than covered expenses for the Pastoral Care Week Committee.

Pastoral Care Week was advertised for the first time in "Creative Forecasting" a monthly publication for Activity and Recreation Professionals and we saw an increase in participation of long-term care facilities.

Goals for 2004

The theme for Pastoral Care Week 2004 is "Imagining Peace." The work of the committee has included deciding a

theme and a logo. Some of our goals for 2004 are:

- ▼ To contact religious endorsing body members of The COMISS Network in order to encourage promotion of Pastoral Care Week 2004 through their respective communication organs.
- ▼ To make the online store more user friendly.
- ▼ To give incentives, such as discounts, for orders over a certain total, for early orders, and/or for internet orders.
- ▼ To enlarge and reconstitute our committee.

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NCHPEG

Continued from page 2.

Omaha, NE 68198-5450; phone: (402)559-7467; fax: (402)559-5737; www.unmc.edu/mmi.

The remainder of the NCHPEG conference featured working groups, poster presentations, and selected programs such as a trial comparing a computer program with (human) genetic counseling for BRCA1/2 Genetic Testing. It's obvious that online/computer-generated resources are a growing trend for coping with the challenges of genetics. The GROW Program (Genetic Resources on the Web) will soon launch its own search engines

(based on the resources of 12 genetic organizations). Always saving the best wine till last, Dr. Francis Collins, Director of the U.S. Human Genome Project, concluded the conference with a difficult yet forward-looking presentation on the research involving the genetics issues regarding race. Many of the presentations should be available on NCHPEG's website (www.nchpeg.org).

Lastly, I treasured the "freebies" we received from Dr. Collins – a DVD on the history of the Human Genome Project and a copy of the book edited by Dr. Collins and others, *Genomic Medicine: Articles from the New England Journal of Medicine* (Baltimore: The Johns Hopkins University Press, 2004). These articles ran monthly in the *New*

England Journal of Medicine from November 2002 through September 2003. As I mentioned in my May 2003 article on the 6th NCHPEG conference, these articles are meant to guide health care providers (chaplains included?) into the requisite information we'll need to be literate in genetics/genomics. They aren't exactly bedtime reading, but they'll stretch us enough to realize what we're up against as we minister in the fast changing world of the new millennium.

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American Red Cross Spiritual Care Task Force

By **Therese M. Becker**

Activities

Status of Spiritual Care in American Red Cross – After 9/11, spiritual care was deeply valued in the American Red Cross (ARC). There was movement toward making disaster spiritual care a function separate from disaster mental health services. Fearing that this action would compromise the Red Cross' fundamental principle of neutrality, the Board of Governors decided to maintain its status as a partner-based service. The American Red Cross will support, manage, and coordinate the provision of appropriate spiritual care, but not provide it as a direct service.

Deployments of SAIR/SRT Team in 2003 – There was only one deployment of the SAIR/SRT team in 2003. In January a US Airways commuter plane crashed during takeoff from Charlotte-Douglas International Airport in North Carolina, killing 19 passengers and two crew members. A partial team was deployed, headed up by NACC-certified chaplain Mike Murray. After several days those from out of town were released and NACC-certified chaplain Sister Antonette Schmidt, RSM, who lives in the area, took over as the assistant officer for spiritual care and served until the job was completed.

On two occasions during the year, when the national alert system was raised to "orange," the entire Critical Response Team, including SRT, was placed on a higher alert status.

NACC chaplains also have been activated by local chapters in local disasters. Chaplain Murray did significant work at the Rhode Island nightclub fire and on its one-year anniversary. NACC-certified chaplain Josie Rodriguez of San Diego provided pastoral care to families affected by wildfires in southern California.

Monthly Conference Calls – Every month there is a ARC conference call with Earl Johnson (SRT Volunteer Coordinator), Jane Morgan (Manager, Professional and Technical Services), Marcia Kovach (Disaster Mental Health

Associate), and all those in the leadership of the Spiritual Care Task Force from the five cognate groups – NACC, NAJC, ACPE, APC, and the ICPC (police chaplains). We are updated on what has transpired at ARC headquarters in Washington and share what we are doing locally to develop disaster response in the religious community. We make whatever decisions are necessary and brainstorm around problem issues.

Accomplishments

SAIR to SRT – In 2003 the Spiritual Care Aviation Response Team (SAIR) became the Spiritual Care Response Team (SRT). Our responsibilities were expanded to include all other transportation events that involve the National Transportation Safety Board, for example, trains or cruise ships. Our responsibilities expanded even further to responding to events involving mass casualties, weapons of mass destruction, terrorism, or at the request of government, federal, state, or local.

Training for this expanded role began in Pine Bluff, Arkansas, in August 2003 and will continue through June 2004. Sixty-two chaplains from the five chaplain national organizations have been trained through March 2004, 17 of whom are

NACC chaplains. The training took place over a week and included the difference between SAIR and SRT roles; the roles of other agencies involved in critical incidence response; an examination of the stressors in a mass casualty event and how to cope with them; a review of essential leadership characteristics of the Critical Response Team (CRT) [the umbrella name under which SRT functions]; knowledge about chemical, biological, radiological, nuclear, and explosive weapons; and information about how to engage in disaster assessment.

Goals for 2004

In 2004 the training for the SRT will be completed in Pine Bluff. Guidelines for local chapters of the ARC for developing spiritual care capacity will be completed. We anticipate continued work with our NVOAD (National Voluntary Organizations Active in Disaster) partners, including many from denominational disaster response entities, to facilitate the provision of appropriate spiritual care in disasters.

NACC-certified chaplain Terry Becker MA, MDiv, is Manager, Pastoral Care, University of Chicago Hospitals, Chicago, Illinois. She is also NACC special representative to the American Red Cross Disaster Network; e-mail: tbecker@uchospitals.edu.

Pastoral Care Network for Social Responsibility

By **Margaret Faber, OP**

During 2003, I have engaged in monthly conference calls with the Pastoral Care Network for Social Responsibility members. I shared reflections about pastoral care issues within the Network and among my own pastoral care team. On the local level, I invited speakers of repute to address certain issues related to their special areas of expertise to share their

experiences and insights with our staff and residents.

My goal of 2004 is to incorporate the use of social issues and available resources for spiritual care members of PCNSR and local areas

NACC-certified chaplain Sister Margaret Faber, OP, is staff chaplain in the Pastoral Care Department of the Dominican Life Center, Adrian, Michigan. She is the NACC special representative to the PCNSR.



Special Reports

National Interfaith Coalition for Spiritual Healthcare & Counseling

By **C. Rosemary Marmouget**

During the past several years, the National Interfaith Coalition for Spiritual Healthcare & Counseling (NIC) has remained active in promoting spiritual care through chaplaincy, advocacy, education, and international aid. The Coalition is also beginning to structure the organization to include professional medical providers as well as notable lay leaders who believe strongly in the value of the spiritual dimension in relation to physical health. The following are some past activities.

Research

Integrating Spirituality into Chronic Pain Management. Sponsors: St. John's Regional Health Center Pain Clinic; Southwest Missouri State University; NIC.

Education

Symposium: Building Connections, an Educational Opportunity for Mental Health Professionals and Community Clergy, fall 2002. Sponsors: NIC; University of Missouri, Columbia Missouri; St. John's Regional Health Center, Springfield, Missouri; Lilly Pharmaceutical.

The goal of this two-day symposium was to provide a medium whereby mental health professionals and area spiritual care providers could come together to learn about the specialized areas of each profession and to dialogue about how to better serve their clients/patients by working together as a team.

Symposium: Building Connections 2, an Educational Opportunity for Mental Health Professionals and Community Clergy, fall 2003. Sponsors: NIC; University of Missouri, Columbia, Missouri; St. John's Regional Health Center, Springfield, Missouri; Lilly Pharmaceutical; Pfizer Pharmaceutical.

Because the previous year's symposium was so successful, we have made the Building Connections Symposium an annual event. The keynote speaker for this two-day event, Dr. Roy Woodruff, past Executive Director for AAPC, spoke on "Religion, a Spiritual Experience or a Delusional Process." Other presenters included psychiatrists, psychologists, therapists, clergy, and chaplains.

Advocacy

Promoting and Supporting Health Care for the Impoverished. Raising the consciousness of the US Congress and others regarding the dire needs of the small African nation of Liberia, summer 2004.

Caesar and Carolyn Giolito of NIC promoted a marathon educational project with the U.S. Congress including its key committees. Escorting Father Augustin Houessinon, SMA, of Monrovia, Liberia, they brought top congressional leaders up to date with the situation in Liberia. The NIC delegation was met with great interest just prior to the appropriations process which secured over \$200 million in aid to Liberia.

Advocacy and Education

Further development of an Internet site to allow for education and communication for chaplains and other professional, spring 2000. NIC spent a lot of research time in developing a website. It was up and running and it looked great, but NIC decided to add considerably more material to the site directed to the lay audience and thus, the web site is not currently available.

Advocacy, Education, and Research

Proposal: *Chaplains in both secular and parochial schools as full-time employees,* summer 2000 to the present. For the past four years, NIC has been researching, writing, and submitting a proposal for placing paid

professional certified chaplains in both the secular and parochial school systems. NIC President, C. Rosemary Marmouget, NIC Executive Director, Caesar Giolito, and NIC Executive Board member, Rev. Charles Marvin, have been approaching the schools about adding a chaplain position to their staffs. They have won the support and approval of the national associations for school nurses and school psychologists. They have both a public school system and a parochial school system that have agreed to place a full-time chaplain on staff as a research study provided funding can be found to conduct an extensive three-year study.

NIC has completed the research and the proposal for what the study would look like, a job description for a chaplain's position, the code of ethics, mission statement, etc. It is ready to put the study into practice once funding has been established.

Future

NIC is continuing to work on these projects and others and invites your participation. If you or someone you know would like to serve on one or more of these projects, please feel free to e-mail me at: crmarmouget@sbcglobal.net.

NIC would like to invite any cognate group, faith communities, companies, or philanthropist organizations interested in participating in any of our many programs to contact The National Interfaith Coalition for Spiritual Healthcare and Counseling c/o Caesar A. Giolito, 1415 Watergate South, 700 New Hampshire Ave., N.W., Washington, DC, 20037; Cgiolito@aol.com.

NACC-certified chaplain C. Rosemary Marmouget is a chaplain at St. John's Regional Health Center, Springfield, Missouri. She is NACC special representative to National Interfaith Coalition for Spiritual Healthcare & Counseling.

United States Catholic Conference of Bishops / Commission on Certification and Accreditation

Special Reports

By **Mary Lou O’Gorman**

In January of this year, I was asked to consider assuming the role of special representative to the United States Catholic Conference of Bishops / Commission on Certification and Accreditation subject to official appointment by the Board of Directors at their March meeting. In anticipation of this appointment, I am using this opportunity to inform you as members as to the purpose of and vision for this role.

Since September of 2003, I have served along with seven other NACC members on the Collaborative Task Force on Universal Standards. Working closely with our colleagues from the Association of Professional Chaplains, the Association for Clinical Pastoral Education, the Canadian Association for Pastoral Practice and Education, and the National Association of Jewish Chaplains, we have been asked by our

respective boards to draft a universal set of standards for the certification of chaplains, professional ethics, and supervised pastoral education.

The first meeting of the Collaborative Task Force was held in New York in September of 2003. Three separate work groups, one assigned to drafting standards for chaplaincy, another for professional ethics, and the third for supervised pastoral education, have continued their work through conference calls and e-mails. This summer, the Task Force will formally present draft documents to the boards of each cognate group for review.

As special representative to the USCCB/CCA as well as the co-chair of the Task Force on Universal Standard for Chaplaincy, my immediate goal is to serve as liaison between our working groups, Sister Kay Sheskaitis, IHM, Executive Director of the USCCB/CCA

and Sister Anita Lapeyre, RSCJ, Chair of our National Certification Commission, about the progress of this important initiative.

Our initial conversations occurred in January. Feedback and input from the USCCB/CCA and the National Certification Commission, as well as the NACC’s Board of Directors will be instrumental in shaping this document. In addition, ongoing dialogue will ensure that the final document is consistent with the values of our Catholic tradition. I am confident that our work will serve as a strong foundation for the advancement of the ministry of board-certified chaplaincy.

NACC-certified chaplain Mary Lou O’Gorman is Critical Care Chaplain at St. Thomas Hospital, Nashville, Tennessee. She is the NACC special representative to the USCCB/CCA; e-mail: MOGORMAN@stthomas.org.

Have you checked our online membership directory?

If you are looking for contact information for a colleague or for NACC members in your area or if you want to ensure your information in the directory is correct and current, all you need to do is go to

www.nacc.org/membership/forMembers.asp where you may check your listing or look up members by using one of three indexes: alphabetical, by state, or by institution type.

To access the directory, click on *Online Membership Directory. This section is for current members only and is identified by the animated “For members” graphic. You will first need to register, if you have not already done so. To register, you need to be a current member of the NACC and know your membership number. (*Vision* subscribers do not have access to the member webpages). Otherwise, enter your member number and password.

The National Office updates the directory *weekly*. In order to

keep the directory up-to-date, you can submit your change of address / phone / e-mail via the website as we have provided an online change of address form.

It is critical for an membership association such as the NACC to have a membership database that is up-to-date. For example, in February and March our Interview Team Leaders used the database to contact members about serving on teams for the spring certification interviews. They encountered a significant number of “wrong” phone numbers / e-mails in their work – adding frustration to an already challenging activity.

When you have a change in any of your contact information, please consult the online membership directory and send us your changes by completing the online form or by calling the National Office. We ask that you not wait until your annual renewal. ▼



The Reverend Lerrill White, PhD, on HIPAA and PIPEDA Privacy Regulations

It's déjà vu all over again

It seems like only yesterday that a new regulation, known as HIPAA (The Health Insurance Portability and Accountability Act), was enacted in the United States. Instead, it was nearly a year ago that this highly complex set of rules was put into motion. The result has been confusion, disruption and serious misinterpretations that have had far-ranging affects – even on health care chaplains and clergy.

Simply stated, the regulation is intended to protect the privacy of an individual's health care records. An Emergency Department nurse may not share a patient's medical information with a TV news reporter, for example, without the patient's express consent. A similar regulation was enacted in Canada (PIPEDA – Personal Information Protection and Electronic Documents Act) a year prior to the enactment of HIPAA. While both sets of regulations were intended to promote the privacy of an individual's records (particularly financial, legal, and/or health care related), it remains unclear whether either set of regulations will accomplish their intended goal. What is clear is that the implementation of the regulations, based on the interpretations and counsel of industry consultants, caused unnecessary harm to chaplains and clergy in both countries.

These industry consultants (health care and legal), reasoned in both sets of regulations (HIPAA and PIPEDA), that chaplains evidently were not included since they were not mentioned in the

regulations. From that line of reasoning, they proceeded to advance the opinion that chaplains were not health care workers. The result, in both Canada and the U.S., was the recommendation of the consultants that chaplains should no longer function as part of the interdisciplinary team. Many chaplains were told they could only see patients by request of the patient and had no access to charts or any other patient information. Fortunately, most health care administrators in the U.S. decided to employ common sense (as suggested in HIPAA's Preamble) in applying the regulations. In the end, most of these misinterpretations and overreactions were reversed and chaplains were returned to their rightful place on the health care team.

Still, we are mindful that there are chaplains on both sides of the border whose ministries have been seriously affected with no resolution in sight. Regarding local clergy, there are as many interpretations and applications of the regulations as there are health care entities. The same consultants, who wanted to eliminate chaplains because they were not mentioned, decided they needed to limit the local clergy's access to patient information because they were mentioned. The result is ongoing disruption for clergy and a "crazy quilt" of policies. Some hospitals are very user friendly for local clergy while others refuse to give clergy any information on their hospitalized congregants.

One thing is clear. On both sides of

the border, health care chaplains and clergy must work together to have members of our profession officially recognized by government agencies as health care workers. We have been passive for too long, and we are paying a price for our lack of advocacy and action. One piece of good news: the director of the Office of Civil Rights in the U.S. Department of Health and Human Services said recently, "HIPAA does not prevent clergy from getting medical information nor should it affect prayer. A belief persists that HIPAA is hurting the religious community. There is miscommunication and misinterpretation out there." So, we know that we are now being heard. The next step is to educate our national policy makers.

In recent conversations with several leading faith group representatives, Tommy Thompson, U.S. Secretary of Health & Human Services, indicated that changes to HIPAA, planned to go into effect in August, 2004, will clarify the roles of chaplain and clergy. Our professional and religious communities need to monitor future developments to ensure that the revised regulations correctly represent us and our constituencies.

To read more about these two privacy laws go to:

HIPAA – www.cms.hhs.gov/hipaa/
 PIPEDA – http://www.privcom.gc.ca/legislation/02_06_01_01_e.asp?V+Print

The Rev. Lerrill J. White, PhD, is assistant director of Clinical Pastoral Education at St. Luke's Episcopal Hospital in Houston, Texas, and has been the liaison to Health & Human Services for the Association of Clinical Pastoral Education and Association of Professional Chaplains since 1983.

This article is from *Plain Views*, the newsletter for professional chaplains and other spiritual care providers, February 18, 2004, The Rev. Lerrill J. White, PhD, published with permission.

No One Dies Alone manual available

Sacred Heart Medical Center in Eugene, Oregon, has created a manual to help hospitals and other care providers develop their own programs for patients dying alone. The guide explains how the program was implemented at Sacred Heart and how it can be replicated at other facilities.

For more information, go to www.peacehealth.org/Oregon/NoOneDiesAlone.htm. Click on the link for ordering the manual. Sacred Heart will provide the guide at cost.

(Reported in *Catholic Health World*, February 15, 2004.)

Trinity Institute 35th National Conference "Naming Evil: An Interfaith Dialogue"

May 2-4, 2004 ▾ New York, New York

The Trinity Institute conference is cosponsored by the Chautauqua Institution and Trinity Church on Broadway at Wall Street in New York.

Join Kofi Annan, the Secretary-General of the United Nations, and scholars Michael J. Sandel, Jon D. Levenson, Seyyed Hossein Nasr, and Joan D. Chittister, representing the three Abrahamic faiths for "Naming Evil: An Interfaith Dialogue." You may attend the conference or participate online via internet a/v webcast.

In a climate of terror, our public rhetoric reflects our anxiety and fear. We lose our capacity for reasoned and reflection

Educational Opportunity

and begin to ascribe "evil" to perceived enemies indiscriminately. The reality of evil is not in doubt. It is built the very fabric of our natural and social existence. Not only are we subject to the randomness of nature and chance, but we also wreak unspeakable horrors upon one another. So, every generation has to come terms with the insidious persistence of evil in our world. We have two basic goals in this conference. First, to name the evils that afflict us today. Second, to seek to understand their origin and to withstand their power.

For more information: Trinity Institute at (800)457-0224 or www.trininst.org.

Riding the Dragon: 10 Lessons for Inner Strength in Challenging Times

By Robert J. Wicks

Sorin Books, 2003, \$15.95

Reviewed by Dennis McCann, SFO

Riding the Dragon by Robert Wicks is a book that gives advice – a lot of advice. As we read through the bits of advice on topics such as doing too much, worrying or giving up, we are given the best of his wisdom. Except that it isn't his wisdom. Rather it is a survey of what some of the truly original thinkers and writers of our time have to say about those topics. In this sense, the book is a survey of other people's insights. Fortunately, it offers a parade of good thinkers. Some are the usual fare such as Nouwen, Merton, and His Holiness The Dalai Lama. But the list also includes some lesser knowns in Catholic circles such as Pema Chodron and David Chadwick.

The book may be useful for a little self-reflective how-am-I-doing. But the best part of the book is the bibliography. The bibliography offers a good reading list that would be worth going through book by book. It would make a good personal annual reading list or a good list for a spiritual reading book club.

Book Review

Riding the Dragon might be useful for someone just beginning the spiritual search. But it is a tertiary source. The best primary sources are scriptures of a world religion and personal experiences of life. The best secondary sources are reflections, observations, and insights upon those primary sources. These are the writers that Wicks quotes from, making up the greater part of his book. *Riding the Dragon* is a tertiary source as it is mostly a compilation of their reflections with appropriately chosen direct quotes. He does throw in a few of his own experiences, but when he does it sounds like name dropping.

My advice is this: if you are in a bookstore and stuck for a good insightful read in the area of spirituality, pick up *Riding the Dragon*. Turn to the back pages and choose one of the books that you have not yet read from the bibliography. Go buy that book and quietly slip the Wicks book back into the stacks.

NACC-certified chaplain Dennis McCann, SFO, PhD, is Director of Pastoral Care, St. Vincent's Medical Center, Bridgeport, Connecticut; e-mail: dmccann@svhs-ct.org.

The best part of the book is the bibliography, which would make a good personal annual reading list or a list for a spiritual reading book club.

▾ *Spirituality in Pastoral Counseling and the Community Helping Professions*. By NACC-certified chaplain Rev. Charles J. Topper, EdD, associate professor of counseling, St. Joseph College, West Hartford, Connecticut. Published by The Haworth Pastoral Press, Inc., 2003. A guide to bringing spirituality into the helping professions

Recently Published

– available in hard and soft cover.
www.haworthpress.com.

Prayers for Healing

John M. Fogarty, Jr.
Reedsport, Oregon
pancreatic cancer, 4th stage

Joyce Hamilton
Garden City, Kansas
pulmonary sarcoidosis & cephalgia

Serena Karen Sechser
Oelwein, Iowa
recovery from knee surgery

Sister Geri Lane, CSJ
St. Paul, Minnesota
breast cancer



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.

Positions Available

▼ 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. NACC certification is required. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrhc.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 join our active pastoral care department, which consists of one priest chaplain, seven chaplains, and a director of pastoral care. This role identifies patient, family, and staff needs for spiritual guidance and counseling, serves the community through liturgical celebrations and sacramental support, and participates in interdisciplinary team meetings in an effort toward ensuring the provision of high quality pastoral care services. Candidates must have ecclesiastical endorsement and NACC certification. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololrhc.com to apply online.

▼ DIRECTOR, CENTER FOR SPIRITUAL CARE

St. Agnes Medical Center, Fresno, CA – You will be responsible for leadership and coordination for the Center for Spiritual Care to promote the healing mission of Saint Agnes Medical Center. You will ensure the timely delivery of supportive emotional and spiritual services to patients, their families, and the members of Saint Agnes Medical Center's community. This position reports to the Sr. Vice President of Mission Services/Local Integrity Officer. A master's degree in theology or equivalent with five to eight years of managerial experience and certification by the NACC are required. Saint Agnes Medical Center in Fresno, California, is the premier provider of health care in the Central Valley of California. We are a 325-bed acute hospital facility undergoing the largest expansion in our history. To learn more about Saint Agnes or to apply, please see our website, www.samc.com. Or you may send your resume to LuAnn Bertolino, People Center at Saint Agnes, 1111 E. Herndon Avenue, Suite 202, Fresno, CA 93720. EOE.

▼ CPE RESIDENCY

The Village at Manor Park, Milwaukee, WI – September 8, 2004 to May 13, 2004: Nine-month residency in geriatric ministry. \$18,500, plus health insurance and other benefits – tuition scholarships. The Village is an award-winning senior health care system, offering all levels of care, including hospice. Minimum of one CPE unit required. A theological degree and some pastoral experience are preferred. Apply to: Chaplain Chuck Weinrich, The Village at Manor Park, 3023 South 84th Street, Milwaukee, WI 53227-3798; telephone: (414)607-4100, x2355; e-mail: charles.weinrich@VMP.org. Website: www.vmpcares.com.

▼ FULL-TIME CATHOLIC CHAPLAIN

Diocese of Brownsville, TX – **Job summary:** Responsible for providing care to the Catholic patients and staff of a hospital in the city of **Harlingen**. Candidate will participate in a monthly supportive and educational meeting with 10 other

Catholic chaplains in the Rio Grande Valley. **Qualifications:** Graduation from an accredited college or university, four units of CPE, certification with NACC/APC, and the ability to communicate in English and Spanish. Ability to relate to a variety of hospital administrators and department heads. Interested applicants should submit resume and letter of interest with reference and salary requirements to: Diocese of Brownsville, Attn: Human Resources, P.O. Box 2279, Brownsville, TX 78522-2279.

▼ SPANISH-SPEAKING CHAPLAIN

Massachusetts General Hospital, Boston, MA – Spanish-speaking staff chaplain sought for dynamic, multi-faith spiritual care team at this world-renowned academic medical center. Responsibilities include: same day surgery unit, ministering to patients/families from Protestant and other religious traditions, sharing in Interfaith On-Call coverage, teaching opportunities, worship leadership, special projects. Requirements: certification as chaplain or eligible, fluency in Spanish, clinical experience in a teaching hospital, broad knowledge of Protestant traditions, experience in ministering across religious traditions. Send letter of interest, resume, and sample verbatim of clinical work to Sheila Crowell, Administrative Coordinator, MGH Chaplaincy, Clinics 371, 55 Fruit St., Boston MA 02114; SCrowell@partners.org; (617)726-4774. Available April 2004.

▼ SUPERVISOR FOR COMMUNITY-BASED CPE

The Ecumenical Institute, Cherokee, IA – The Ecumenical Institute will have an opening later this year for a full-time dually certified/certifiable supervisor to conduct basic level CPE units in the communities of northwest Iowa. The Ecumenical Institute succeeds a 35-year history of CPE conducted at the Cherokee Mental Health Institute. The program is accredited by ACPE and USCCB to the year 2010 and wishes to maintain its dual accreditation by having a dually certified supervisor. The Ecumenical Institute is free-standing and is directed by an ecumenical board from the communities served. The Institute is financially self-supporting with significant accumulated and ongoing resources available for long-term programming. This opening results from the pending retirement of ACPE/NACC Supervisor, Gene Sitzmann. A competitive and negotiable salary and benefits package will be offered based on experience and credentials. The position offers a long-term, creative career in a low-stress supervisory milieu. A recently released 20-minute video regarding the history and mission of the Institute, together with other related resource materials, is available to qualified candidates. Contact Rev. Gene Sitzmann, 975 540th Street, Cherokee, IA 51012; (712)225-2131; guess@netins.net.

▼ DIRECTOR OF PASTORAL CARE

CHRISTUS Spohn Health System, Corpus Christi, TX – is currently seeking a Director of Pastoral Care to supervise, manage, and direct the CPE Program. Requires four units of CPE at an ACPE- or NACC-accredited CPE center. Master of Divinity or a master's in theology and chaplain certification with NACC or APC preferred. We offer competitive salaries and benefits. For full career details, please contact: CHRISTUS Spohn Employment Center, 716 Ayers St., Corpus Christi, TX 78404; phone: (361)881-3135 or (800)643-2609; fax: (361)883-6478; e-mail: JaimeL.Tiefel@christushealth.org; Jobline: (361)881-3752. An Equal Opportunity Employer. www.christusspohn.org.

▼ DIRECTOR OF PASTORAL CARE

Providence St. Vincent Medical Center (450 beds), Portland, OR – Reporting to Hospital Administrator, Director is responsible for all pastoral care activities including managing 11 chaplains. Candidates should possess master's in theology and be certified as a Catholic chaplain with five to seven years' leadership experience in pastoral care, in a health care setting. Send resume and letter of interest to: Daria Hall, The Hawkins Company, 5455 Wilshire Blvd., #1406, Los Angeles, CA 90036; (323)933-3337 x16; fax: (323)933-9765, e-mail: daria@thehawkinscompany.com. A full position description, can be found at www.thehawkinscompany.com. Information on Providence at www.providence.org. AA/EOE/ADA.

▼ EXECUTIVE DIRECTOR OF MISSION INTEGRATION

St. Catherine Hospital of Garden City, KS – is a faith-based acute care hospital. We are seeking qualified candidates for the position of Executive Director of Mission Integration. Located in southwest Kansas, Garden City offers a safe, clean family environment featuring excellent schools and abundant recreational opportunities. We are a rural, primary care, 99-bed facility with an established tradition of working with Catholic traditions and values since 1932. We are a part of Catholic Health Initiatives (CHI), the second largest Catholic Health Care system in the nation. This position reports to the President/CEO. The position plays a key role in shaping the culture of the hospital. Grounded in the core values of reverence, integrity, compassion and excellence, the Executive Director of Mission Integration collaborates with others in the development of new ministries to promote healthy communities and facilitates the integration of mission, ethics and spirituality. The incumbent will provide direction and leadership to the ethics committee, pastoral care, volunteers, and a variety of other functions to fulfill St. Catherine Hospital's mission. Master's degree, preferably in theology or health-related specialty, with a working knowledge of operations, government affairs, health care trends and issues, and financing. The candidate must be conversant with Catholicism, have a demonstrated familiarity with diversity of spiritualities and possess the knowledge and ability to work effectively within the framework of the Catholic Church. Knowledge of health care ethics with particular emphasis on the "Ethical and Religious Directives for Catholic Health Care Services" (ERDs) is imperative. St. Catherine Hospital offers an excellent work atmosphere, a well-experienced staff and a community dedicated to the continued success of the hospital provide a broad spectrum of superior health care services. Interested individuals should forward a cover letter and resume to: St. Catherine Hospital, Human Resource Department, 401 East Spruce, Garden City, KS 67846-5679. Equal Opportunity Employer.

Positions Wanted

- ▼ A Roman Catholic priest with 4 units of CPE and preparing for NACC certification in fall 2004 seeks a full-time position as a priest chaplain or chaplain and is ready to begin at any time. Please contact Rev. Bart O. Okagbue, 2186 Lariat Dr., Bullhead City, AZ 86442; e-mail okeokagbue@yahoo.com.

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Calendar

May

- May is Mental Health Month
www.nmha.org
- 1-2 Certification interviews:
Atlanta, Georgia
Baltimore, Maryland
Los Angeles, California
Milwaukee, Wisconsin
St. Louis, Missouri
- 6-7 NACC Board of Directors Meeting
Milwaukee, Wisconsin
- 24 Copy deadline
July 2004 Vision
- 31 Memorial Day holiday
National Office closed

June

- 3-6 National Association for Lay
Ministry (NALM)
Annual Conference
Kansas City, Missouri
- 6-9 89th Catholic Health Assembly
Chicago, Illinois
www.chausa.org

July

- 1 Postmark date
Certification materials
for fall interviews

THE NATIONAL ASSOCIATION OF
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