

## Bolton and Edmonson Elected to Board

In November, association members elected Patrick H. Bolton and Theresa Vithayathil Edmonson as members-at-large on the NACC Board of Directors. They will each serve a three-year term beginning January 1, 2004.



*Patrick H. Bolton*



*Theresa Vithayathil Edmonson*

Over one third of association members eligible to vote returned ballots in the runoff for Board members.

Patrick Bolton, MDiv, is Director of Pastoral Care at Mercy Medical in Daphne, Alabama, where he has developed an ecumenical and ethnically diverse chaplaincy staff. He founded the Gulf Coast Chaplains Association to offer networking and educational in-services for chaplains, and, as a member of the executive committee of the Alabama Chaplains Association, providing retreat and educational opportunities for chaplains statewide.

Chaplain Bolton joined the NACC in 1996 and has served the association as a member of the planning committee for the regional symposia in 2002. Commenting on his election, Patrick wrote, "It is a privilege and honor to be elected by my colleagues for this leadership role in our association. Thank you. I look forward to working more closely with you in this new capacity as we chart a course of expanding opportunities and relationships as mapped out by our strategic plan."

Theresa Vithayathil Edmonson is a staff chaplain at Providence St. Vincent Medical Center in Portland, Oregon, and has experience working in home care, hospice, general medi-

cine, health insurance plans, and currently on the perinatal and neonatal units.

Chaplain Edmonson has a strong educational background, having graduated from the University of Notre Dame with a Master's of Divinity degree and having completed her CPE at Yale-New Haven Hospital and Portland VA Medical Center. She has been active in the NACC since she joined in 1997, serving on certification interview teams and the regional education committee and co-chairing the 1999 region XII annual conference.

Theresa stated that she is honored to be elected and that she accepts "this responsibility with a great sense of service. We have a lot to offer to the Church as a profession and I look forward to representing my colleagues nationally. I hope my time on the Board will be one in which the NACC emerges as a strong resource for the Church. I also hope that during my tenure the Board will take this opportunity to enhance the leadership skills of other chaplains so that future leaders are nurtured and come forth in service." ▼

New Board members begin their three-year term on January 1.

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# Final report to the membership

By **Richard M. Leliaert, OSC**  
**Outgoing Chair**  
**Board of Directors**

**A**s I prepare to write this final report, actually a report on work in progress, for all we do is really continuous and ongoing, I'm looking at a wonderful photo of our then National Leadership Council at the end of our July 1999 meeting in Milwaukee. With the help of Sister Suzanne Donovan, SC, we had just approved a motion to revamp the governance structure of the association from a Leadership Council format to a Board of Directors. I recall each of those smiling faces and salute them for making that courageous decision.

Rev. Steve Ryan was president of the NACC at that time, and I was president-elect. But with the decision to adopt a Board governance structure, both Steve and I were "out of a job." We both resigned our positions as we needed to do. I ran again for president according to the new format, and was elected once more. So much has happened between 1999 and 2003, and while thanking all my predecessors in leadership for their roles in forging a new direction for the NACC, I think all of us can say that the impact of these past four years will always be with us.

In the October 2000 *Vision*, Steve wrote a final report to the membership. As I take up from where he left off, especially his remarks about defining ourselves as chaplains and our role as chaplains, I call attention to the November 10, 2003, issue of *Newsweek*, containing the article, "God & Health; Is Religion Good Medicine? Why Science Is Starting to Believe" (pp. 44-56). The article tells us something about how far we've come as chaplains, yet how far we've got to go, especially since there are complex questions regarding the relationship between health and religion/spirituality that we still need to clarify for ourselves and for the general public, including the wider health care community.

Our first meeting of the new Board took place in Milwaukee in February 2001. I still feel a certain awe as I look at



*Leliaert*

Jean deBlois, CSJ; our Episcopal Advisor, Bishop Dale Melczek; and the five elected NACC members – Sister Janet Biemann, RSM, Rev. Liam Casey, Ms. Nancy Siekerka, Sister Shirley Nugent, SCN, and myself.

Initially, we examined key issues facing the association: declining membership, the need for greater diversity in our membership, and financial stability. Walter Smith and John Lore provided us with expert advice and guidance on attaining greater financial stability, including the need for balancing the budget, development/fund-raising, and reviewing the dues structure.

As time went on, we focused on additional issues: our relationship with the cognate groups, the anointing of the sick and other ecclesial issues facing us, including the title "chaplain," the development of a strategic plan, certification and advocacy issues, the development of a national pastoral plan for the care of the sick and dying – all this and more kept us thinking creatively. Through it all, the focus on you, the membership, was central.

Certain events during my tenure stand out:

**Baltimore 2001.** Here at our largest national conference ever, we turned a corner as we devoted our energies to planning and action for a vital ministry to the sick and the dying. With the help of so many dynamic speakers, we focused on the theological, sacramental, liturgical, and canonical aspects of the Sacrament of the Sick. Out of these talks came the idea of proposing to the bishops the need to formulate a national pastoral plan for the

the photo of our first Board. Along with Rev. Joe Driscoll, there were the four extern members – Mr. John Lore, Rev. Walter J. Smith, SJ, Sister Maryanna Coyle, SC, and Sister

care of the sick and the dying, as well as a wonderful book published by The Liturgical Press.

At this conference, we presented a "model of collaboration" with the cognate groups. At that time the membership said "yes" to collaboration but "no" to what seemed to be in effect a merger of the cognate groups. We continued to work with this vision of collaboration till it bore special fruit in Toronto 2003.

**Symposia 2002.** By holding eight symposia on spiritual care of the sick and dying through September and October of 2002, we followed up on the potential of Baltimore and engaged in a more formal way the bishops of the country. This helped to pave the way to our projected involvement as consultants to the bishops in their formulating a national pastoral plan for the care of the sick and the dying. Joe Driscoll brought this along quite well, working with Msgr. James Moroney, executive director of the USCCB Bishops Council on the Liturgy. The NACC Board will be appointing a representative to serve as a liaison to Msgr. Moroney's office in this interim period.

**Toronto 2003.** The highlight of this EPIC conference was the consensus decision by the boards of all the cognate groups to collaborate on forging one set of universal standards for professional chaplains, one set of universal standards for supervised pastoral education, and one set of universal standards for professional ethics. Framework was established for what is now called the Council on Collaboration. Currently Board members Ms. Joan Bumpus, Ms. Ann Hurst, and Ms. Bridget Deegan-Krause represent the association on this Council.

**Strategic Plan.** During the last year and a half, the Board has focused its attention on creating and implementing a strategic plan for the association. At the November 2002 Board meeting, we met with NACC members and National Office staff who were working on five task forces to develop the strategic plan. Joe Driscoll and Board member Ms. Mary Hassett used the input from the

See [Final Report on page 7](#).

## 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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## The Humanization of Death

▼ Reading through “The Humanization of Death” by Salvino Leone in the June 2003 *Vision* gave a great history of the heart of chaplaincy and prompted me to review some other opinions on the subject. A recent example:

Historically, dying well would have been understood in the Christian community as the opportunity to be at peace with God and one’s neighbors prior to dying. The vision was that if one were blessed with the opportunity to know of one’s impending death and be able to accomplish those goals at the end of life, it was considered a good death. We have lost that vision in contemporary culture. Within modernity the assumption is that dying quickly and painlessly is the priority. (Meader, Keith, “Being Well, Living Well and Dying Well,” *Research News on Science and Religion, Summer 2002*.)

The current attitude toward comfort palliative care seems to meet this goal as pronounced by a Woody Allen character: “I’m not afraid of dying, I just don’t want to be there when it happens.”

Long before the present emphasis on humane and palliative care, theologian Karl Rahner presented an enlightening essay titled “The Liberty of the Sick, Theologically Considered” on the spiritual care of the dying, in terms of the

## Letter

rights of the sick person and the duties of the caregivers.

Rahner defines the word “liberty” to mean “free and informed choice in relation to God” to make decisions about life, death and illness; in order to do this he must be informed – to know he is dying – and assured his physician will not abandon him, and that he will be pain-free as possible without so obtunding his senses that he is unable to realize his future. When in this state, Rahner states emphatically, is the ideal time for disposing of one’s self, to decide for God consciously; it is also the time when the dying person directs the course of this process. Rahner warns us to test the spirit, not to force the sacraments or in any way exploit the patient’s state of mind and soul. Caregivers should be guided to see that something sacred is happening here, without demanding perfect contrition and fundamental option appropriate.

Karl Rahner: “The Liberty of the Sick, Theologically Considered” in *Theological Investigations, Vol XVII: Jesus, Man and the Church*. Crossroad: 1981, pp.100–113. Originally published in German, 1975.

Incidentally, the final pages of this paper (109–113) present a very helpful discussion on the doctor/patient relationship in regard to treatment decisions for the dying.

Deacon John Glennon  
Granville, New York

## Report from the Chair

### New and exciting opportunities on the horizon

It is an honor and a pleasure to be asked to serve as Chair of the Board for the NACC. Our association has seen much change and transition over the past several years and once again we find ourselves in the midst of change. I guess the following saying is true: The two things that don't change are

death and paying taxes. One's view of the existence of "change" can shape the future. Do we see change as a sign of instability, death, mistakes, and ask who do we blame? Or do we see change as a sign of growth, another opportunity to learn new things, an opportunity to experience other gifted people in our lives. My view is the latter. We have a wonderful opportunity ahead of us to once again examine our internal structure in relationship to our new strategic plan. We are asking the questions – do we have the right elements

in place to launch our strategic plan and create our future?

I can imagine that many of you have wondered what are the next steps as our leadership changes. It is my pleasure to introduce Dr. Elizabeth Piasecki. Dr. Piasecki has been retained by the Board of Directors to provide consultation on the future direction and operation of the National Office. She is a licensed clinical psychologist, and holds a Master of Theological Studies from St. Francis Seminary, a master's in psychology from Marquette University, and a Doctor of Psychology from Forest Institute of Professional Psychology. She has extensive experience in working with the Archdiocese of Milwaukee and has served as a consultant to the United States Conference of Catholic Bishops. In addition, Dr. Piasecki has been in private practice in Milwaukee for 13 years. She is a member of the American Psychological Association and the Wisconsin Psychological Association

We have asked her to focus on some very specific tasks:

- ▼ Review the job descriptions and staff responsibilities and skills.
- ▼ Implement the recommendations from the most recent audit.
- ▼ Establish a work plan for the immediate priorities.
- ▼ Review human resource/administrative policies – for compliance with current practice.
- ▼ Reshape the operating budget.
- ▼ Ensure the timely provision of membership services.

*(Left to right) Dr. Liz Piasecki met with Susan Walker, Administrative Specialist/Finances, and Kathy Eldridge, Manager of Operations, on December 8, 2003, to begin familiarizing herself with the operation of the NACC National Office.*

- ▼ Prepare a recruitment plan for our new leadership.
- ▼ Establish appropriate Board and National Office structures, that have not yet been put in place since our restructuring.

Dr. Piasecki started with us on December 8, 2003. She will work closely with Ms. Kathy Eldridge, the Manager of Operations, myself, as Board Chair, and the Executive Committee of the Board.

Besides working with Dr. Piasecki and attending to their regular duties, the National Office staff has been charged by the Board to become familiar with the strategic plan, prioritize its tactics, and create budgets and timelines for implementation of elements of the plan.

Board members have assumed the responsibility of our external relationships. Ms. Ann Hurst, Ms. Bridget Degan-Krause, and I are now representing the association on the Council on Collaboration. There is some absolutely exciting work being done there, and we met with this Council for the first time on December 6 and 7, 2003. Rev. Richard Leliaert, OSC, represented us at the annual COMISS Network meeting. Our Episcopal Liaison, Most Rev. Dale Melczek, DD, has been extremely involved in our work with the bishops concerning our use of the title "chaplain" and is committed to continuing this work with us.

The Board has decided to put on hold the search for an executive vice president/chief operating officer. We will soon put a search committee together to interview candidates for our executive leadership position. Exactly what that position will be is yet to be determined as it will be identified through the work of Dr. Piasecki with the Board.

Again, we take this opportunity to thank Rev. Joe Driscoll for the 11 years of outstanding leadership he contributed to the almost 40-year history of the NACC. He will be held in high esteem for the ways in which he carried on from the leaders before him and the unique ways he has contributed to our association. We look forward to the unique gifts that our next executive leader will contribute to the ongoing growth and development of the mission of the NACC. ▼



*Joan Bumpus  
Chair  
Board of  
Directors*



## Certification News

### Spring 2004 locations and dates

Saturday/Sunday, May 1–2, 2004

Atlanta, Georgia

Baltimore, Maryland

Los Angeles, California

Milwaukee, Wisconsin

St. Louis, Missouri

Postmark date for materials  
February 1, 2004

### Fall 2004 locations and dates

Saturday/Sunday, October 2–3, 2004

Boston, Massachusetts

Dallas, Texas

Milwaukee, Wisconsin

Portland, Oregon

St. Louis, Missouri

Postmark date for materials  
July 1, 2004\*

## Procedures for the certification process

1. Before applying for certification, you must first become a full member of the NACC. After you have become a full member, you may request a certification packet from the National Office.

2. You need to submit a completed certification application packet to the National Office prior to the certification interview. Materials must be postmarked no later than February 1, 2004, for spring interviews and July 1, 2004, for fall interviews.

3. Please include a short cover letter indicating your first and second preference for an interview site.

4. A completed application consists of one set of required certification materials (a “Checklist for Supportive Materials Required for Certification Interview” will be sent to you with the certification packet of information) and the certification application fee. You are to keep the originals of your packet (except for the Application for Certification form) so that you may make additional copies to be sent to your interview team members when a team is assigned.

5. Materials are reviewed to verify that you have met all the formal requirements for an interview.

6. After your materials are determined to be in compliance, you will be assigned a date, place, and interview team, honoring your first choice if at all possible.

7. When you receive notice of your interview team, you

are responsible for sending copies of your certification materials to each of the team members. These copies are to be sent by certified mail at least 30 days before your interview date. The copies will be returned to you after the interview. The office copy will be kept until the process is closed, and then this copy will be destroyed.

The National Certification Commission selected five sites for interviews so as to reduce the need for travel for both candidates and interviewers. However, there is a chance that you may not receive your first preference for a site. The number of interviews scheduled at any site will be determined by the number of available interview team members living in, or close to, the interview site.

The National Certification Commission recommends that you seek mentoring from a certified NACC chaplain or supervisor as you enter the certification process. Also, check the NACC website for “Frequently Asked Questions” about certification: [www.nacc.org/certification/faqs.asp](http://www.nacc.org/certification/faqs.asp).

*\* Note: For those who have yet to send in materials, please note that you must have completed all your requirements and have your packet of materials postmarked by July 1, 2004, in order to be considered for a fall interview. The October 2–3 interviews are the final interviews prior to the January 1, 2005, deadline for the new standard requiring a master's degree.*

## Spring 2003 certification interviews

Thank you to interview team educators and site coordinators

### Atlanta – St. Joseph's Hospital

ITE Ms. Cathy Connelly  
Site Coordinator Sister Valentina M. Sheridan, RSM

### Milwaukee – Archbishop Cousins Catholic Center

ITE Ms. Judy Hoelscher  
Site Coordinator Ms. Marilyn Warczak

### Baltimore – St. Joseph's Medical Center

ITE Mr. D.W. Donovan  
Site Coordinator Mrs. Nancy Conner

### St. Louis – De Paul Health Center

ITE Ms. Judy Shemkovitz  
Site Coordinator Mrs. Angie Vorholt-Wilsey

### Los Angeles – St. Vincent Medical Center

ITE Ms. Charlotte Leas  
Site Coordinator Brother Felipe Martinez

### Thank you to certification interviewers

Mr. Bruce Aguilar  
Dr. Linda Arnold  
Mr. David Baker  
Mrs. Julianne Barber  
Ms. Mary Bomba  
Mr. Joseph Bozzelli  
Mr. Michael Brown  
Ms. Mary Pat Campbell  
Rev. Benjamin Chinnappan  
Sister Mary Coffey, SND  
Mr. Joseph Czolgosz  
Sister Mary Anne DiVincenzo, CSJ  
Mrs. Mary Fiegel  
Sister Carmen Figueroa, FSJ  
Mr. John Gillman  
Rev. Robert Gloudeman  
Sister Grace Golata, SSSF

Ms. Judy Hoelscher  
Dr. Margaret Hover  
Mrs. Dian Korb  
Rev. Thomas Landry  
Sister Anita Lapeyre, RSCJ  
Ms. Charlotte Leas  
Rev. Stephen Lundgren  
Sister Margaret McAnoy, IHM  
Rev. Rory Murphy  
Ms. Anne Murphy  
Sister Lucy Nigh, SSND  
Rev. Kevin Ori  
Ms. Ann O'Shea  
Ms. Eileen Perkins  
Ms. Kathleen Ponce  
Ms. Karen Pugliese  
Mrs. Ellen Radday

Mrs. Karen Reilly  
Dr. Peter Ruta  
Dr. Susan Sendelbach  
Ms. Judy Shemkovitz  
Mrs. Betty Skonieczny  
Sister Mary Skopal, SSJ  
Dr. Jane Smith  
Sister Gabrielle Smits, CSJ  
Rev. William Spacek  
Deacon Mike Steele  
Sister Bernadette Sullivan, OSB  
Rev. Richard Tessmer  
Sister Patricia Thompson, RSM  
Sister Sarah White, GNSH  
Sister Julia Wiegerling, CSA  
Sister Janet Wingert, CSR  
Rev. Steven Yander

## Fall 2003 certification interviews

Thank you to interview team educators and site coordinators

### Boston – St. Elizabeth Medical Center

ITE Ms. Cathy Connelly  
Site Coordinator Sister Mary Anne Gallagher

### Portland – Providence St. Vincent's Medical Center

ITE Ms. Cam Hanemann  
Site Coordinator Ms. Cam Hanemann

### Dallas – St. Paul University Hospital

ITE Ms. Judy Hoelscher  
Site Coordinator Ms. Judy Hoelscher

### St. Louis – De Paul Health Center

ITE Ms. Charlotte Leas  
Site Coordinator Mrs. Angie Vorholt-Wilsey

### Milwaukee – Archbishop Cousins Catholic Center

ITE Ms. Sharon Mason  
Site Coordinator Ms. Marilyn Warczak

## Fall 2003 certification interviews (continued)

### Thank you to certification interviewers

Dr. Rodger Accardi	Sister Kathleen Gallivan, SNDdeN	Sister Maureen Mitchell, RSM
Mr. Bruce Aguilar	Brother Daniel Gallucci	Mrs. Mary Myers
Sister Paracleta Amrich, SSCM	Rev. Thomas Garlick	Rev. Richard O'Donnell, OSCam
Ms. Kathryn Anne	Sister Suzanne Giro, CSJ	Sister Pat O'Donovan, RSM
Dr. Linda Arnold	Ms. Georgia Gojmerac-Leiner	Sister Margaret Oettinger, OP
Mr. David Baker	Sister Grace Golata, SSSF	Rev. Felix Ojimba
Mr. Robert Barnes	Mrs. Cathy Grandjean	Sister Karen O'Neill
Mr. Arthur Beaudry	Sister Norma Gutierrez, MCDP	Rev. Kevin Ori
Sister Nancy Beckenhauer, OSU	Ms. Camelia Hanemann	Sister Rosalie Orr, SNJM
Ms. Mary Lou Bennett	Sister Colette Hanlon, SC	Ms. Ann O'Shea
Ms. Michele Boccia	Rev. Forrest Hanser, CM	Ms. Elinor Quill
Mrs. Nan Bouche	Ms. Jean Harrington	Mrs. Ellen Radday
Mr. Joseph Bozzelli	Ms. Deborah Heen	Mr. Kenneth Rancourt
Sister Kathleen Brady, OP	Sister Elaine Herold, ND	Sister Vivian Ripp, SNJM
Sister Anne Breitag	Sister Marilyn Herr, OSF	Dr. Peter Ruta
Ms. Sally Brochu	Dr. Gordon Hilsman	Rev. Stephen Ryan, OSM
Mr. Michael Brown	Sister Joanna Hoffmann, OP	Mr. Robert Scheri
Rev. John Carroll	Miss Carol Jarecki	Mr. Timothy Serban
Mrs. Catherine Colby	Mr. Chris King, MTS	Dr. Jane Smith
Sister Eunice Condrick, CSJ	Sister Kathleen Kircher, SNJM	Sister Alice Smitherman, OSB
Sister Donna Conroy, RSM	Rev. Philip Krahman	Deacon Mike Steele
Rev. John Crabb, SJ	Sister Geraldine Krautkramer, OSF	Sister Maureen Stocking, OP
Mr. Ernest Dalle Molle	Rev. Thomas Landry	Ms. Kathleen Sullivan
Sister Carole DeCrane, CSA	Sister Anita Lapeyre, RSCJ	Ms. Judith Talvacchia
Mrs. Carmela D'Elia	Ms. Michele LeDoux Sakurai	Ms. Mary Teresa
Ms. Theresa Edmonson	Mrs. Ann Lomuto	Rev. Richard Tessmer
Sister Louise Eggen, OSB	Ms. Theresa Maikisch	Chaplain Connie Walker
Mrs. Vicki Farley	Mrs. Rosemary Marmouget	Mr. Richard Woodley
Sister Gwen Farry, BVM	Mrs. Jane Mather	Sister K.C. Young, OP

## Items of clarification for recertification candidates

**Peer Review** – You need to include recommendations. This is mandatory beginning in January 2004.

### **Recertification Process Report**

**form (blue)** – We encourage you to use this form. Be brief and document 150 hours.

### **Acronyms / Abbreviations** – If you

use acronyms, initialisms, or abbreviations on the Recertification Process Report form, please define (or spell out) the term at least once.

## Final report

*Continued from page 2.*

task forces to craft the plan last year. At the direction of the executive committee of the Board, National Office staff will begin creating budgets and timelines for implementation of select tactics of the plan.

Over the past few years, Board members have contributed much and I thank them all. The contributions of the external Board members have made a great impact, even as the inevitable changes occur in our Board membership. The process of staggering elections

and appointments to the Board has served us well in providing needed expertise as well as orderly transitions.

This year will bring to the Board and the association a number of opportunities with new leadership in the National Office and new leadership and membership on the Board. I have every confidence that the Board will continue to provide the outstanding leadership you expect of them. The Board elected Joan Bumpus as Chair, Ann Hurst as Vice Chair, and Maryanna Coyle as Secretary; they comprise the Executive Committee.

I once again thank Joe Driscoll for

his help, vision, and leadership during his tenure with the NACC. I trust that his successor will build on his legacy, just as he built on the legacies of Sister Helen Hayes, OSF, and those who came before her.

And lastly, I will miss the Board. My deepest thanks to all of you for your prayers and support during my tenure. I'd be amiss if I denied my gratitude and wonder at serving you during some of the most significant growth, changes, and developments in the almost 40-year history of the NACC. Till we meet again, God hold you and yours deep in the palm of His hand. ▼

# We made our own video for Pastoral Care Week

**By Rev. Robert McCartney**

**W**e all try to be original in planning for the celebration of Pastoral Care Week, but it often comes down to putting up the chaplains' pictures and a few piles of handouts. This year we decided to do something different – to make our own video – in addition to putting up the chaplains' pictures and the required handouts!

The idea of a short video explaining our work integrating with other disciplines sparked the interest of chaplains throughout our Western New York Catholic Health System (CHS). The plan was to combine video clips of areas of specialty from the four acute-care hospitals in the system and some representation from long-term care and home care. The budget for the video was zero because we intended chaplains to use their own camcorders or to borrow them. The various video tapes would be routed to the chaplain with the software to pull it together. This chaplain happened to be me.

Last spring I wanted to try out my new video editing software and I made a

short tape of the retirement party of a colleague. The video included music, titles, and rolling credits of those in attendance. Seeing that short tape gave our department staff the idea that we could make a video for Pastoral Care Week.

## How we did it

The idea of a video intrigued a co-worker, Bill Korthals, who did much of the organizing of a committee and guided the process of planning, script writing, and so on. I was to be the “techie” – putting the video together with music, titles, and narration, as well as making the many changes to the finished product necessitated by the video clips dribbling in. We insisted that any patients or clients identifiable must sign releases.

In early July of 2003, we called together interested chaplains of the various facilities in CHS to discuss the plan. One person thought it too big of a project to begin this late and we should put it off until 2004. No one, other than myself owned a camcorder and no one was sure where they would get one. But by begging, borrowing and – well, chaplains don't steal – the video came together.

The computer program I used came from Sony, the maker of my camcorder, and allowed for several video and audio tracks to be combined in the final tape. We were able to do some “fancy stuff” like overlaying titles on the video or seeming to “cut away” to another scene while the first was playing. We used this, for example, to show a chaplain talking to nurses while the speaker was telling how important spiritual care was.

Having other staff talk about spiritual care was quite effective and probably impressed on the speaker what she/he was saying. The Director of Cardiology as well as a couple of head nurses gave “in their own words” type of comments. We also had a physician who heads a palliative care unit explain her work.

The video, titled “Imagining Community,” opens with zoom shots of the front of each acute-care hospital and one nursing home, which represented the long-term and home care we do. Then over a collage of these facilities the introductory titles flash while appropriate music plays. The music fades behind the

*See Video on page 9.*

## A pastoral care quiz

**By Linda F. Piotrowski**

In celebration of Pastoral Care Week I circulated the following quiz along with some information about pastoral care, “A Prayer For The World” by Rabbi Harold S. Kushner, and the message: “Thank you for being my partner in caring for our patients, families and each other. Together we build a better community in Central Vermont! Peace and all good to each of you.”

### Help Celebrate National Pastoral Care Week – Complete the Pastoral Care Quiz

Return the quiz to me by e-mail or stop by the office (Basement – Community Relations) to drop it off. If more than one person has all the correct answers, we will draw five names to receive a certificate for a free lunch in the cafeteria and a surprise gift. Please answer (T) True or (F) False to the following.

1. The pastoral care office is located next to the chapel. T or F
2. The chaplain works at both CVH and Woodridge. T or F

3. The chaplain can be called when someone is dying. T or F
4. The chaplain is a member of the ethics and palliative care committees. T or F
5. The chaplain conducts prayer services at Woodridge. T or F
6. The chaplain is a member of the interdisciplinary team. T or F
7. Mary Haynes, RN, and the chaplain facilitate the Newborn and Infant Loss Support Group. T or F
8. The chaplain is available to help patients, families, and staff. T or F
9. The chaplain has a master's degree in theology and is board certified. T or F
10. CVMC's chaplain is Linda F. Piotrowski. T or F

Your name \_\_\_\_\_

Department \_\_\_\_\_ Extension \_\_\_\_\_

*NACC-certified chaplain Linda F. Piotrowski, MTS, is Interfaith Chaplain at Central Vermont Medical Center, Barre, Vermont; Linda.Piotrowski@hitchcock.org.*

# Imagining and becoming community

By Rev. Miguel Grave de Peralta

On October 23, 2003, professional clinical and volunteer chaplains from all over Augusta, Georgia, were hosted at St. Joseph Hospital by the Pastoral Care Department to share prayer, breakfast, and their stories.

Focusing on the theme of "Imagining Community," participants spoke of their sorrows and triumphs as they worked to show God's love to the people they served. Directors, staff chaplains, and volunteers offered a piece of their hearts to their comrades in what may have been Augusta's first gathering of clinical chaplains in the community. [See Excerpts from Father Grave de Peralta's opening remarks at the breakfast.]

Representing a medical college, a community hospital, the VA medical center, hospice, and home health care, certified and volunteer chaplains from many religious and spiritual traditions all agreed that it was a good idea to come together and be community rather than hear someone just talk about it. Conversation ranged from performance improvement models, acquiring adequate pastoral personnel, the effect of life-changing events in one's own professional life to the time a chaplain needs to recharge spiritual batteries.

All participants agreed that it is important that we minister to one another as part of that spiritual health chaplains require in order to minister to

others. It was decided that the group would remain open to all chaplains and meet every few months for breakfast and mutual support.

In Augusta, a door was opened to imagine community, and chaplains have begun to become exactly that.

## Excerpts from Welcome Remarks

I suppose every ministry has its ups and downs. Chaplaincy is no different. . . . I've been hearing chaplains and listening to the challenges they face.

What appears to be for you the greatest obstacle a chaplain encounters? Is it that chaplains are sometimes not taken seriously as professionals in their field by the medical establishment or institutional leaders? Is it that our expertise is at times reduced to the image of holding the hand of someone in emotional distress and praying with them (which, of course, *anyone*[sic] can do)? Is it that many specialized settings, while they may give lip service to our discipline, really show their true colors by the extreme limits placed on the number of staff in chaplain departments or the small budgets allocated? Is it that at times, while chaplains have dedicated years of graduate or doctoral level education and of pastoral education in the clinical setting, what we do is still seen as "Sunday school for children" or the crutch of those who suffer from emotional outbursts? . . .

We, however, must continue to pastorally engage these false ideas with the truth of a rigorous professional and theologically astute corps of certified chaplains. It will be only when we have proven beyond a shadow of a doubt that professional chaplains are indispensable that the powers that be will seek to hire the certified pastoral care personnel that our people deserve and provide the budgets necessary to support them.

. . . I know that there have been many good days . . . here are some of mine: Every time a well-known medical journal reveals once again the intimate relationship between positive spirituality and good physical health. Every time I'm stopped in the market place by a former patient or the family member of a former patient to thank me for "being there." Every time a patient dies a peaceful death or a health care student learns a life-changing lesson. Every time I witness a physician, nurse, or medical personnel express our common humanity with a touch, a tear, or a smile. Every time I walk by a patient's room and find employees singing to patients or blessing them with a word of hope. There are many more of these and that's why, I suspect, we are and remain chaplains. . .

*NACC-certified chaplain Father Miguel Grave de Peralta is Director Pastoral Care at St. Joseph Hospital, Augusta, Georgia; MIGUELG@stjoshosp.org.*

## Video

*Continued from page 8.*

announcer who explains how we are trained and where we work. The narration was recorded in six segments even before the video shots were taken. That narration then provided a "container" in which to drop the various video takes. The program allows fading in one scene from another. For its relatively low price this software provides some professional-looking features.

We tried to avoid connecting individual scenes with a specific facility. We wanted to show the work of the system regardless of

where the video was made. It was shown and explained how chaplains work in the special units such as the ICU, ER, CCU, Open Heart Unit, and Ambulatory Surgery. Scenes from a prayer service, Mass, the Anointing of the Sick, and a Memorial Service were all included. Near the end, music fades in behind the narrator and raises to full volume during the rolling credits.

Video tapes were provided to each facility for showing during Pastoral Care Week in a well-trafficked area. The nine-minute presentation was recorded over and over on

the tape allowing unattended use for a couple of hours. I believe that this project will motivate other departments to move beyond PowerPoint presentations and make an occasional video especially for training purposes. All one needs is a camcorder and the software, and a desire to do something exciting.

In all, many staff participated and we all felt that we were doing something worthwhile. Besides that, we had fun doing it.

*NACC-certified chaplain Rev. Robert McArtney is chaplain at Mercy Hospital of Buffalo; rmcartney@wnyreligion.net.*

## Rallying Points

# Improving community end-of-life care through coalitions

Asian-American beliefs and practices relevant to care and caring near and at the end of life

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

The dichotomy between Asian-American and Western perspectives often leads to miscommunication between Asian patients and their health care providers.

The Asian-American population has a growing influence and presence in the United States. As a diverse group, Asian-Americans represent at least 20 different countries and 60 distinct ethnicities. Immigrants make up two thirds of all Asian-Americans. Influenced by an array of experiences reflective of country of origin and ethnicity, Asian-Americans' beliefs, values, and practices create a distinct construct that shapes the way they view illness, suffering, and dying in the context of Western culture.

In the United States, open communication and patient autonomy are important elements in the delivering of quality care.

These fundamental elements are in stark contrast to the Asian-American belief systems. The dichotomy between Asian-American and Western perspectives often leads to miscommunication

between Asian patients and their health care providers. Therefore, it is important to recognize and respect the differences that exist. Thus, Asian-American attitudes towards care and caring near the end of life can be understood in terms of cultural traditions, communication style, and health perspectives.

### Culture/ethnicity

- Traditionally, the Asian family is an extended, interdependent social unit where children provide emotional and financial support for their aging parents. Filial duty is the expectation that children, in gratitude for their parents' caring and sacrifices, will care for their parents when they can no longer take care of themselves.
- Asian-Americans are reticent to use nursing homes and hospice care because it makes caretakers feel that they have failed in taking care of their own family and honoring filial duty.

### Communication style

- Asian-Americans are reluctant to discuss death and treatment issues because their belief system tells them that talking about it may tempt fate into hastening death.
- When it comes to disclosing serious diagnoses, withholding information is highly preferred. Asian-Americans, wanting to protect loved ones from suffering unnecessary emotional distress, believe that knowing the truth causes more harm than good. Avoiding truth telling is a way of keeping

hope alive for the patient.

- Nonverbal communication is commonly understood as a vital means of interpersonal connection. Asians are more likely to show their support to a dying loved one solely through their actions rather than ever talking directly about how they feel.

### Health perspectives

- While Western medicine emphasizes patient autonomy, Asians perceive decision making as primarily the responsibility of the family of the dying patient, not the individual. Asians feel that the patient must be protected from the burden of making difficult choices about medical care.
- Asians place a high value on honor, especially on achieving and maintaining honor within a family. Seeing psychological illness as a source of shame to the family, Asians have difficulty accepting the diagnosis of mental disorders, such as learning disabilities and depression and will tend to deny treatment for such diagnoses.
- Buddhism, which is widely practiced in Asia, values suffering as a means of spiritual growth and development. Asians who practice Buddhism may decide to delay or even avoid getting pain relief from illnesses.

*For more information contact: National Resource Center on Diversity at (866)670-6723. Rallying Points is an initiative of The Robert Wood Johnson Foundation's Last Acts campaign to improve care and caring near the end of life.*

# The Healing Circle

By Peggy Nixdorf, RN

*A lone in your room, you think you're the only one and you're wondering if you might be crazy. So you lock all your pain and your shame deep inside and your skies are always dark and hazy. But if you come to the circle, and tell us your tale. You will find you're not the only one who's hurting...\**

These are the words to the theme song that opens every prayer/scripture group each week at Our Lady of Consolation Long Term/Short Term Care Rehabilitation Center, West Islip, New York.

I have been at Our Lady of Consolation almost four years. This is a 450-bed facility that has 10 nursing units. Three are specialized: a short-term rehabilitation unit, a respiratory care unit, and an Alzheimer's unit. The other seven are long-term skilled care units.

Three years ago I thought it might be beneficial to initiate the process of Small Christian Community Sessions to our residents and patients. I belonged to a group in my parish and I saw how it benefited the spiritual growth of the members. We began with one group of four members that met weekly in the chapel. We have now grown to four groups with over 25 people in each. Other members of the Pastoral Care Department and I facilitate the different groups. The residents themselves gave it a name, "The Healing Circle." The format we follow comes from "Quest," a reflection booklet for small Christian Communities. Each week we focus on particular scriptures that will be heard at the upcoming Sunday Mass. I prepare a booklet from Quest, revising it to fit the needs of the geriatric population. I enlarge the typeface so that the residents are able to see what they are reading.

We meet for one hour in different locations at various times during the

week in order to reach out to the entire facility. On Mondays, there is a group meeting at 2 p.m. in the Bethany Unit dining room. On Tuesdays, there is a group that meets at 3 p.m. on the Alzheimer's unit. On Saturday, there are two groups. One meets at 10 a.m. in the dining room of the Rehabilitation Unit and the afternoon group meets at 2 p.m. in the Chapel.

All are invited to attend; Holy Communion is distributed during the prayer groups. The time of gathering provides people an opportunity to share informally about how things have been going for them since the group gathered last. It is an important part of the community building process. Close friendships are formed and if someone is missing, it is noticed and we pray for that person. Everyone introduces themselves by name and the unit they are from. New members are welcomed.

The leader for the session (usually someone from the Pastoral Care Department) calls the community together with the opening song, "The Healing Circle." The opening prayer reminds the group that it is a faith community. Together they acknowledge God's presence. They call upon God's support and give God praise and thanks for the blessings and challenges of the week.

The scriptures for the week are proclaimed aloud by the lectors who are our residents. Before the prayer groups we had no resident lectors at Mass. We now have seven and they were all discovered in The Healing Circle. After the scriptures are read, there is time for faith sharing. Several questions are offered as conversation starters. Members feel free to speak to whatever question engages them.

Faith without action is like learning to play a game and never actually playing it. A small church community participates in the larger church's call to mission. The prayer group helps our senior citizens to realize they are a vital part of the church and their prayers go

out for the whole world in response to the gospel proclaimed and shared in community. Each week they receive prayer requests from family members or staff. On the prayer table, they have a collage of pictures of little children who were born with abnormalities or serious illnesses who have miraculously recovered and who they continue to pray for. They are such holy people and it uplifts them to often hear that their prayers were answered. They always pray for peace in the world and for the health of one another. What is important, above all, is that the community regularly engages the question of how its life together concretely issues into building up the body of Christ in the world.

The final portion of the meeting collects the experience of sharing life and faith in a time of concluding prayer. It is an opportunity to give thanks for God's word spoken in our midst through the Scriptures and in the sharing together. It has been a time to pray for the needs of the church and the world, for their own needs and those of their families.

The fruits of the prayer group have been many. Those who attend have found it very meaningful. Wonderful friendships are formed and grow closer each week. We now have lectors for Mass. It was noticed that those who attended loved to sing hymns and songs from a variety of sources. Their love for singing was so clear that a choir was formed. One of our physical therapists is the leader and she meets on Wednesdays with the choir and they rehearse for Sunday Mass.

The prayer group helps our senior citizens to realize they are a vital part of the Church and their prayers go out for the whole world in response to the gospel proclaimed and shared in community.

*See [The Healing Circle](#) on page 12.*

## Prayers for Healing

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

Sister Teresa Saltsman, SND  
Covington, Kentucky  
cancer and treatment

Brother Denis Hever, FMS  
Bayonne, New Jersey  
brain tumor

Tony Pinto  
Fort Lauderdale, Florida  
recovery from surgery

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

Sister Eileen Buckley, RSHM  
Rochester, Minnesota  
severe health problems

Joyce Hamilton  
Garden City, Kansas  
pulmonary sarcoidosis & cephalagia

Sister Mary Skopal, SSJ  
Baltimore, Maryland  
back surgery

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.

## The Healing Circle

*Continued from page 11.*

Elderly people who enter a long-term care facility give up so much control over their lives. Frequently, they have suffered a catastrophic event that robs them of their ability to live alone safely. Separated from their homes and families, they can be emotionally shattered by the transition to a long-term care facility. The Healing Circle helps to ease the transition by embracing who they are with respect and understanding. It

helps them to fit into a new community at a most difficult time in their lives. The last years of life do not have to be lonely and disconnected. Yet it is not enough to care for the elderly's physical needs alone. Having respect for their spiritual needs demands an approach that honors their traditions and backgrounds and reminds them that they are still an important part of parish life. Approaching spiritual care from this direction offers comfort as the residents form new relationships on this last journey of their lives.

\* These words are from the song *The Healing Circle* by Julia Hickory (1984). The recording is available from Moonlight Rose Publications (Janice Buckner); (516)421-2231; janicekidmusic@worldnet.att.net.

Peggy Nixdorf, RN, is a Pastoral Care Associate at Our Lady of Consolation Long-Term/Short-Term Care Rehabilitation Center, West Islip, New York; PEGRICH1011@aol.com. Last summer she finished her fourth unit of CPE at Catholic Health Services.

## Scarred by Struggle, Transformed by Hope

By Joan D. Chittister

*William B. Eerdmans Publishing, 2003, \$20*

### Reviewed by Colette Hanlon, SC

Does a day pass for a chaplain – or any caregiver – when he or she does not meet someone scarred by struggle? Beginning with ourselves, if we are honest, we carry the wounds of living. Sometimes they are pretty well healed over and occasionally they are still open and raw.

Joan Chittister, a consummate wordsmith, reflects deeply on her own experience of being wounded and from that pain draws insights from which others can profit. She offers a paradigm from which flows a series of struggles, each of which is capable of revealing a different gift. We are reminded that all major spiritual paths known to humans are based on the bedrock of hope. Religious traditions point to the realization that a willingness to grow through trials can result in new life – whether labeled transformation, enlightenment, or resurrection. The author's goal in this book is to analyze and lay bare “the umbilical cord between struggle and hope.”

Reading this spiritual journey is a reminder that benign unchangeability is a seductive illusion. Rather than inviting us to comfort and security, each day invites us to choose between letting our dreams die or allowing them to come to birth. Building on the biblical story of Jacob, Chittister develops the theme of the struggle between fear and courage, illustrating how often we wrestle with the “angels of our inabilities.” Pointing out eight

phantoms that distract, she parallels them with the rewards awaiting those who accept the challenges.

Change may become conversion; isolation may lead to independence; darkness may be illuminated by faith; fear may give way to courage; powerlessness may be transformed into surrender; vulnerability may give birth to the freedom of self-acceptance; exhaustion may lead to endurance; and scarring may result in transformation. In short, a spirituality of struggle can give birth to a spirituality of hope.

Chittister weaves poetry, literature, life experience, and the wisdom of our spiritual ancestors into a well-woven work. Her classic ability to articulate concepts clearly is enhanced by her willingness to share deeply her own struggle and personal tapestry. Even before I finished it, I returned to the bookstore and ordered more copies. It is a work worth returning to and passing along to people of all ages.

For those who worry that their faith is weak when they experience overwhelming personal, familial, or social challenges, Chittister's wisdom is a reminder that struggle is the foundation of hope, not that hope is a hedge against struggle. Perhaps pondering her well-developed paradigm will encourage readers to embrace their daily struggles more readily.

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

## Book Review

*Editor's note: The listing of courses and programs in Vision and on the NACC website is provided as a service to NACC members and does not constitute an endorsement of these programs. Readers are advised to contact the programs for references and to review program accreditation.*

### Conference to Improve End-of-Life Care for African-Americans

February 26–28, 2004 ▾ Atlanta, Georgia

“The Last Miles of The Way Home: A National Conference to Improve End-of-Life Care for African-Americans” is a conference that will take place February 26–28, 2004, at the Sheraton Atlanta Hotel, 165 Courtland Street at International Blvd, in Atlanta, Georgia. The conference is focused on improving the quality and delivery of health care and end-of-life services for African-Americans, and to build their trust and participation in the health care system. The three-day event will explore and expand the African-American community's knowledge of end-of-life issues, understanding of culturally sensitive bioethics, and African-American perspective on the critical and universal issues of end-of-life care and how it is an outgrowth of efforts to address diversity in health care. For more information on this conference, visit: [www.iipca.org/lastmile.html](http://www.iipca.org/lastmile.html).

## Educational Opportunities

### Ethics in Health Care: The Catholic Perspective

March 3–5, 2004 ▾ Chicago (Maywood), Illinois

This conference brings together leading moral theologians and health care ethicists to provide a primer on Catholic health care ethics, to apply conceptual resources to current problems, and to confront moral challenges on the horizon for Catholic health care providers. The conference is designed in two parts: first, an introduction to the Catholic perspective on bioethics, addressing the theological foundations, methods, and the Ethical and Religious Directors for Catholic Health Care Services promulgated by the USCCB; and, in presentations on the following two days, explorations of contemporary topics in health care ethics.

The conference is co-sponsored by The Neiswanger Institute for Bioethics & Health Policy, Loyola University Chicago Stritch School of Medicine, Division of Continuing Medical Education; and The Catholic Health Association of the United States.

For more information, contact Tammie Morris at (708)327-9219; fax: (708)327-9209; e-mail: tmorri3@lumc.edu; website: <http://bioethics.lumc.edu>.

## 89th Catholic Health Assembly

June 6–9, 2004 ▼ Chicago, Illinois

The 89th Catholic Health Assembly will focus on ethical decision making and equip members of the Catholic health ministry with knowledge and tools to sharpen their capacity to make ethical decisions consistent with Catholic moral tradition.

Assembly highlights include the annual Flanagan Lecture, delivered by journalist Peter Steinfels, and an interactive Ethics Lab.

Steinfels, former editor of *Commonweal* and longtime religion correspondent for *The New York Times*, is among the confirmed presenters for the Assembly at the Sheraton Chicago Hotel and Towers. In his recently published book, *A People Adrift: The Crisis of the Roman Catholic Church in America*, Steinfels argues that the Catholic Church in the United States must transform itself or suffer decline. For Steinfels, the future

of the Catholic Church has a direct bearing on the moral, intellectual, and political future of the nation.

The Assembly also will feature an interactive general session in which participants engage in ethical decision-making exercises. Lab attendees will watch a series of video dramatizations of health care scenarios that raise ethical questions. After each video, a facilitator will present questions about the case for audience members to discuss and arrive at what they regard as the ethically correct decision. Participants will register their decisions through electronic keypads, and a panel of responders will offer comments about each case and describe strategies for ensuring ethical decision making.

Assembly attendees will receive a special Ethics Lab CD resource to recreate this ethics education activity in their own organizations.

Additional information and online registration are available at [www.chausa.org/04ASSEMB/DEFAULT.ASP](http://www.chausa.org/04ASSEMB/DEFAULT.ASP).

– Excerpted with permission from *Catholic Health World*, November 15, 2003.

## Positions Available

### ▼ CHAPLAIN

**Lovelace Sandia Health System, Albuquerque, NM** – At Lovelace Sandia Health System, we define our standard of care by our people. Thanks to their dedication and talent, we are a nationally recognized regional health care organization providing outstanding service. We are currently seeking a chaplain. Master's degree or equivalent in theology, divinity, religious studies, or related field is required. CPE (four units minimum) from an accredited program is required. Episcopal/ecclesiastical endorsement, certified chaplain: NACC, APC, required. Two years of spiritual care experience in an accredited health care facility. Ministry in crisis and emergency situations, competency with issues of death and dying. Work with support groups. Parish ministry. Exceptional compensation and benefits package. To apply, please send your resume to: Lovelace Sandia Health System, Attn: Recruiter, 1258 Ortiz Drive SE, Albuquerque, NM 87108; or e-mail: [recruiter@lovelacesandia.com](mailto:recruiter@lovelacesandia.com); or call (800)877-7526 x7700 for more information. [Lovelacesandia.com](http://Lovelacesandia.com). Equal Opportunity Employer.

### ▼ CATHOLIC CHAPLAIN

**Bon Secours St. Francis Health System, Greenville, SC** – is seeking a full-time Catholic chaplain for our Spiritual Care Department. Primary responsibilities include oversight of Catholic ministries for the health system, including supervision of eucharistic ministers and liaison with local parishes; general pastoral care/counseling with patients from all religious backgrounds; ability to work with a team of pastoral care providers. Requirements: four units CPE or equivalent pastoral training, master's degree in divinity or religious studies, minimum of one year's experience in an acute care setting. Experience working with volunteers helpful; NACC/APC certification or eligible preferred. Please send resume to: Margie Atkinson, St. Francis Health System, One St. Francis

Drive, Greenville, SC 29601 or e-mail to [matkinson@stfrancishealth.org](mailto:matkinson@stfrancishealth.org).

### ▼ STAFF PRIEST CHAPLAIN

**Baptist Hospital of Miami, Miami, FL** – Join Baptist Hospital of Miami, committed to retaining and recruiting the most competent and compassionate employees in the industry. We are honored to be one of Fortune magazine's "100 Best Companies to Work For" for the third time. The following position is now available: Staff Priest Chaplain. We are seeking a Roman Catholic priest to fill a full-time staff chaplain's position. A Master's of Divinity or equivalent degree and four units of CPE or equivalent clinical training are required. Certification by APC or NACC or eligibility for certification is required. Bilingual (English/Spanish) desired. Salary commensurate with experience. Please contact Deb Simon-Jackson, Professional Recruiter at Baptist Hospital of Miami, Human Resources Department, 8900 North Kendall Drive, Miami, FL 33176 or fax resume to (786)596-5958; phone: (786)596-2323. [www.baptisthealth.net](http://www.baptisthealth.net). We are an equal opportunity employer and a drug-free workplace.

### ▼ CHAPLAIN/PRIEST

**St. Vincent's Medical Center, Bridgeport, CT** – We are seeking a chaplain/priest to join our pastoral care team. SVMC is a values-driven Catholic health care facility that focuses on healing the sick and improving the health of the community. The selected candidate will participate in an interdisciplinary approach to meeting the spiritual and sacramental needs of our patients, families, and staff. The duties will include anointing, celebrating Mass, and responding to emergencies on a 24-hour basis several nights of the week. The candidate should have hospital experience and be NACC or APC certified or eligible. The candidate must have ecclesiastical endorsement. Excellent salary and benefits package. Interested candidates should send a resume via email to: Dennis McCann, Director of Pastoral Care, e-mail: [dmccann@svhs-ct.org](mailto:dmccann@svhs-ct.org). For further information call: (203)576-5117.

### ▼ PRIEST CHAPLAIN

**St. Vincent Healthcare, Billings, MT** – an affiliate of the

Sisters of Charity of Leavenworth Health System, currently has the following opening: priest chaplain. The professional will serve as the primary minister of the sacraments of the Roman Catholic Church and provide spiritual care to patients, families, and staff. You will also maintain eucharistic ministry program and support the sacristan and volunteers. This position requires ordination to the Roman Catholic priesthood, a letter of recommendation from a bishop or religious superior, and at least two units of CPE. We provide a competitive salary and flexible benefits. Please call (800)237-9008 or send resume to: Human Resources Coordinator, P.O. Box 35200, Billings, MT 59107-5200; fax: (406)237-3175; e-mail: hr@svh-mt.org. EOE.

#### ▼ DIRECTOR OF SPIRITUAL CARE

**St. Vincent Healthcare, Billings, MT** – an affiliate of the Sisters of Charity of Leavenworth Health System, currently has the following opening: director of spiritual care. The professional will provide leadership for the development, integration, and coordination of spiritual care activities throughout St. Vincent Healthcare. Requires a bachelor's degree in theology or a related field, NACC or APC certification, and one year of management experience in a hospital setting. We provide a competitive salary and flexible benefits. Please call (800)237-9008 or send resume to: Human Resources Coordinator, P.O. Box 35200, Billings, MT 59107-5200; fax: (406)237-3175; e-mail: hr@svh-mt.org. EOE.

#### ▼ CHAPLAIN

**Marian Medical Center, Santa Maria, CA** – a division of Catholic Healthcare West located on California's beautiful central coast is currently seeking a chaplain/spiritual advisor (lay or religious) to provide spiritual care services to our patients, families, and caregivers of Marian Hospice, either directly or coordination of care with other spiritual counselors. Four units of CPE preferred and one year's experience in hospice. Certification by NACC, ACPE, or APC preferred. Interested candidates should submit cover letter and resume to: Human Resources, 1400 E. Church St., Santa Maria, CA 93454; fax: (805)739-3061. Visit our website at www.marianmedicalcenter.com. EOE/AA/M/F/V/D.

#### ▼ DIRECTOR OF CHAPLAIN SERVICES

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

#### ▼ STAFF CHAPLAIN

**Chandler Regional Hospital, Chandler, AZ** – Chandler Regional Hospital is seeking a full-time staff chaplain to address the spiritual and emotional needs of patients, fami-

lies, and staff. Qualified candidates must have an MDiv or MA in theology, pastoral ministry, or other related field, four units of CPE, certification by NACC or APC or the ability to be certified within one year of hire. We are a member of Catholic Healthcare West, with 182 beds and expanding to 210 beds in the spring. An additional hospital campus expected to be completed in two years offers excellent opportunities for advancement for the right candidate. Send resume to: Janis Perna, Human Resources, Chandler Regional Hospital, 1875 W. Frye Road, Chandler, AZ 85224; fax: (480)821-3298; phone: (480)821-3424; e-mail: jperna@chw.edu.

#### ▼ CHAPLAIN COORDINATOR

**Mercy Regional Health Center, Manhattan, KS** – a 150-bed acute care facility, is seeking a chaplain coordinator to develop, implement, and provide pastoral care services for patients, families, staff, and physicians. Coordinator will help create an atmosphere of teamwork and holistic care consistent with the spirit and philosophy of the hospital. Requirements include certification by a nationally recognized chaplain association; prefer a master's degree in ministry and five years' experience. Candidates must demonstrate strong interpersonal communication skills, initiative, creativity, and sensitivity to the diversity of human spirituality as well as be able to balance autonomous functioning with appropriate accountability to the department. Apply: Mercy Regional Health Center, Human Resources Dept., 1823 College Ave., Manhattan, KS 66502; (785)587-4248; e-mail: stacy\_crump@mercyregional.org. MRHC is a drug-free workplace and EOE.

#### ▼ PRIEST CHAPLAIN

**St. Bernardine Medical Center, San Bernardino, CA** – is seeking a priest chaplain for full-time days. **Requirements:** One year's experience in hospital chaplaincy (if CPE training was in a non-medical facility). **Preferred:** Bachelor's degree and advance study in theology. Four units of CPE and bilingual (English/Spanish) preferred. We are a not-for-profit, tertiary care hospital with 400+ beds. As a member of Catholic Healthcare West (CHW), we are affiliated with 42 hospitals in the southwest. It is the largest not-for-profit health care group in the western United States. **Contact information:** Jean Close, Employment Manager, 2101 N. Waterman Ave., San Bernardino, CA 92404; phone: (909)881-4533; e-mail: jclose@chw.edu; fax resume: (909)475-5096.

## Do we have your current e-mail address?

If you have a new e-mail address and have not yet notified the National Office, please:

- ▼ Send an e-mail to [info@nacc.org](mailto:info@nacc.org).
- ▼ Enter the words "New E-mail Address" in the subject line.
- ▼ Give your full name and NACC membership number in the message area.

Thank for your helping the association keep our data base current.

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# Calendar

## February

- 1 Postmark date for materials due in National Office for Spring Certification Interviews
- 2 Early Bird Registration postmark date for NACC Conference
- 4-7 Racial, Ethnic, Multicultural Network (REM) Conference Oak Lawn, Illinois
- 5-7 CAPPE/ACPEP Annual Conference Ottawa, Canada
- 11 World Day of the Sick
- 25 Ash Wednesday

## March

- 12-13 Board of Directors Meeting Kansas City, Missouri
- 13-16 NACC Conference Professional Chaplaincy Sacred Call, Sacred Business Kansas City, Missouri

THE NATIONAL ASSOCIATION OF  
CATHOLIC CHAPLAINS

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