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Two New External Members Join the Board of Directors

The Board of Directors recently announced the appointment of two new external members to the NACC Board. Beginning a three-year term are Rev. Gerard T. Broccolo, STD, Vice President, Spirituality of Catholic Health Initiatives in Denver, Colorado, and Ms. Emily R. John, PhD, a well-known consultant for organizational development and fundraising.

Jerry Broccolo has long been a friend of the NACC and a supporter of professional chaplaincy. As a member of the national mission group at CHI, Jerry is responsible for assuring the integration of spirituality into systems of care delivery and for developing programs and resources that promote spirituality in the workplace. He also chaired the CHI study on "Measures of Chaplain Performance and Productivity," a summary of which was published in the October 2002 issue of *Vision*. Since 1991, his full-time work has been in the health care field.

Jerry is a priest of the Archdiocese of Chicago and has earned a national reputation for his work in liturgy, spirituality, and ministry formation. He conducted retreats, designed education and training programs, and facilitated gatherings for a broad spectrum of organizational leadership and community volunteer groups. He participated in national efforts for the ongoing education of clergy and also helped develop a comprehensive personnel system and lay ministry training program for the Chicago Archdiocese.

Emily John brings her organizational development and fundraising experience to the NACC Board. Since 1991 she's worked with organizations as diverse as the National Catholic AIDS Network (California), Saint Lucia Island Foundation (Miami), The Solidarity Fund (Vatican City),

Gregorian University Foundation (New York), Maryknoll Missioners (Ossining), Next Door Foundation (Milwaukee), National Catholic Community Foundation (Annapolis), National Alliance for the Mentally Ill (Greater Milwaukee), and Hales High School (Chicago).

From 1997 to 1999 she was Director of Institutional Advancement for the Catholic Theological Union, Chicago, which is the largest Catholic school of theology and ministry in North America. While there she established a planned giving program and was responsible for all aspects of donor contact including mailings, receptions, and giving clubs. She also oversaw CTU's website, quarterly newsletter, annual report, and marketing materials. In addition, she assisted in securing capital campaign gifts of \$2.5 million and significantly raised the annual income of the school.

Sister Maryanna Coyle, chair of the Nominating Committee, stated, "In selecting the extern Board members, we looked for those individuals whose gifts and talents would enrich our Board and strengthen our leadership efforts. We are grateful for the willingness of Emily and Jerry to accept our invitation. We will benefit significantly from their experience and enthusiasm." ▼

New Board members bring expertise in fundraising and chaplaincy issues.



Jerry Broccolo



Emily John

NOTEworthy memories

By Sister Susan J. Pohl, OSB

During the past two years as a chaplain for Hospice of the Hills, I have been blessed to witness incredible journeys of healing – healing of memories . . . of spirit . . . of mind . . . of soul – with over 90 persons and their families during very intimate, difficult, and often devastating times of “letting go.” My model for pastoral care is found in the Gospel of Luke, Chapter 24:13–35. Jesus shows all caregivers how to “be

with” those letting go of a loved one. He is truly the Model for listening, relating, serving, and celebrating in all relationships, especially our helping relationships as hospice caregivers.

One of my ways of offering spiritual care is through music ministry, specifically playing the autoharp and singing hymns requested by the patients – familiar melodies and lyrics that may tap into some memories of their past experiences or that may suggest choices of hymns for their funeral services. My mentor in this form of spiritual care is Deanna Edwards in her book: *Music Brings My Heart Back Home*.

*You brought hope and understanding
And the strength to carry on
When you sang those loving songs
I used to know.
I can hear the sounds of laughter!
I can feel the joy we knew!
All my memories come alive
through gentle songs. . .
Music brings my heart back home
where it belongs.**

From the very beginning I let the person know that the purpose of music ministry is to provide a prayerful space and a starting point for pastoral conversation about the memories

evoked, possible past hurts or fears, and how the lyrics may relate to one’s life journey and the present illness. This mutual listening brings a space for relating in trust and personal sharing – all of which leads to a deepening awareness of my role of serving and subsequent celebrating the various aspects of healing that “. . . bring their hearts back home . . .” during this final homecoming.

Memories – glad and sad

Memories of her happy childhood were awakened for a woman who recalled washing the dishes with her mother as they sang together “In the Garden.” For one devout Baptist lady, her Sunday School days and her church membership were relived with each visit as she joined in singing “Standing on the Promises” . . . even smiling and nodding as she lay dying, listening to her gathered family singing those familiar words. Recalling her days at Holy Rosary School in Pine Ridge, an elderly Native American woman requested her favorite song to Mary, “On This Day O Beautiful Mother” – a hymn her class sang every morning.

“Rock of Ages” and many other songs were requested by an African-American man whose church-going days had ended when he “lied about his age” and enlisted in the Army as a teenager. He happily recounted his pride in military service where he often sang for the troops in Europe. And then there was the man who had spoken German as a child and young adult. He had suffered a stroke, but his joy-filled memories were “spoken” in his smiling and tearful eyes as I sang “Guten Abend” (Brahms Lullaby) and “Du, Du Liegst Mir im Herzen.”

Sad memories are often evoked and healed through “letting go” of past hurts and explicitly expressing forgiveness, after hearing and discussing the words to such songs as “I Surrender, Just As I Am,” “What a

Friend We Have in Jesus,” and “Make Me a Channel of Your Peace.”

Fears of death

Among many conversations about the lyrics to hymns such as “Softly and Tenderly Jesus is Calling” and “Precious Lord Take My Hand,” many persons shared their fears, and, during following visits, were able to express an inner peace about their “going home.”

Relationship with God

I enjoyed some beautiful “teachings” from a man who shared with me his own way of looking at the lyrics of the hymn, “Have Thine Own Way, Lord.” My listening to him was rewarded with a beautiful personal “sermon” on the meaning of the words: “...Thou Art the Potter, I am the clay.”

Verbal skills set free

The miracle of music’s power to call forth verbal responses from those with memory deficits due to Alzheimer’s disease or brain cancer is incredible. Two men with advanced brain cancer, who were unable to speak coherently except for a few words, surprised their family members as they “joined me” in singing verses from their favorite hymns, “How Great Thou Art” and “Blessed Assurance.”

On the way home

I shall never forget the hands – raised in welcome – as I sang to a man and to a woman who were just a few hours from death; their eyes were closed, breathing was labored, and there were no visible responses. As I sang “Precious Lord, Take My Hand” to the elderly man, I held his hand in mine, gently squeezing it as I sang the words “. . . Take my hand, lead me home.” As I sang the final words, I released his hand. Then I sang “. . .

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 HealthCare Chaplaincy of New York is sponsoring and underwriting an e-newsletter for chaplains and other spiritual care providers. Their articles are grouped into four areas: professional practice, advocacy, education and research, and spiritual development. *PlainViews* will also feature a section called TalkBack – envisioned as an opportunity for chaplains to make their views known and to be able to “talk” to each other about best practices in the profession and the

common bonds that are shared.

The HealthCare Chaplaincy is an organization in New York City that trains and hires chaplains to serve in various health care settings and has established an education and research center working on ways to quantify what chaplains do and how they do it.

If you are interested in subscribing to *PlainViews*, please contact:

The Rev. Martha Jacobs, Managing Editor, PlainViews, The HealthCare Chaplaincy, e-mail: info@plainviews.org.

Plain Views

Please remember in your prayers:

▼ **Sister Carol Marie Bockheim, RSM**, who died on January 9, 2004, at McAuley Center in Farmington Hills, Michigan. She was certified as an NACC chaplain in 1976. In Sioux City, Iowa, Sister Carol Marie was instrumental in initiating a home health program and a hospice program. She also served in nursing homes in Battle Creek, Otsego, and Fairview, Michigan. She worked with Mercy Housing for two years in Phoenix, Arizona, and

In Memoriam

Denver, Colorado, before returning to Michigan. From 1999 to 2002 she served as a pastoral minister at Mercy General Health Partners in Muskegon, Michigan, until illness forced her retirement. Sister Carol Marie is remembered as one who always had the welfare of others in mind, serving as an advocate to obtain help for others.

NOTEworthy

Continued from page 2.

Take my hand . . .” and he raised that hand high in the air and smiled. I believe he truly saw the ONE who took his hand and led him home in the hours that followed.

A son informed me that his mother, who appeared to be in a comatose state, would not be able to respond, but that she loved the old religious hymns. Trusting that she could hear, I sang several hymns; there was no visible response. Then I sang her favorite hymn, “The Old Rugged Cross.” She looked heavenward as I sang “. . . He’ll call me some day to my home for away . . .” her eyes sparkled as a beautiful smile

brightened her face; she raised her hands upward, then lowered them gently and peacefully. She went home that evening. “. . . Where His glory forever [she’ll] share.”

*From *Music Brings My Heart Back Home*, Song by Deanna Edwards, © 1988, Deseret Book Company, P.O. Box 30178, Salt Lake City, UT 84130. (Book and tape can be ordered from the publisher; the book is also available from Amazon.com.)

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Her Name Is Ruth

By Jeanne Tessier Barone

Here is a face laced with smiles and gentle conversations. She stands at the door in her apron coverall. I walked a gravel drive past peony bushes and phlox, irises, lilac, and marigolds to greet her, awaiting that face, those eyes that receive the other whole, that smile held in place by a thousand lines that circumscribe and celebrate her mouth, a mouth made for kisses and ice cream, a mouth the color of peonies – a mouth that speaks the truth.

She opens the door and her face, eyes, and mouth bid welcome before she speaks. I hug her lightly. “Hello, Ruth. How are you? How has your weekend been?”

The previous weekend had been hard for her. He’d been “out of his head,” as she told it, tearing off bandages and blankets, disconnecting the messy apparatus of his colostomy, pushing her away with force, and

yelling at her to “go sleep in the ditch.”

Even as she’d told it, there’d been that smile, aware of irony, and yet, too, tears that formed but did not fall. “I know he’s out his head when he says it,” she’d confided, “but all the same after 60 years you don’t want to hear, ‘Go sleep in the ditch.’” “Of course you don’t,” I had whispered in return, and patted her age-softened hard-working hands. She had gazed at me, smiling through the tears, and shaken her head in wonder that it had come to this, that the man she’d worked beside and walked beside and birthed beside, in this very house, these fields and barns, for all these years, now sometimes didn’t know who she was, and came at her as at an enemy, and banished her from the double bed they shared a lifetime through.

But today she wears a radiance and pleasure that waits to speak.

“Well,” she begins, in her soft song, never hurried, “yesterday was my birthday . . .”

“Happy birthday!” I hug her again.

“My son took me out to dinner.” She is awed that such a wonderful thing should happen to her. “He took me to a *Chinese* restaurant.” She says the word “Chinese” as though unable to believe such a thing could exist in a nearby town.

She waves me in to the living room frozen in time, an overstuffed deep magenta sofa and violets all around, with doilies under them and on the backs of chairs.

I smile and ask, “You’re 39, right?”

She says, with a hint of pride, “I’m 86.”

“Eighty-six? You don’t seem 86 to me!” We sit on the sofa together.

“Yes, well, then, after dinner, he took me to the Wal-Mart and there was an old woman there where you pay. When we got up there, I told her it was my birthday and she asked me how old I was and I told her 86 and, well, she couldn’t believe it at all. And she told me she was 75, and I couldn’t believe it either, because she looked so much older than me, and even my son said the same thing.”

She points in the door to the bedroom where he lays, her life’s mate, her beloved, now a wide-eyed skeleton with skin, his mouth agape as if at the horror of what is happening to him. “There.” She waves in his direction and he turns his terrified eyes to me. “He’s awake now, see?” I wave to him and call his name. “He was asleep for so long today I wasn’t sure he was gonna wake up at all.”

“How was your weekend with him? I know last weekend was hard.”

She nods and smiles, but her birthday story isn’t done. “My grandson stayed with him so my son could take me to dinner.”

“That was good of him.”

“Yes.” She nods thoughtfully. “Yes,

it was.” She turns her face to me again and pours out radiance. “And when we come home” – her voice is awestruck now, almost hushed with the gift of it – “Well, there was my two sisters waiting, and the one, her husband, too, and well, both of them had made cakes for me, and homemade ice cream, too.”

“How wonderful. What a nice surprise.”

“I couldn’t believe it . . . and so we all sat here and ate cake and ice cream, and well, they had cards for me, and it was all real nice.”

“You really got celebrated yesterday, didn’t you?”

“Why, yes, I did.” Her face asks, *Can you believe it?*

“I’m happy for you. It probably felt good to get out for a little while, too.”

For months now she has been here, caring for him – not going to church, not going to town – just cooking and cleaning and fretting over him and sweeping the porch steps every morning, and sharing confidences with the dog who’s not quite as old as she is, congratulating him when he wrestles a groundhog down with his tired jaw, and welcoming in the nurses and the man who bathes her beloved and the minister who doesn’t come often enough, and me, the hospice chaplain, who comes to encourage and to pray.

“It did.” She considers. “It did feel good. It was a real nice night.” She thumbs in his direction. “And he just slept the whole time for my grandson, and this morning he just slept and slept, and I kept trying to wake him so he could eat, ‘cause he hardly ate nothin’ but a few bites yesterday – but he did taste a bit of the ice cream last night, though I had to wake him to give it to him. But every time I thought I had him awake this morning, why, he’d just close his eyes again, and so I kept trying to think of something I could feed him that he’d really like, so he’d wake up for it, you know, and well, finally I went in and thought

She gazed at me, smiling through the tears, and shook her head in wonder that it had come to this.

"I'm just going to wash his face real good and see if that will wake him up." She chuckles. "And so that's what I did, I washed his face real good and then he woke up, and I gave him some grape juice – he's always liked grape juice – and, you know, he just drank that right down."

Her joy at his drinking the grape juice throws light across the room. Her eyes reveal the pleasure of watching him drink it down. "Yes, he has always liked grape juice . . . and jam, too. We grow grapes and every year, well, for as long as I can think, we've made grape jam, and he always made it with me – it's his mother's recipe. And he'd be right there with me and he'd wash all those grapes and help me load them in the pot and keep me company while they cooked, and then together we'd run it through a sieve and then cook it again and then add the pectin, pour it in the jars, pour on the paraffin, and we'd have jam for the whole year, and it keeps real good, too."

"It sounds wonderful. Were they the dark purple grapes?"

She nods. "Yes, they are. And one time, well, it's a number of years ago now, but it was time for the grapes and the jam and I was sick and I just couldn't do it at all and so he said he'd do it then . . ."

She stops and looks at me with the same wonder that had discovered two sisters with cakes and homemade ice cream the night before. "But, of course, he'd never seen what I did with the jars and paraffin and all, so I sat there in the kitchen and I told him what to do and he did it, every bit of it, himself, and why, he made two or three batches that way, and I just sat there and watched him do it." Her eyes ask me to affirm the beauty of such a gift, such a love offering.

"What a wonderful thing for him to do."

"Yes, yes it was." We sit in silence a minute, side by side. "So I was so

glad when I got him to drink that grape juice this morning." She looks at me and beams. And now I am awed, at this lifelong story of communion.

"Why don't I go in and see him for a minute and we can have a prayer?"

"Yes." She pushes her cancer-ridden frame to its feet without a hint of complaint.

As I stand to go into him, I see that his eyes are closed again and I say, "He's gone back to sleep."

"Oh, that's alright," she says, "We'll just wake him. We can have a prayer in there together."

As we enter the door she stops and says, "Last night when I went in to him, I said, 'Now today's the 28th of July. Does that day mean anything to you?' And he looked at me and he said, 'Birthday.' So, you see, he knew."

"That was his gift to you – that he remembered."

"Uh, huh, it was. I believe it was."

"You go ahead," I say to her, and she crosses the narrow space at the foot of the bed to stand near his head, at his side. His eyes flutter open. I stand beside her and greet him.

"Hello." I say his name. "It's good to see you again." His watery eyes speak fear and helplessness and sorrow. His mouth is open and seems even as we stand there to emit soundless cries. "Ruth was telling me she turned 86 yesterday and had a happy birthday." He turns his eyes to her and their mutual gaze is also a communion; he drinks her in.

Ruth chuckles and pats his shoulder. "Yes, and in another two weeks, he'll be 86, too."

I look at him and smile. "So you married an older woman, did you?"

He nods and, gazing on her, his voiceless voice whispers, "Yes, I did."

"Good for you," I say. "I can see that she was the perfect choice."

His eyes fill with tears and he nods, but his gaze feeds on her without looking away.

She chuckles again. "He always said that, since I was older, he had to do what I say."

"And did he?"

"Yes, pretty much, he did." She laughs her soft little laugh again, all the while her hand patting and patting at his shoulder, his arm, his skeletal frame.

I look at him and smile again. "Smart man." He nods.

"And then we was married in September, on the 3rd, so that'll be our anniversary then...."

Her voice becomes hesitant. He stares at her and she pats at him.

"Shall we have a prayer together?"

"Yes," she says. He nods and gazes for a moment at me. She takes his shoulder in her hand and extends her other hand to me. I grasp it and take his hand in mine. Now his eyes fix on me. Ruth closes her eyes and I close mine and pray.

"Dear Father, thank you for Arnold. Thank you for his life and all the blessings it has held. Thank you for all those who love him and for all those he loves, especially Ruth. Thank you for all the beautiful years they've had together. Thank you for Ruth's 86th birthday yesterday and for the son who took her to dinner and for the grandson who stayed with her beloved husband so she could go. Thank you for his restful sleep and for his waking again to another day and for the grape juice he drank today and the joy it gave Ruth to see him drink it. Thank you for the joys and blessings of every day. Bless Arnold with ease and comfort and a sense of peace. Keep pain and suffering from him. Let him treasure each moment of each day and know that you are near. Bless Ruth and give her the strength she needs to continue to care for him. Give her courage and peace in her

Her eyes ask me to affirm the beauty of such a gift, such a love offering.

Ruth

Continued from page 5.

His watery eyes
speak fear and
helplessness
and sorrow.

heart and let her, too, always know that you are near.”

Ruth squeezes my hand and thanks me. “That was a beautiful prayer. It’s so good to know there are people praying for you.”

“Yes, it is. And you deserve beautiful prayers.” I squeeze his hand, too, and look into his tear-filled eyes and tell him I will continue to pray for his comfort and peace and joy in every day. He mouths “Thank you,” and she and I turn to leave.

As we come out of his room into the living room, I hug her and again wish her a happy birthday. I tell her I hope it is a good year and she thanks me, and then her face cascades into mourning and she says softly, “But I don’t think it’s going to be,” and her

lower lip quivers and her eyes fill with tears that begin to stream down, and I hug her again. It is the first time she has acknowledged in any way that she knows he is dying.

She rests in my hug for a few seconds, and then pulls back and shrugs. Her lip quivers again as she looks into my eyes with desperate intensity and whispers, “I don’t know what I’ll do.”

I pat her back. “You will turn to your family. They will help to see you through.”

She recreates a wistful smile on her holy face. “Yes, they will. I’m so grateful for my family.”

“I’m sure you are. They will be here for you and help you.”

“Yes . . . my sister, she’s three years older than me and she never married.”

“That would be hard, wouldn’t it?” I say, “To come to the end of your life alone.”

“Yes, it would . . . I’m so glad to have my family.”

“And I’m so glad you do. I’m going to pray that there are joys of some kind in every day for both of you.”

“Thank you.” She leads me to the door. “Thank you for coming here to see me and him. It means a lot.”

“It means a lot to me.”

*Jeanne Tessier Barone is Intensive Care Chaplain at Kosair Children’s Hospital, Louisville, Kentucky.
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Correction

Thank you to **Mary T. O’Neill**, who participated in the Fall 2003 certification interviews in Boston.

Her name was inadvertently left off the list in the January 2004 *Vision*. We regret the error.

Prayers for Healing

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

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

Joyce Hamilton
Garden City, Kansas
pulmonary sarcoidosis & cephalagia



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 NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

2003 Annual Report to Membership

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

Mission

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

Vision

The National Association of Catholic Chaplains will be known as:
The association of choice for Catholic Chaplains and clinical pastoral educators.
The forum of dialogue between the Catholic Church and chaplaincy in responding to new realities.
The initiator of continual renewal and transformation of the practice of chaplaincy.

Values

Integrity
Justice
Quality
Spirituality
Stewardship

Letter from the Chair

Dear Colleagues in Ministry:

I find myself in the position of Chair of your Board of Directors for only a short time as I write this. The past several months have been very busy for me and for the Board as we transition the leadership of the association.

Leadership and Staffing

First, I want to assure you that your association is in capable hands. On the Board we have solid and experienced leadership: Sister Maryanna Coyle, SC, a long-time NACC member, has served on the Board



Joan Bumpus
Chair
Board of Directors

since 2000 and brings much expertise in the area of Board management; Ms. Ann Hurst, Board member since 2003 is also an attorney and has a depth of nonprofit experience; Ms. Bridget Deegan-Krause, Board member since 2003 brings administrative experience from the area of higher education; Bishop Dale Melczek has served as our Episcopal Liaison since 2001; and I have been an NACC-certified member since

1977 and have been a member of the Board of Directors for six of the past seven years, beginning as regional chair on the National Leadership Council. I have also served on the Restructuring Task Force, so I bring that history as well as the history of our efforts with collaboration with the other cognate groups.

I am happy to welcome on the Board the newly elected members at large: Mr. Patrick Bolton, Director of Pastoral Care at Mercy Medical in Daphne, Alabama, and Ms. Theresa Vithayathil Edmonson, Staff Chaplain at Providence St. Vincent Medical Center in Portland, Oregon. I am also very excited to announce the appointments of Rev. Gerard T. Broccolo, STD, and Ms. Emily R. John, PhD, to the Board as extern members. Jerry is Vice President, Spirituality, of Catholic Health Initiatives in Denver, Colorado, and has long been a friend and supporter of the NACC. Emily is a well-known consultant for

organizational development and fundraising and serves on the boards of a number of Catholic foundations. (See Exhibit 1, Board of Directors.)

On behalf of the association I thank those Board members who have completed their terms, sharing years of their time and talent for the benefit of the NACC: Rev. Richard M. Leliaert, OSC, Sister Shirley A. Nugent, SCN, Ms. Mary W. Hassett, and Rev. Walter J. Smith, SJ. I also commend the members of the National Certification Commission and those who have been working tirelessly on behalf of the association in continuing to refine our vital certification process. (See Exhibit 2, Certification Commission Report, and Exhibit 3, Certification Appeals Panel Report.) The many volunteer members involved in the certification process were recognized for their service in the January 2004 issue of *Vision*.

And last but certainly not least, we are fortunate to have a stable, dedicated, and skilled staff in the National Office under the direction of Ms. Kathy Eldridge, who has been with the NACC for almost 20 years. (See Exhibit 4, National Office Staff.)

Strategic Plan

The implementation of the NACC Strategic Plan (five year), which was adopted by the Board on May 19, 2003, is and has been in the forefront of our deliberations. (The complete Strategic Plan is available on the NACC website: www.nacc.org/resources/documents.asp.)

Last year the Council on Collaboration, which had been created as a result of earlier work by the cognate groups, brought forth four proposals to the Boards at the conference in Toronto. For the most part, the Council is composed of the chair/president, the chair-elect, and the staff executive of each association. To reiterate, the four areas agreed upon were:

1. Creation of universal standards for core competencies for the certification and practice of professional chaplains.
2. Universal standards for core competencies for supervised pastoral education
3. A common Code of Ethics

4. Creation of a cabinet of liaisons to other allied professions.

I am pleased to tell you that we are well on our way to achieving this strategic priority for the "Profession" of Chaplaincy. (Exhibit 5, Universal Standards.)

But we still have much to do.

Late in 2003, the Board charged the National Office staff with creating an action plan by selecting and prioritizing the portions of the Strategic Plan that would be most important to implement over the next year. They selected the following:

- ▼ Increase the number of new members and the diversity of the members.
- ▼ Increase the involvement of membership in the association.
- ▼ Increase income (other than dues).

The Board will consider endorsing these choices at its meeting in Kansas City and will elicit further feedback from conference attendees on ways to achieve these goals. Our next step is assigning concrete goals to be met, deadlines, and costs for this year.

These are all critical areas as you well know. NACC membership, at its peak of 3,764 members in 1992, has slowly declined. (See Exhibit 6, Membership Statistics.) With the restructuring of the association in 2000, we have also experienced a decline in the number of members involved in association activities. We also realize that we have been over reliant on member dues to fund the activities of the association. We must seek additional funding to meet our strategic priorities, and that funding should not come from increasing dues at this time. Right now we are assembling a Finance Committee whose function will be to advise the Board and the National Office on financial matters.

Financial Report

The NACC audited financial statement for 2002–2003 accompanies this letter. We would like to note the following for your attention:

- ▼ While net assets increased by \$70,498, most of

this surplus was due to the generosity of health care systems and other individuals and entities that helped underwrite the joint conference and the symposia. These were essentially one-time grants and donations and cannot be assumed in the future.

- ▼ Unrealized losses on investments decreased substantially in the fiscal year ended June 30, 2003, due to the improved performance of the stock market. These investment assets are equivalent to approximately a three-month reserve against the operating budget. This amount meets the standard within the nonprofit community for available contingency funds, but leaves nothing further for funding of strategic planning choices and alternatives.
- ▼ It is anticipated that the cost of salaries and benefits, including rising health care costs, will continue to apply pressure to the operating budget in the short- and long-term future.

Given the financial picture of the association for 2002–2003 and currently for 2003–2004, the Board is assessing the structure of the National Office since the resignation of Rev. Joseph J. Driscoll as President and Chief Executive Officer. As was previously announced in the January 2004 *Vision*, the Board has hired Dr. Liz Piasecki as a consultant and has charged her with advising the Board on a number of issues that impact the structure and staffing of the National Office.

In closing, we have a lot of focused and exciting work ahead of us. We have a highly competent staff at the National Office to implement our Strategic Plan and we have a dedicated Board of highly skilled individuals who will partner with you the membership to take us into the future.



Joan Bumpus
Chair
Board of Directors

Exhibit 1
Board of Directors

Ms. Joan M. Bumpus
Chair
Director of Pastoral Care
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Sister Maryanna Coyle, SC
Secretary
President and Executive Director
SC Ministry Foundation
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Most Rev. Dale J. Melczek, DD
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Mr. Patrick H. Bolton
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Ms. Bridget Deegan-Krause
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Ms. Emily R. John, PhD
Consultant
E.R. John & Associates
Pleasant Prairie, Wisconsin
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Exhibit 2

National Certification Commission Report to the Membership

Certification

During the period of January 2003 through December 2003, the Commission:

- ▼ Certified 98 chaplains, 2 supervisors, and 1 associate supervisor
- ▼ Recertified 264 chaplains, 2 supervisors
- ▼ Approved 1 supervisory candidate

During the period of January 2002 through December 2002, the Commission:

- ▼ Certified 80 chaplains and 4 supervisors
- ▼ Recertified 219 chaplains, 11 supervisors, and 3 inactive supervisors
- ▼ Reinstated 1 inactive supervisor
- ▼ Approved 1 supervisory candidate

Observations regarding the certification process

This past year we continued to face significant challenges in the certification process, but have learned much in the transition, particularly the need to organize specific locales for interviews that will be on a two-year rotation cycle. We have done this choosing Atlanta, Baltimore, Boston, Dallas, Los Angeles, Milwaukee, Portland, and St. Louis. We also want to ensure consistency in the readiness of candidates' materials prior to setting up an interview team.

Those chaplains involved in the training and interview process have shown remarkable dedication to the mission of certification. The Interview Team Educators have worked especially hard to improve the process. The quality of the interviews has reached new levels of professionalism. We will continue to refine and train so that the process can become even more helpful and professional.

The National Certification Commission has increased its membership from seven to nine persons, including two certified chaplains and seven certified supervisors. This has helped with the workload of the commissioners. Although the two chaplains are not involved in the certification of supervisors, their presence on the Commission has added a broader dimension. Their contribution has been of great value to our deliberations.

National Certification Commission

Sister Anita L. Lapeyre, RSCJ
Chair
The Center for Urban Ministry
San Diego, California
anitalapyr@aol.com

Sister Virginia Yeager, SSJ
Vice Chair
St. Francis Hospital
Charleston, West Virginia
virginia.yeager@hcahealthcare.com

Dr. Rodger F. Accardi
Central DuPage Health
Winfield, Illinois
rod_accardi@cdh.org

Sister Barbara Ann Brumleve, SSND
Alegent Health Center
Omaha, Nebraska
bbrumlev@alegent.org

Dr. John L. Gillman
Vitas Innovative Hospice Care
San Diego, California
john.gillman@vitas.com

Ms. Ann O'Shea
St. Mary Medical Center
Langhorne, Pennsylvania
aoshea@che-east.org

Mr. Robert V. Scheri
Sacred Heart Medical Center
Eugene, Oregon
bscheri@peacehealth.org

Sister Mary R. Skopal, SSJ
Bon Secours Hospital
Baltimore, Maryland
mary_skopal@bshsi.com

Rev. Jim Yeakel, OSFS
jyosfs@aol.com

Exhibit 3**Certification Appeals Panel
Report to the Membership****Appeals**

During the period of January 2003 through December 2003, the Panel received four appeals. One appellant was granted a new interview. Two denial decisions were upheld. There is one pending appeal.

During the period of January 2002 through December 2002, the Panel received 10 appeals. Three appellants were granted a new interview. Five decisions were upheld. One decision was reversed and one candidate withdrew.

Observations regarding the appeal process

It is important to remember that the Appeals Panel's work is to determine if there has been a violation of procedures in conducting the interview or a violation pertaining to NACC Competency Standards. Grievances are to be guided by the grievance procedures outlined under Grievance Standards.

Appeals have decreased for 2003. The value of respect continues to be a consistent concern shared by those filing an appeal. Some of the appeals read more like a grievance than an appeal. The Appeals Panel has struggled with this distinction during several of the reviews the past two years.

Achievements for 2003

NACC leadership is most grateful for the commitment and generous spirit of many CPE supervisors who volunteered to serve on the Panel. The high interest in Appeals demonstrates the seriousness with which all involved see the work and process of certification.

Appeals are decreasing, so the education of interview team members via the Interview Team Educators appears to be effective. Congratulations to the National Certification Commission for their work around this aspect of certification.

Goals for Appeals Panel – 2004

- ▼ To review all written NACC communications regarding appeals or the appeal process.
- ▼ To set up two 30-minute conference calls per year for Panel members to share observations and concerns that may need to be discussed with the National Certification Commission (March and September 2004).
- ▼ The Chair is to meet with the National Certification Commission at least annually.

The Certification Appeals Panel welcomes your comments and ideas.

Certification Appeals Panel

Ms. Linda A. Bronersky
Chair
Wheaton Franciscan Services, Inc.
Wheaton, Illinois
lbronersky@wfs-inc.org

Rev. John J. Bucchino, OFM
Lenox Hill Hospital
New York, New York
jbucchino@lenoxhill.net

Rev. James F. Buryska
Rochester Methodist Hospital
Rochester, Minnesota
buryska.james@mayo.edu

Dr. Linda Perrone Rooney
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Rev. Andrew Sioleti, IV Dei
VA Medical Center
New York, New York
andrew.sioleti@med.va.gov

Exhibit 4
National Office Staff

Acting Director

Ms. Kathy Eldridge
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Director of Education & Professional Practice

Ms. Susanne Chawszczewski, PhD
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Executive Assistant

Ms. Sandra Charlton
scharlton@nacc.org

Communications / Vision Editor

Ms. Susan Cubar, MA
scubar@nacc.org

Finances

Ms. Sue Walker
swalker@nacc.org

Membership Services

Ms. Barbara Hempel
bhempel@nacc.org

Professional Practice (certification)

Ms. Marilyn Warczak
mwarczak@nacc.org

Exhibit 5

Universal Standards

A number of our members were present for our ground-breaking joint conference in Canada that brought together professional chaplains from a true rainbow of backgrounds. Near the end of that conference, it was announced that the various Boards present had committed to working together to write a universal set of standards for the certification of chaplains and supervisors and for supervised pastoral education and one code of ethics. The response from the joint memberships was thunderous and brought tears to many of our eyes. Truly, we have reached a new stage in our interfaith relationships and one which will allow us to present a much stronger and united front when working to promote the profession of pastoral care.

Our NACC members serve with representatives of the other five sponsoring organizations, their work being done primarily by regular conference calls. Please join us in thanking the task force members listed below who have invested immense amounts of time and energy on your behalf. Also, please feel free to contact any of them either via e-mail or in Kansas City if you have questions or input.

Six sponsoring organizations:

AAPC – American Association of Pastoral Counselors
 ACPE – Association for Clinical Pastoral Education
 APC – Association of Professional Chaplains
 CAPPE – Canadian Association for Pastoral Practice and Education
 NACC – National Association of Catholic Chaplains
 NAJC – National Association of Jewish Chaplains

Deadlines:

- ▼ July 2004 – Deadline for the task groups to assemble a draft of the universal standards for each of the three areas, focusing on areas of agreement.
- ▼ November 2004 – Joint meeting of the Boards of each of the six sponsoring organizations will consider the final universal standards document.

NACC Members on the Collaborative Task Forces

For Supervised Pastoral Education

Ms. Linda A. Bronersky
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Sister Barbara Brumleve, SSND
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Dr. John L. Gillman
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 Vitas Innovative Hospice Care
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For Chaplaincy

Mr. D.W. Donovan
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 Bon Secours-Pastoral Care
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Ms. Mary E. Johnson
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 Office: 507 255-5544
 johnson.mary3@mayo.edu

Ms. Mary Lou O’Gorman
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 Nashville, TN 37212
 mogorman@stthomas.org

For Professional Ethics

Sister Jane M. Connolly, IHM
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 Hockessen, Delaware
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Ms. Ann Hurst
Chair
 Deaconess Medical Center
 Spokane, Washington
 hursta4@aol.com

Mrs. Linda F. Piotrowski
 Central Vermont Medical Center
 Barre, Vermont
 linda.piotrowski@hitchcock.org

Council on Collaboration

NACC Members

Ms. Joan Bumpus
 Ms. Bridget Deegan-Krause
 Ms. Kathy Eldridge

Exhibit 6**Membership Statistics**

As of January 28, 2004

Total number of members: 3,249

Membership Demographics

Category	Number	Percent
Sisters	1,386	42.7%
Laywomen	902	27.8%
Priests	529	16.3%
Deacons	104	3.2%
Laymen	257	7.9%
Brothers	41	1.3%
Other	30	0.9%

Members by institution, affiliations

Category	Number	Percent
Catholic	2,521	78%
Other	362	11%
Local	189	6%
State	74	2%
Protestant	64	2%
Federal	31	1%
Jewish	8	0.2%

Members by chaplains' main responsibilities

Category	Number	Percent
Chaplain	1,826	56%
Retired	412	13%
Director	378	12%
Other	210	6%
Parish	170	5%
Administration	137	4%
Educator	58	2%
Student	46	1%
Nurse	12	0.37%

**NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS**

FINANCIAL REPORT

JUNE 30, 2003



Winter, Kloman, Moter & Repp, S.C.

CPAs SUPPORTING YOUR SUCCESS

Independent Auditor's Report

To the Board of Directors
National Association of Catholic Chaplains
Milwaukee, Wisconsin

We have audited the accompanying statement of financial position of the National Association of Catholic Chaplains (a nonprofit organization) as of June 30, 2003, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized information has been derived from the Association's June 30, 2002 financial statements and, in our report dated July 26, 2002, we expressed an unqualified opinion on those statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the National Association of Catholic Chaplains as of June 30, 2003, and the changes in its net assets and cash flows for the year then ended, in conformity with U.S. generally accepted accounting principles.

Winter, Kloman, Moter & Repp, S.C.

August 5, 2003

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NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

STATEMENTS OF FINANCIAL POSITION

June 30, 2003 and 2002

	2003	2002
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$235,974	\$121,147
Investments	213,125	207,135
Interest receivable	558	681
Accounts receivable	10,506	9,940
Prepaid expenses	<u>19,943</u>	<u>29,783</u>
Total current assets	<u>480,106</u>	<u>368,686</u>
PROPERTY AND EQUIPMENT, at cost		
Office furniture and equipment	103,744	99,546
Leasehold improvements	<u>57,630</u>	<u>56,910</u>
	161,374	156,456
Less accumulated depreciation	<u>103,954</u>	<u>88,656</u>
	<u>57,420</u>	<u>67,800</u>
Total assets	<u>\$537,526</u>	<u>\$436,486</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 12,264	\$ 2,373
Accrued payroll and payroll taxes	51,896	40,766
Deferred revenues	<u>265,668</u>	<u>256,147</u>
Total current liabilities	<u>329,828</u>	<u>299,286</u>
NET ASSETS		
Unrestricted	126,700	48,596
Temporarily restricted	<u>80,998</u>	<u>88,604</u>
Total net assets	<u>207,698</u>	<u>137,200</u>
Total liabilities and net assets	<u>\$537,526</u>	<u>\$436,486</u>

The Notes to Financial Statements are an integral part of these statements.

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

STATEMENT OF ACTIVITIES

Year Ended June 30, 2003 With Comparative Totals for 2002

	----- 2003 -----			-- 2002 --
	Unrestricted	Temporarily Restricted	Total	Total
REVENUES				
Membership dues	\$ 584,668	\$ 0	\$ 584,668	\$532,770
Certification fees	71,668	0	71,668	76,698
Joint conference revenue	210,438	0	210,438	0
Symposia revenue	308,345	0	308,345	0
Educational events	0	0	0	18,679
Interest income	6,566	0	6,566	7,890
Miscellaneous income	55,974	23,459	79,433	98,667
Net assets released from restrictions:				
Restricted funds utilized	<u>31,065</u>	<u>(31,065)</u>	<u>0</u>	<u>0</u>
Total revenues	<u>1,268,724</u>	<u>(7,606)</u>	<u>1,261,118</u>	<u>734,704</u>
EXPENSES				
Administration:				
Salaries and benefits	433,913	0	433,913	431,930
Travel and transportation	13,655	0	13,655	18,088
Communications and postage	23,516	0	23,516	22,593
Rent expense	18,000	0	18,000	18,000
Unrealized loss on investments	700	0	700	13,448
Maintenance and insurance	8,659	0	8,659	15,214
Audit and legal fees	5,580	0	5,580	5,500
Printing and reproduction	44,647	0	44,647	40,061
Subscriptions, dues, awards, and fees	8,958	0	8,958	7,984
Depreciation	16,778	0	16,778	17,938
Office supplies	7,132	0	7,132	7,017
Miscellaneous	<u>17,955</u>	<u>0</u>	<u>17,955</u>	<u>11,795</u>
	<u>599,493</u>	<u>0</u>	<u>599,493</u>	<u>609,568</u>
Governance:				
Board of Directors	37,598	0	37,598	17,999
Nominations	0	0	0	7,481
Task force/special projects	13,216	0	13,216	6,486
Grievance panel	252	0	252	16
Special representatives	713	0	713	1,078
Development	<u>3,244</u>	<u>0</u>	<u>3,244</u>	<u>2,181</u>
	<u>55,023</u>	<u>0</u>	<u>55,023</u>	<u>35,241</u>
Journals	<u>1,394</u>	<u>0</u>	<u>1,394</u>	<u>1,640</u>

The Notes to Financial Statements are an integral part of these statements.

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

STATEMENT OF ACTIVITIES (CONTINUED)
Year Ended June 30, 2003 With Comparative Totals for 2002

	----- 2003 -----			-- 2002 --
	Unrestricted	Temporarily Restricted	Total	Total
<u>EXPENSES (continued)</u>				
Certification:				
Certification appeals panel	\$ 487	\$ 0	\$ 487	\$ 107
Certification commission	8,934	0	8,934	13,354
Certification interviews	<u>31,345</u>	<u>0</u>	<u>31,345</u>	<u>36,440</u>
	<u>40,766</u>	<u>0</u>	<u>40,766</u>	<u>49,901</u>
 Conferences:				
Joint conference	209,239	0	209,239	0
Symposia conferences	284,705	0	284,705	0
Educational events	0	0	0	17,420
Chaplain networks	<u>0</u>	<u>0</u>	<u>0</u>	<u>472</u>
	<u>493,944</u>	<u>0</u>	<u>493,944</u>	<u>17,892</u>
Total expenses	<u>1,190,620</u>	<u>0</u>	<u>1,190,620</u>	<u>714,242</u>
Change in net assets	78,104	(7,606)	70,498	20,462
 <u>NET ASSETS</u>				
Beginning of year	<u>48,596</u>	<u>88,604</u>	<u>137,200</u>	<u>116,738</u>
End of year	<u>\$ 126,700</u>	<u>\$ 80,998</u>	<u>\$ 207,698</u>	<u>\$137,200</u>

The Notes to Financial Statements are an integral part of these statements.

Educational Opportunities

Living with Grief: Alzheimer's Disease

April 28, 2004 ▼ *Live-via-Satellite*

The Hospice Foundation of America's 11th annual bereavement teleconference will focus on "Living with Grief: Alzheimer's Disease." This program, moderated by Cokie Roberts of ABC News, will be broadcast Wednesday, April 28 from 1:30 p.m. to 4:00 p.m. EDT. An expert panel will discuss what is known medically about the diagnosis, progression, and treatment of the disease; explore some innovative programs for patients and caregivers coping with Alzheimer's; focus on the particular grief issues that patients and families face during the course of this illness; and examine the challenges and opportunities that Alzheimer's disease presents to clinicians, caregivers, hospice workers, and policy advocates.

Featuring a multidisciplinary panel of experts, this teleconference will offer insight and practical advice to all who are involved in the care of patients with Alzheimer's disease and other dementias.

For more information, contact: Hospice Foundation of America, phone: (800)854-3402; website: www.hospicefoundation.org.

Planning, Funding, and Sustaining a Hospital-based Palliative Care Program: Tools and Strategies for Success

May 6-8, 2004 ▼ *Minneapolis, Minnesota*

This Center to Advance Palliative Care Management Training Seminar will take place at the Millennium Hotel Minneapolis. Leading experts will provide practical and comprehensive information on how to plan, organize, fund, and manage a successful palliative care program that will:

- ▼ Meet the needs of the growing aging and chronically ill population.
- ▼ Use hospital resources more efficiently.
- ▼ Satisfy many 2004 JCAHO Standards.
- ▼ Systematically improve pain and symptom management.
- ▼ Deliver care responsive to patient and family preferences.
- ▼ Ease case management burdens of staff.
- ▼ Enhance the relationship between doctors and nurses through an interdisciplinary approach.

This conference is intended for health care managers, including physicians, nurses, administrators, and others responsible for hospital or health system-based palliative care programs. Institutional teams are encouraged to attend.

The registration deadline is April 19. To register, visit

www.capc.org, e-mail: lisa.morgan@mssm.edu, or call (212)201-2675. Register before March 12 for "early bird" rate of \$745. After March 12, fee is \$850 per person. Additional discount available for multiple attendees from one institution.

Positions Available

▼ PRIEST CHAPLAIN

Mercy General Health Partners, Muskegon, MI – Our chaplains (four staff, nine relief) provide pastoral care to patients, visitors and staff (24/7) as members of interdisciplinary care teams in ER, on inpatient hospital units, in outpatient clinics, and at nursing homes. We are seeking a full-time Priest Chaplain to join our team in this vital ministry. Responsibilities include: "covering" assigned units, serving in rotation as "first response" chaplain, celebrating Mass and providing sacraments, and participating in some committee and quality improvement work. Must demonstrate faith, professional knowledge, communication skills, initiative, adaptability, commitment to teamwork, and sensitivity to diversity. Specialized expertise, clinical experience, bilingual (Spanish/English) ability, and NACC certification all highly valued. Send resume and references to Jan Grant, Employment Manager, MGHP, P.O. Box 358, Muskegon, MI 49443; grantj@trinity-health.org; (231)739-3909.

▼ CHAPLAIN

Scripps Mercy Hospital, San Diego, CA – Full-time position in this hospital with a 114-year history of Catholic identity. A

dynamic and flexible person with openness towards religious, cultural, and lifestyle experiences is being sought.

Collaboration with other health care professionals and members of the community clergy is essential. The position requires a master's degree in theology/behavioral science or MDiv or its equivalency. Spanish speaking skills would be an advantage. Requires NACC/APC certification and ecclesiastical endorsement. One year of experience in pastoral ministry in a health care facility is expected along with good verbal and written communications skills. To apply, e-mail resume to haden.ben@scrippshealth.org or fax to (619)686-3420.

▼ CPE DIRECTOR/SUPERVISOR

Catholic Health East CPE Program, Philadelphia, PA – seeks a full-time CPE Director/Supervisor for their dually accredited system CPE program. Responsibilities include management of CPE program in four clinical sites: St. Mary Medical Center, Langhorne, PA; Nazareth Hospital, Philadelphia, PA; Holy Redeemer Health System, Meadowbrook, PA; and St. Joseph Medical Center, Towson, MD. This program is accredited for Level I, Level II, and Supervisory Training. Management experience in system CPE program preferred. Salary and benefits commensurate to education and experience. Send resume to Ann O'Shea, VP Mission, St. Mary Medical Center, Langhorne-Newtown Rd., Langhorne, PA 19047. Telephone: (215)710-2116; Fax: (215)718-2298; or e-mail: AOShea@che-east.org.

▼ CHAPLAIN

Mercy Medical Center – a 360-bed hospital in eastern Iowa, is currently seeking a full-time chaplain in our pastoral care department. Qualified candidates must be CPE trained and NACC, APC, or ACPE certified. Bachelor's degree is preferred. Knowledge of current theology and medical ethics is essential. Our position involves a multidisciplinary team approach to meeting the spiritual needs of our patients, families, and staff of all faiths. We offer a competitive salary based on experience and a comprehensive benefits package. Submit resume/application to: Barb Tupper, Human Resources, Mercy Medical Center, 701 10th Street SE, Cedar Rapids, IA 52403; (319)398-6826; fax: (319)369-4530; btupper@mercy.org; www.mercy.org. EOE.

▼ DIRECTOR OF PASTORAL CARE

Holy Family Hospital, Spokane, WA – is a Providence-sponsored ministry in the heart of the Pacific Northwest. This is four-season country with 76 lakes and four major rivers within a 50-mile radius, abundant winter skiing within 1-1/2 hours, and public golf courses that are among the best in the nation. Spokane offers a low cost of living and ranks 8th in *Reader's Digest* "Best Places to Raise a Family." Holy Family, is a progressive, full-service hospital offering advanced medical and surgical care as well as specialty support and outpatient services. We are licensed for 272 beds, and admitted over 9,800 people for care and provided more than 99,000 visits for outpatient services in 2002. Holy Family Hospital is also involved in activities impacting community health through education, childcare and other neighborhood issues, projects, and events. The director coordinates the efforts of the pastoral care department, which strives for a holistic approach in meeting the spiritual, psychological, and emotional needs of patients, families, friends, and staff as they relate to a patient's present medical condition. Provides leadership in organizing and administering the department by ensuring that spiritual care services are developed, provided, supported, monitored, and financially successful. Qualified candidate will be a practicing Catholic with a master's degree in the field of theology, divinity, religious studies, pastoral counseling, or related field of ministry. Four units of CPE are required as well as certification with NACC or APC or another affiliation that is comparable. May consider candidate who is able to complete certification within 18 months of employment. Candidates must have a minimum of three years' working as a director of pastoral care in acute care setting. We invite you to join our health care team! Apply at our website: www.holy-family.org. For more information, contact Human Resources at (509)482-2159.

▼ 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.

▼ MANAGER, SPIRITUAL CARE – ACUTE CARE

Providence Health System in Alaska – As the largest health care provider in Alaska, Providence has the most advanced and comprehensive medical center in Alaska, and we are the state's largest skilled nursing and rehabilitation facility. We are seeking a Manager, Spiritual Care – Acute Care. Responsible for leadership in integrating spiritual care into the care of the whole person, including responsibility for developing and implementing a continuum of spiritual care to meet the needs of patients, families, and employees through the effective leadership of the Spiritual Care Department. It involves articulating and interpreting the meaning of spiritual care in the context of health and illness, and advocating for its effective inclusion in all health care provided by Providence Alaska Medical Center. As manager, you will also be responsible for networking and collaborating with appropriate community groups in order to assure the continuity of spiritual care throughout the health-illness cycle. A master's degree in theology, pastoral ministry, spirituality, or closely related field is required. Five years' preferred, but a minimum of three continuous years, of successful experience in directing/managing a spiritual care department in a clinical setting is essential. Successful completion of CPE training; certification by, and continuing membership in, NACC and/or APC; and continuing advanced training in theology, management, and clinical or pastoral skills are necessary. We offer a generous benefits package and relocation allowance. Call (800)478-9940 for details, or apply online at www.providence.org/alaska/jobs.htm. EOE. Drug screening required.

▼ DIRECTOR OF PASTORAL CARE

The HealthCare Chaplaincy – To head a new department at Vassar Brothers Medical Center, Poughkeepsie, New York, as a staff member of The HealthCare Chaplaincy. The Director will have the opportunity to build a new pastoral care department in a first-class medical facility as well as being part of one of the country's preeminent pastoral care and training organizations. Vassar Brothers is a growing, 300-bed hospital with major clinical programs in cancer care, cardiology, pediatrics, and ob/gyn located in the beautiful Hudson River Valley about 1.5 hours north of NYC. Qualifications: APC, NACC, or NAJC certified or certification eligible, high energy with a well-developed sense of the role of professional chaplaincy, excellent clinical skills, willingness to work with a fully multi-faith religious community, and an ability to handle all aspects of pastoral care administration. Ability to minister in Spanish is a plus. Send resumes to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (gandzo@healthcarechaplaincy.org).

▼ PART-TIME PRIEST CHAPLAIN

Rush Oak Park Hospital, Oak Park, IL – a suburb of Chicago. Rush Oak Park Hospital is a 175-bed Catholic facility sponsored by the Wheaton Franciscan Sisters. Position is for 35 hours a week. Responsibilities include pastoral care to patients, families, and staff; celebrating Mass Tuesday and Thursday at 11:00 a.m. and helping out with weekend Masses. On-call duties one evening a week as well as some weekend coverage. Must be NACC or APC certified. Please send resume to Brother Michael May, OFM; fax: (708)660-6650 or e-mail: michael_may@rush.edu; phone: (708)660-5658.

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Calendar

April

- 9 Good Friday
National Office closed
- 11 Easter
- 22-24 AAPC Annual Conference
www.aapc.org
San Francisco, California
- 24-28 APC Annual Conference
www.professionalchaplains.org
Dallas, Texas
- 28 Living with Grief:
Alzheimer's Disease
Hospice Foundation of America
Teleconference
- 29 Copy deadline
June 2004 Vision

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

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

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