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# Being Catholic and being catholic

By **Michelle Lemiesz**

**S**ometimes I struggle with being Catholic.

My heart breaks when I cannot obtain a priest, and a patient cannot receive the Graces of the Sacrament when he or she needs it the most. I read various proclamations from the Vatican about topics ranging from ethical issues to exclusion from ordained ministry, and I am saddened by what I perceive as a lack of understanding about the realities of the Church in the United States. As an American, a part of me calls for dialogue, openness and democratic reason.

In frustration, I once stated to a colleague that I did not think I wanted to be Catholic anymore. He looked at me quizzically and remarked that I was "truly catholic in the true sense of the word." Dictionaries define "catholic" as universal, general, broad in sympathies, tastes or interests.

I like that definition of "catholic" with a little "c"; it embraces, rather than excludes, it enfolds all of God's creation and draws us together to form the universal community of the people of God. It does not focus on denominational exclusions.

Catholic with a small "c" is exemplified in the person of Jesus. Throughout the Gospels we read of

His universality in ministering to all people despite the cultural mores of His time. Jesus speaks to a Samaritan woman (John 4), He calls Matthew, a tax collector whom society called a sinner, to be a disciple (Matthew 9), and He is often accused by the religious leaders of "breaking the laws" of the

## What does it mean to be a Catholic chaplain?

**W**hat sets you apart from hard-working Episcopalians or Jews in the hospital setting? How do you minister to patients of every faith or no faith? What are the challenges of working in a secular institution – or in a Catholic institution, for that matter? How do you respect other beliefs while not hiding your own?

This month's *Vision* offers some perspectives on those and other issues from our members in a special section, "Particular Faith, Common Challenge: Catholic Identity and Chaplaincy."

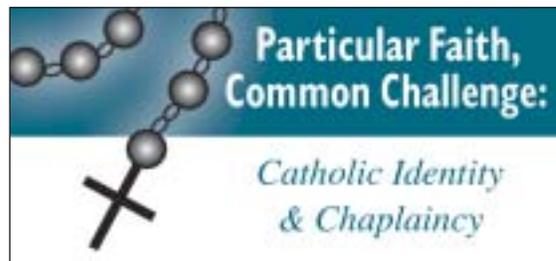
Chaplains share their thoughts on ministering in a hospital with different values; on the need to be an advocate for the powerless; on being a chaplain to a diverse group outside the institutional walls; on whether non-ordained chaplains can find a new word to be their identity; and many other subjects. The section continues inside on pages 6 through 15.

Sabbath (Luke 6: 1-11, John 5 are two of many examples).

If we are to be truly catholic as Jesus was, we will be called to step back from our own beliefs, prejudices and comfort zones in order to minister to people who differ from us. This does not mean

that we should throw aside our own beliefs for the sake of pleasing or serving others. Jesus never left His identity aside,

but used it to transcend barriers in compassion. Just as Jesus knew who He was, we need to know who we are. Often we believe that we must place our Catholic Christian identity aside as we search for ways to be inclusive, and while there is



— See [Catholic Identity](#) on page 6.



## Letters

### NACC thinks more of self than grassroots

In her letter published in the August/September 2004 issue of *Vision*, chaplain Bobbie Markiewicz asks, "Is the strategic plan accessible to chaplains in ways they can use?" She then expresses that she is "deeply concerned about (the NACC). I wonder if there are any other chaplains who feel as I do?"

I share her concern.

It seems that the NACC over the last few years has become primarily concerned with developing a national organization to interface with other national cognate groups. Individual chaplain and regional support has been minimized or totally abandoned. It occurs to me that my only connection with the organization since we eliminated the regional structures is the writing of annual checks for \$225 and a hefty recertification fee every five years. I am beginning to seriously question what personal value I accrue from this annual investment of hard-earned funds.

Perhaps the NACC leadership, at this time of selecting a new CEO (why can't we just have a president elected from the ranks of working chaplains?) might look at the value our grassroots members receive from our much-touted tactical and strategic plans. Perhaps the entire membership should be polled to see if there is a consensus that we need some kind of regional programming, and perhaps even local chapters.

We may discover that we need to redirect our resources to be more supportive of workaday chaplains, rather than promoting an organization that, unfortunately, seems modeled more on secular values than the kingdom of God. Sincerely concerned,

*Michael Bahn, certified chaplain  
Lancaster General Hospital  
Lancaster, PA*

### NACC does everything that it should do

In the August/September issue of *Vision*, chaplain Bobbie Markiewicz asked if others felt, as she did, that the organization/strategic plan was no longer accessible

to the members. There may be members out there who agree with her. I am not one of them.

Using past regional gatherings to measure the effectiveness of the organization in serving the membership is, to my mind, skating on thin ice. Those regional times of support, education and renewing friendships were wonderful but are not the reason NACC exists.

Our mission statement reads: "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."

I believe our organization does all of the above. Along with members of our cognate groups, NACC members have been working to improve and refine the standards of our profession. On an ongoing basis, certification team members are trained, interviews are conducted, and chaplains are certified. Education takes place through *Vision* articles and the yearly conference. In just one example of advocacy, Bishop Dale J. Melczek and Rev. Joe Driscoll worked hard behind the scenes to ensure that the Catholic Church continues to validate and honor our call as health care ministers. The board is working diligently to guarantee that our investments are sound. *Vision* provides a launching ground for ideas, programs, reflection and innovations in spiritual care. NACC leaders and board members are readily accessible by phone, mail and e-mail.

The August/September issue of *Vision* highlighted the successful efforts of Minnesota, South Dakota and North Dakota chaplains to continue to gather for education and support. Using creative and thoughtful means, including the assistance of NACC, they widened their circle from their former region to include chaplains from neighboring states.

My state has few NACC chaplains, so we gather with our APC colleagues and other spiritual care providers. Many of us travel great distances to meet for prayer, support, education, and reflection. In between gatherings we call and e-mail each other. NACC stands ready to assist us when we request help.

I look to NACC to be the professional face of Catholic chaplaincy. My spiritual

development, collegial relationships, ongoing education, personal and professional growth are my responsibility.

*Linda F. Piotrowski, MTS, NACC Cert.  
Central Vermont Medical Center*

### Regional conventions' demise leaves void

How well Bobbie Markiewicz expressed my thoughts in her letter in the August-September issue of *Vision*. I wish to say amen to it! She seemed to mourn the death of our original, wonderful, lively organization.

I looked forward to the regional convention, the well researched programs with so much enrichment, both spiritual and intellectual. The friendships we developed, and our opportunities to each other, were so meaningful for me.

Hopefully, some of the original organizations can someday be recaptured, so that our newer chaplains can experience what we did.

*Louise N. Porreca  
Veterans Administration MC  
West Seneca, NY*

### No accessibility or support for chaplains

I have just finished reading the letter from Ms. Bobbie Markiewicz in regard to the lack of accessibility and support at the grass-roots level of NACC.

My feeling is that there really is no accessibility or support. I recently went to the NACC site and looked up certified chaplains in the western New York area, and I was amazed to see how many of these people I did not know. Maybe it is my fault, but actually the only connection I have with the NACC is ten copies of *Vision* that I receive each year, the bill for annual dues, and the five-year recertification.

Now I ask myself, why do I belong to an organization called the National Association of Catholic Chaplains when the Catholic Church says I am not a chaplain.

Oh well, I just thought I would let you know how I feel.

*Raymond S. McGrath  
Chaplain (or whatever), The Deaconess Center  
Buffalo, NY*

## 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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## Church doesn't respect women's contributions

As I read the article in the July 2004 *Vision* about the use of the title "chaplain," a wide range of feelings erupted in me. I am still filled with deep anger, hurt and disappointment because of the "solution" that has been reached, at least for now.

I have been a certified NACC chaplain since 1994, and my decision to follow this call as a Catholic lay woman has been a continuous struggle with the Catholic Church. When I began my training in 1990, the advanced CPE unit committee asked, "Just where do you see yourself fitting in, when women, especially lay women, are not recognized in ministry?" At that time, naively, I answered that I felt God had led me to pastoral care ministry, and that I was trusting that there would be an acceptable place for me.

When I became a certified chaplain, I visited my bishop to ask where I could use the education and training I had to serve others. The answer was that there were many areas of ministry, but all were volunteer positions. After having made great sacrifices to go through CPE, I wanted to contribute financially to my family. I was not looking to be considered a volunteer.

In the past 13 years, I have faced much disdain, from priests, deacons and my fellow laity. When I asked for re-endorsement from our new bishop, the deacon who was collecting information had many questions about my original certification, ministry, etc. I waited almost six months before receiving the letter of ecclesial endorsement so I could complete my recertification. I wondered why I continued to remain in a church that showed little or no support for the ministry I do. I eventually had a personal meeting with the new bishop, who apologized for the delay and for the actions of the deacon.

I have worked in hospital and hospice settings, and I currently minister at a retirement and long-term care facility. In

## Letters

each of these settings, I have been accepted and recognized more by other denominations than I have been in my own church. This has created immense sadness for me. I have grown very tired of being treated as someone who has assumed a role in ministry that she is not supposed to have.

I believe I am doing the work the Lord has called me to do – to be with persons who are sick or dying. I know that I am not performing the sacramental duties of an ordained priest or deacon.

I appreciate NACC's continuing efforts to speak up for us. Our organization works hard to have us recognized as the professionals we have been trained to be. Sadly, I find myself less and less able to feel that I am part of the body of Christ, that is the Catholic Church, or at least someone who is valued and respected. For a church that preaches so much about social justice, I would like to know, where is the justice in this?

*Kathy Kaczmarek*  
Presbyterian Village  
Little Rock, AR

## Discussion on titles hasn't ended well

I feel both sad and angry at the outcome of our years of discussion about the title "chaplain." Now we have those with training and certification who are indeed certified chaplains; those with the same training and the same certification who are lay ecclesial health care ministers; and those with neither training nor certification who are free to identify themselves as chaplain.

I don't know where those with training and certification whose ministry is in parishes and prisons, soup kitchens and shelters fit in. Perhaps it would have served us better to continue the conversation.

*Jane Connolly, IHM*  
Franciscan Care Center  
Hockessin, DE

# Association works hard to handle record load of certification interviews

**By Kathy Eldridge**  
**Acting Director**

The national office was extremely busy this summer arranging certification interviews, conducted the weekend of Oct. 2-3 at seven sites across the country. An extraordinary number of people recruited and trained interviewers, interviewed candidates, coordinated sites, and reviewed the recommendations. The October interviews made NACC history, as they were our largest round ever, involving 162 candidates, 170 interviewers, 12 interview team educators and seven site coordinators.

Initially, the greatest challenge was to recruit available interviewers. After e-mails and phone calls too numerous to count, many of you accepted the call to serve. We appreciated the enthusiastic response from both experienced and new interviewers. Many of you have also requested to serve at some future date, and we now have you on that list as well. One critical task was to replace interviewers who needed to withdraw for one reason or another. After reworking the teams, we were short of experienced interviewers for ten candidates. As experienced interviewers are key to developing the interview teams, we decided to hold over those ten candidates until after the first of the year.

Some of the most rewarding work in

our association involves certifying chaplains and supervisors. This could not happen without the many, many individuals who deserve our thanks:

- ▼ The **Certification Commission**, who implement and monitor the certification of NACC members and assure that standards are met;
- ▼ The **Interview Team Educators**, who train interviewers;
- ▼ **Interviewers**, who give their time and energy to assist other members moving through the process of certification;
- ▼ The **site coordinators**, who give up entire weekends to facilitate the on-site logistics;
- ▼ **Appeals Panel members**, who review materials;
- ▼ The **institutions** that provide meeting rooms for us to conduct these many interviews, often at little or no charge;
- ▼ The **national office staff**, especially Marilyn Warczak, who provides clerical and other support to everyone involved.

For those of you who have not had the opportunity to sit on either side of an interview, this is just a thumbnail sketch of what it takes to move a candidate through the process. All the time, energy, and coordination is definitely worth it, because it lives out the NACC's mission

to prepare our members for the profession of chaplaincy or supervision.

We look forward to celebrating with many of the candidates who will be present in Albuquerque, where they will be formally recognized for their achievement.

## Annual Audit

Our auditors, Winter, Klomen, Moter and Repp, have concluded their annual review of the NACC's financial activity for fiscal year 2003-04. I am happy to report that the auditors have given the NACC a very favorable evaluation of our policies, practices and record keeping, which reflects the commitment of the Board and the staff to good stewardship.

The work of the NACC requires paying for many meetings throughout the year. We are seeking to reduce the number of face-to-face meetings and replace them with conference calls whenever possible. Thus far, we are pleased with how this shift is helping our budget.

Through the diligent work of Sue Walker, administrative specialist for finance, and the collective experience of the Finance Committee, the NACC will continue to receive high marks in this area.

You will receive more information on the audit in the Annual Report in the February issue of *Vision*.

## Search for director moves forward

After many weeks of careful and prayerful deliberations, the NACC Executive Search Committee has forwarded its final recommendations to the Executive Committee of the Board of Directors, which will be conducting final interviews. The Search Committee hopes an executive leader soon will be identified. The membership will be notified by e-

mail when a final offer has been made and accepted.

The Search Committee is grateful for the many letters and e-mails sent by NACC members, offering input on the process and their vision for NACC's future leadership. Many thanks go out to committee members, who graciously shared their expertise and perspectives in this process. The committee members

included co-chairs Bridget Deegan-Krause of Ferndale, MI and Ann Hurst of Spokane, WA; the Rev. Gerald T. Broccolo of Denver, CO; the Rev. Forrest P. Hanser of Dallas, TX; and Theresa Vithayathil Edmonson of Portland, OR.

On behalf of the Board of Directors, we ask for your continued prayers as this process moves forward.

# The Tale of the Sands – A Sufi Story

April 9-13, 2005 ▾ Albuquerque, NM

A stream, from its source in far-off mountains, passing through every kind and description of countryside, at last reached the sands of the desert. Just as it had crossed every other barrier, the stream tried to cross this one, but it found that as fast as it ran into the sand, its waters disappeared.

It was convinced, however, that its destiny was to cross this desert, and yet there was no way. Now a hidden voice, coming from the desert itself, whispered: "The Wind crosses the desert, and so can the stream."

The stream objected that it was dashing itself against the sand, and only getting absorbed: that the wind could fly, and this was why it could cross a desert.

"By hurtling in your own accustomed way you cannot get across. You will either disappear or become a marsh. You must allow the wind to carry you over, to your destination."

But how could this happen? "By allowing yourself to be absorbed in the wind."

This idea was not acceptable to the stream. After all, it had never been absorbed before. It did not want to lose its individuality. And, once having lost it, how was one to know that it could ever be regained?

"The wind," said the sand, "performs this function. It takes up water, carries it over the desert, and then lets it fall again. Falling as rain, the water again becomes a river."

"How can I know that this is true?"

"It is so, and if you do not believe it, you cannot become more than a quagmire, and even that could take many, many years; and it certainly is not the same as a stream."

"But can I not remain the same stream that I am today?"

"You cannot in either case remain so," the whisper said. "Your



essential part is carried away and forms a stream again. You are called what you are even today because you do not know which part of you is the essential one."

When he heard this, certain echoes began to arise in the thoughts of the stream. Dimly he remembered a state in which he – or some part of him, was it? – has been held in the arms of a wind. He also remembered

– or did he? – that this was the real thing, not necessarily the obvious, thing to do.

And the stream raised his vapor into the welcoming arms of the wind, which gently and easily bore it upwards and along, letting it fall softly as soon as they reached the roof of a mountain, many, many miles away. And because he had his doubts, the stream was able to remember and record more strongly in his mind the details of the experience. He reflected, "Yes, now I have learned my true identity."

The stream was learning. But the sands whispered: "We know, because we see it happen day after day; and because we, the sands, extend from the riverside all the way to the mountain."

And that is why it is said that the way in which the stream of Life is to continue on its journey is written in the Sands.

Shah, I. (1993). *Tales of the Dervishes: Teaching-Stories of the Sufi Masters over the Past Thousand Years*. New York: Penguin Books.

**Submitted by Sr. Marjorie T. Sweeney, SSJ, Pottsville, PA.**

Please send other reflections, readings, or scriptural passages that fit the theme of the conference to Susanne Chawszczewski, [schaw@nacc.org](mailto:schaw@nacc.org).

## Get ready to celebrate NACC's 40th anniversary

As the National Association of Catholic Chaplains looks back on its remarkable history, 2005 will be a time of reflection and celebration as we honor our forty years of service. Rev. Richard A. Tessmer, one of our NACC "grandparents," aptly said in 2000 that the NACC has "followed the voice of the Spirit to change and grow in meeting the spiritual needs of the people of God, especially in times of sickness."

Many of our past leaders have accepted an invitation to form a special 40th anniversary committee. This group will

help organize our anniversary celebration, which will include special events at our 2005 Conference in Albuquerque, NM, as well as yearlong opportunities for our members and their colleagues to reflect on and celebrate our association. Please watch for future information in *Vision*.

Committee members include Sr. Monica Ann Lucas, SC, Chair, Cincinnati, OH; Rev. James F. Buryska, Rochester, MN; Rev. Liam Casey, Hartford, CT; Rev. Richard Leliaert, Dearborn, MI; Sr. Shirley Nugent,

SCN, Milton, MA; Ms. Mary Lou O'Gorman, Nashville, TN; Deacon Hugh Polensky, Spokane, WA; Sr. Farroel A. Richardson, SNJM, Portland, OR; Rev. Stephen Ryan, OSM, Berkeley, CA; Sr. M. Rose Stewart, IWBS, Corpus Christi, TX; Rev. Richard Tessmer, Elk Grove Village, IL.

Ex-officio members are Ms. Kathy Eldridge, NACC acting director; Dr. Susanne Chawszczewski, NACC director of education and professional practice; and Ms. Joan Bumpus, NACC chair of the board, Carmel, IN.



## What's my identity? Maybe it's a 'LEHCM'

By **Kathy Ponce**

As a female NACC-certified chaplain at a large Catholic health care corporation in Chicago, I'm currently struggling with my identity. I struggle not because of any intrinsic doubt about who I am or how I minister. I struggle because Bishop Melczek's article in the July issue of *Vision*, "The Use of Title 'Chaplain' in Pastoral Care Ministry," causes me to wonder who the Congregations of the Holy See and Pope John Paul II perceive me to be. I wonder what they perceive my formation to have been, and what they perceive my ministry to entail.

The decision to separate "endorsement for ministry" from "certification by the profession" appears to me to be an undoing of the healthy collegiality that has developed among trained Catholic chaplains, those of us who are priests and those of us who are not priests. We who

have internalized Vatican II have been pleased by the shift in the past thirty-some years toward a church that defines itself, not as a legal structure, but as a community of love that has begun to recognize the giftedness and dignity of its members, a community that calls all its members to participation and to accountability.

In clinging to Canons 564-572, it seems that Rome is regressing in the spirit and wisdom of Vatican II, and also in any sort of genuine respect for the local church in the U.S. and its leadership. Instead, Rome appears to be exercising central authority as fiat on an issue (professional chaplaincy) that is most definitely inculturated and local. Does Rome not recognize that the profession of Catholic chaplaincy in the U.S., in most cases, is distinct from ordained priestly ministry? Is it not true that professional chaplaincy in the U.S. is

defined not by Holy Orders, but by a particular emphasis in personal spiritual formation and theological education, coupled with practical experience (CPE) in specialized settings, and followed by a certification process? Is it not apparent, after all our years of progress in professional growth and identity, that not every professional chaplain is a priest nor is every priest a professional chaplain?

Perhaps the title "Lay Ecclesial Health Care Minister," cumbersome and difficult to explain to patients as it might be (is a Catholic hospital an ecclesial setting in which this title must be used?), is more on target than the title "Chaplain." That is, if one looks at the acronym formed by the first letters of each word in the title – LEHCM. I am "a LEHCM." Sounds a little like *aleichem*, as in *shalom aleichem*, the greeting/farewell exchanged at Jewish

*See LEHCM on page 7.*

## Catholic Identity

*Continued from page 1.*

merit in inclusivity, it is for naught if we lose our own beliefs and values.

I often advocate in both my department and system for the utmost importance of maintaining our history and culture as a Catholic health-care institution. For example, my department wanted to be inclusive during an all-faith memorial service for the families of patients who had died at our hospital. The chaplains were worried about offending some of the participants if they mentioned the name of Jesus. As a result, they left out New Testament passages in favor of neutral texts and prayed in generic God language. After the service, many of the participants thanked me and the other chaplains for the service, but remarked how odd it was in a service at a Catholic health-care facility that never once was Jesus

ever invoked! We were attentive to other faiths, but left out Christianity! In zealotry to be inclusive, we became exclusive to our own tradition and values. Many lessons were learned that day.

Here at Mount Carmel, our mission is led "in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us." The outreach projects, the charity care, and the support of our employees, our patients and their families are what make us unique and Catholic. We live our mission – a mission based on the history and tradition of our founding congregation, the Sisters of the Holy Cross. Our mission and the values we espouse – respect, social justice, compassion, care of the poor and underserved, and excellence – enable us to live our cause statement of "Honoring

Every Soul with Loving Service."

It is these values that underscore to me what it means to be Catholic (with a big "C" and a little one!). I hold closely to my heart my call to be "an advocate of grace" for our patients and their families, for my staff, for the poor, and those without access to health care. The work I do, I do in the name of the Lord, and it is part of me, as essential as the breath I take. I believe that the Gospel calls us to minister, to advocate, to teach and to serve people in all walks of life. This is what it means to be Church, to let our actions profess our faith and, as St. Francis of Assisi said, to "preach the Gospel at all times and if necessary, use words."

*Michelle Lemiesz, M.Div., NACC Cert., is director of chaplaincy services at Mount Carmel East Hospital in Columbus, OH.*

## Chaplains should advocate for poor and immigrants

By **Sister Maria E. Anosike, DDL**

Many are the special imprints of Catholicism in a health-care system. These may include the sense of doing ministry instead of doing business, the administration of the sacraments in a secular environment, ethics, scripture, and more.

My focus is on advocacy – not legal advocacy but advocacy in action. I work in an area on the border between the United States and Mexico. Every day people try to cross over to the U.S. side of the divide, where I live. Many of these people die tragically in transit, due to treacherous weather, drowning in the river, or even snakebites. I have heard some say they have been traveling for five days in the wild.

Some do get in undetected, but the long shadows of illegality trail them and never go away. These people are generally referred to as undocumented aliens. They remain invisible because they would be sent back across the border if discovered. They can't enjoy the leisure of coming and going as they wish. They hardly ever get a decent job, and they are uninsured. Many suffer from diabetes, a perennial and costly disease to manage. Ultimately, they end up knocking at the doors of the emergency rooms of the health-care system.

Emergency rooms are forever flooded by undocumented aliens. Their feelings of anguish, frustration, powerlessness, and anger are shared by everyone involved. If

the health systems open their gates in charity, the flood of uninsured immigrants rips through their finances to the point of near liquidation. But the law says they cannot close their doors to the uninsured, that they must give at least emergency care. The visits become more frequent, and eventually more expensive. On any given day, the aliens' number is large, and the personnel and equipment attending them are limited. The immigrants wait for long hours, wriggling in the throes of their toxic pain.

In such situations, I have been an advocate by educating patients, who become system-wise and learn how to gain access into the system. When ethical deliberations arise in meetings, I sense that people who have never left their home country have great difficulty understanding the plight of the immigrant. It is hard for them to understand why a person chooses to tango with the god of death instead of remaining in one's native country. In these meetings, I have been a strong voice for the immigrants, because I am one of them.

At the same time, I try to enlighten those concerned about the immigration process. Sometimes I have to check and plead with staff to reduce the long, anguished wait through which immigrants suffer. I have asked the dietary department for a meal, and the churches for food, clothing, medication and rent.

Another way I have celebrated my Catholic identity is by facilitating com-

munication between staff and patients. I coach patients on the nature of managed care and on effective staff-patient interactions, and I bring patients' needs and concerns to the appropriate staff and management.

I do what I do because God's message assures His people that they are not alone. Down in the pit or even Hell, God does not abandon His loved ones. He is always there, sometimes silent, but always fully present. The theological foundations of my advocacy role are my religiously grounded core values. In my early years, my Catholic faith taught me and expected me to exercise the corporal works of mercy: feed the hungry, clothe the naked, visit the sick and imprisoned, give drink to the thirsty, comfort the sorrowful, and instruct the ignorant (Matthew 25: 35-40). In later years, Catholic social teachings further emphasized the dignity and sacredness of human life. A measure of this is how we treat the poor and vulnerable.

As a woman religious, community and connectedness are the core values of my identity and meaning. What I have observed is that as I go around ministering as a chaplain, these embedded values arise in me in response to the situation. To do advocacy, one needs a clear understanding of issues, some level of altruism and lots of guts.

*Sister Maria E. Anosike, DDL, NACC Cert., is chaplain of Harlingen Medical Center in Harlingen, TX*

## LEHCM

*Continued from page 6.*

Shabbat, "peace unto you." A little like Dominus vobiscum, "peace be with you" in our own Latin rite. I think I like that. Aleichem – I am "with you." I am "unto you." Given the choice of saying "I am a chaplain" – which might not be an option for me, since per Rome's pronouncement, "chaplain" is only for priests

– or saying "I am a LEHCM," perhaps I would choose the latter.

Maybe a LEHCM (aleichem) truly preserves the spirit of what I am called to be and to do in ministry. The past year has seen Rome continuing to remove ordained priests from the midst of God's people. In many parishes, priests no longer descend from the altar to be among us when we pass the peace during

Mass. We no longer gather with the priest at the top step of the altar when we serve as Eucharistic ministers during Mass. For myself, I'd like to continue to serve my brothers and sisters from the perspective of being with them, not above them, physically, metaphorically, or titularly.

*Kathy Ponce, NACC Cert., is a chaplain at Our Lady of the Resurrection Medical Center in Chicago.*



## Secular and Catholic hospitals have different missions and outlooks

By **Georgia Gojmerac-Leiner**

I work in a model parish/hospital collaborative established between the Archdiocese of Boston, Office of Health Care Ministry, and the Emerson Hospital.

Ten area Catholic parishes and the hospital collaborate to provide Catholic pastoral care. The position is filled with a certified chaplain, who also serves the pastoral/spiritual needs of patients of all faiths. Each parish provides a priest for hospital on-call duty.

Eucharistic ministers are recruited from these parishes to bring communion to the sick.

Emerson Hospital is a 170-bed community hospital in historic Concord, Mass., home of the Minuteman Monument and Thoreau's woods and ponds. Ralph Waldo Emerson, the philosopher, essayist, and Unitarian minister, preached here. Emerson Hospital bears his name, and many of the Protestant values espoused by its community. Thus, many Catholic patients assume that I must be a Protestant.

The questions I hear are: "What church are you affiliated with? Do you have an outside congregation?" The Catholics tell me they are Catholic, not even conceiving that I might be one too – despite the fact that all the parish bulletins publicize the information about the Catholic chaplain at the Emerson Hospital, and my name appears on the covers of several bulletins every week. It continues to be a challenge to convey the education, certification, and the role of the professional woman chaplain in the secular health care setting, at least in part because the Church Herself does

not teach the people about professional chaplains. In the words of some Catholics, "we don't have women chaplains in the Catholic Church." What they say is vindicated, of course, by canon law. The non-ordained professional chaplain is to be referred to as a "lay ecclesial health care minister."

It is difficult to get everyone on board to make referrals to the chaplain, because even if a patient is not religious, he or she may yet be spiritual. But I am a respected member of the health care teams and have a referral system built into the online patient care documentation at the Emerson Hospital. My mandate is to see all Catholics every day, and compile a list of candidates for the sacrament of the sick. Teaching about the sacrament is an ongoing process.

Historically Catholics faced prejudice here from others, but recently, as we know well, they have tarnished their own image with their own behavior. Thus it could be a protective cover for me in these turbulent times for people to assume that I must be a Protestant ordained minister. However, I cannot pretend that this is true.

In the aftermath of the sex scandals, in the throes of change caused by the parish reconfigurations, I arrive to work daily with attitudes of both pride and humility honoring my "mission," my job description, to meet the spiritual/pastoral needs of the sick, their loved ones, and caregivers.

I put "mission" in quotes because it is a personal, and not an institutional mission. While my mission is to touch and heal people in the name of Jesus, the hospital's mission statement is "to deliver high-quality, safe and cost-effective care to our patients and to maintain a professional and respectful environment for all members of the Emerson Hospital community."

By contrast, the mission statement of Youville Lifecare, a rehabilitation hospital in Cambridge, Mass., reads: "The Mission of Youville Lifecare is to continue the healing ministry of Jesus in the spirit of St. Marguerite D'Youville. We are a community of hope committed to providing rehabilitative services which attend to the physical, spiritual and emotional needs of each person."

I am certain that both institutions want to provide cure, and/or care and comfort, and to do it compassionately, but one overtly uses the language of the sacred and the other of secular.

Emerson's mission tells that I will receive high-quality, cost-effective care, but it does not tell me how I will be treated. Youville's mission tells me that they will treat me as whole person, and in the tradition of the highest healing authority, Jesus.

Having worked at Youville Hospital, I can say that it was 100 percent easier to maintain my Catholic identity there than at Emerson Hospital. However, the work of the chaplain, with exceptions, was not much easier, because patients and staff at each institution are so diverse, both in their beliefs and in how religious they are. But it would seem to follow that it would be easier to carry out my mission in Jesus if the institution shares it with me.

How do I really function now as a Catholic with the handicap of rumored prejudice, in the aftermath of the scandals, the Church's refusal to consider conversation about ordaining women, and the uncertainty of the parish reconfiguration?

I hold onto my faith as onto dear life itself. I practice prayer, mindfulness

*See Hospitals on page 9.*

Many Catholic patients assume that I must be a Protestant

## Catholic chaplains' ministry takes many forms throughout the day

By **Mary R. Heger**

"Make me an instrument of Your peace," the St. Francis prayer, for me, is an identity and a professional quest as a Catholic chaplain. Chaplaincy is a fulfilling ministry at all times which places spirituality first, even if our intent when arising in the morning was to just visit patients for a few hours. But the ministry begins when we leave our beds.

I'd like to mention a little prayer, origin unknown to me:

"Lord, I'm doing OK today. So far, I haven't despaired or been unkind. I didn't neglect my work. I did not overeat or use unkind language. I give you thanks for all of this — and now in a few minutes, I will be getting out of bed to start my day."

As chaplains, our days start very early, and I have found that all the people I meet, even before I walk in the hospital door, are influenced by how I treat them. Even holding a door for someone's entry symbolizes a willingness to help. Sometimes a patient will comment on my badge and ask what the letters NACC represent. I am proud to say that I am a Catholic chaplain. To be a credible chaplain, I also feel that my attire should be appropriate. There is more than outward appearances or actions, however, in being a helping person; our help must always be offered respectfully.

The art of listening is a must in helping others. One patient of mine was a woman from India. I could not under-

stand a word she spoke, and I do not know if she could understand me.

However, I always paused at her renal dialysis chair and held her hand for a moment and just listened to whatever she tried to say to me. She knew I did not understand the words, but she understood the holding of her hand.

I am the only Catholic chaplain in a Spiritual Coalition group of twelve members in a non-denominational hospital. When we hold religious services in a very small chapel with a cross, Bible, prayer rug, and candelabra, I enjoy the participation with the other members of various denominations and beliefs. Respect of others' pastoral ministries denotes a chaplain's understanding that God created all of us to have the freedom to become the persons we have chosen in our own spirituality.

Not only in a secular institution does a chaplain need to be open-minded. At my own parish, on a Sunday morning when I was a lector, I was asked by the pastor before Holy Mass to also help with the Eucharist. Happily, I agreed. A second request was for me to read the intentions of the people. I again agreed, but was not sure when I should approach the podium. I was amused but astounded when the pastor said, a bit harshly, "You have been a Catholic all your life and you don't know when to read the intentions? You women are ruining the church."

But a bit later, I heard my name gently spoken and the pastor held his arms out to me in contrition. Sometimes we must

be professional when hurting words find a mark, even in our church by someone dear to us.

I realized that I was a soul born with pre-Vatican II and post-Vatican II beliefs. I think women are invited and called to pastoral service by our Lord, just as men are called to ministry. What is my depth of commitment to Christ? Where does he want me to serve him? My conjecture is that my chaplaincy is now at a time in my life when I am a single person again, and if I have some quality of personality that our Lord can use, then may I please be open to good.

Recently, a renal dialysis patient told me I was helping her to find Heaven. A nearby attendant said that when I was finished helping the patient find Heaven, she needed me to sit down with her and help her find Heaven, too. The only response I could make was to say to the attendant, "The wonderful work you do with the patients daily has you on Heaven's path." I do not know if I helped, but if we offer our bodies for the Holy Spirit to use — then we must trust. The attendant did have a smile on her face.

The NACC has standards for chaplains to follow, and those guidelines are the basis of our ministry. Like St. Francis, those guidelines add up to the words: "O Divine master, grant that I may not so much seek to be consoled as to console — to be understood as to understand — to be loved as to love."

*Mary R. Heger, NACC Cert., is a chaplain at Des Peres Hospital, St. Louis*

## Hospitals

*Continued from page 8.*

meditation, partake in spiritual direction. I attend retreats, I read, I participate in continuing education. I dream, I imagine, I follow the cycles of the seasons, circadian rhythms and maintain family

relationships, and I practice self-confidence. It takes practice to stay positive, but it is possible to learn to be optimistic.

Due to parish reconfiguration, the number of parishes supporting my position will soon shrink from ten to six. But I remain hopeful in the Lord and am

rewarded by experiences of a very rich ministry. The richer my experiences of ministry, the deeper I feel the need for it and the easier it is to maintain my Catholic identity.

*Georgia Gojmerac-Leiner, NACC Cert., is coordinator of pastoral care services at Emerson Hospital.*



## Orthodox priest leads Catholic hospital's CPE program

By Sr. Colette Hanlon, SC, NACC Cert. and Rev. Steven Voytovich, BCC

The Hospital of Saint Raphael in New Haven, CT has had a full pastoral care department since 1968, which has modeled interfaith collaboration and education. It has a history of hiring, and sometimes being led by, non-Catholic clergy. But we were surprised to learn that our clinical pastoral education program is the only USCCB/CCA-accredited program to have a non-Catholic supervisor.

In August 2002 Rev. Steven Voytovich, a priest of the Orthodox Church in America, was invited to join us in ministry as the manager of the CPE program. Since he is certified by both ACPE and the College of Pastoral Supervision and Psychotherapy, but is not eligible for NACC supervisor status, we have continued with our creative situation.

Father Voytovich received supervisory training under two accrediting bodies, so he learned how to work with similar but diverging standards and covenants. There have been, of course, significant and creative tensions in this venture. As Orthodox theology often also explores the middle ground between two seemingly opposing perspectives, this has been a creative vantage point from which to observe and interact. He has learned from and enjoyed offering ministry in a Catholic hospital for the past two years.

Knowing we are the pilot for this venture, we have been intentional about the particularity of ministry as it is understood by the Roman Catholic Church and the universality of pastoral ministry to a multi-faith, multi-ethnic inner city academic

health center. We have enjoyed and been challenged by the experience and would encourage others to embrace this model.

We are fortunate to have the auxiliary bishop of the Archdiocese of Hartford, Most Rev. Peter A. Rosazza, as an active member on the PCC. This offers the assurance of ready access to discuss concerns or questions. In addition, since the change to a supervisor not certified by NACC, we have been assisted by supportive women as vice-presidents of mission – Sister Mary Canavan, S.C., and Sister Joan Granville, S.C., both from the sponsoring order.

Sister Colette Hanlon directs the Pastoral Care Department and works closely with Rev. Voytovich as he constructs the essential elements of the training year for residents and summer interns. Annually we offer sessions on the sacraments – especially the Eucharist, reconciliation, and the sacrament of the sick – and also on the *Ethical and Religious Directives for Catholic Healthcare Services*. We use videos and articles from the Catholic Health Association, as well as didactics. Each morning we share both interfaith prayer reflections and particular feasts and celebrations of the variety of faith traditions we represent and with whom we minister. During report of the previous 24 hours of ministry we discuss cases, especially those which may raise questions about Roman Catholic practices and traditions, as well as those which may raise particular issues about the practices of other faith traditions.

Let us return to the question of universality and particularity. While a number of accrediting bodies are exploring common

standards and practice (not totally inclusively), too much emphasis on such efforts may ultimately collapse the creative tension existing from the beginning of the CPE movement. Some standardization may establish certain thresholds of training upon which all can agree. At the same time, we need to continue mutually functioning as helpers, ready to midwife distinctive principles within each accrediting body that will enrich the pursuit of clinical training. Is this not a macrocosm of what we ask CPE trainees to do in our respective training centers?

One distinctive principle readily discernable within an NACC CPE center is training that is informed and guided by the theology of and pastoral caregiving within the Catholic Church, and the *Ethical and Religious Directives* as trainees reach out to persons of many faiths or no faith. In fact, the mission and values of the Catholic Church, and of the Sisters of Charity of Saint Elizabeth who founded the hospital, are really lived out at all levels within the institution. This could be observed as a systemic example of one's practice of ministry being informed by one's theology. All trainees in CPE at the Hospital of St. Raphael will meet this mission effort, as a parallel to their own integrative journey.

If you have specific questions or issues which you would like to discuss, or if you are considering being the second pilot, please contact us:

Rev. Steven Voytovich (203) 789-3248, svoytovich@SRHS.org

Sister Colette Hanlon, SC, (203) 789-3850, chanlon@SRHS.org

## In Memoriam

Please remember in your prayers:

▼ **Sister Mary George Powell, CJC**, who died April 10. Sister Powell worked in spiritual care at Caritas Good Samaritan Medical Center in Brockton, MA. Before taking vows, she

owned three beauty salons in the 1950s. She once talked an armed patient into laying down his gun, and she established a yearly memorial service for parents who had lost infants.

▼ **James J. Wake**, who died Sept. 11 at age 63. Mr. Wake was a chaplain at four Milwaukee-area hospitals and spent 30 years as a social worker for the state of Wisconsin, caring for neglected and dependent children. He also served for seven years as a trustee of the legal defense fund of the National Association of Social Workers. He is survived by his wife and two children.

## Chaplain bonds with disaster team standing ready to respond

**By Rev. Tom Landry, NACC Cert.**

I feel privileged to serve as chaplain for an extraordinary group of health-care professionals. Following the attacks of Sept. 11, 2001, the work of the Disaster Medical Assistance Team of central Massachusetts first came to my attention. As Catholic chaplain at the University of Massachusetts Memorial Medical Center in Worcester, I was called upon to support the members of this team as they returned from their deployment to Ground Zero. Soon the team commander asked me to serve as their chaplain. In the years since, I have come to know and serve this community within the hospital community, as well as professionals from other health-care settings in central and western Massachusetts who serve on our team. As much as I stand in awe of their professional competence and their willingness to step into the breach when needed, I am equally moved by their appreciation of my presence.

On Friday, July 23, we gathered at our team warehouse in Worcester to pack three container trucks with equipment we would use to set up a field hospital at the Democratic National Convention in Boston. On Saturday, July 24, our DMAT traveled from Worcester to a central Massachusetts government facility where we would be billeted throughout the coming week while we engaged in a training exercise concurrent with the convention. On Sunday following celebration of Mass in the day room of our living quarters, we headed into Boston to set up our field hospital in two lanes of a city street designated as a major VIP route to the Fleet Center.

For the rest of the week, our 35-member team of physicians, nurses, physicians' assistants, emergency medical technicians, mental health, administra-



*Rev. Tom Landry stands ready to go with a disaster medical assistance team. Landry saw to the group's spiritual needs at the Democratic National Convention in July.*

tive and pastoral care specialists broke into two teams of 25 and 10 members to cover the 12-hour shifts. I was among the 25 on the 2 p.m.-2 a.m. schedule. We were prepared to meet any medical emergency or mass casualty that might occur during such an extraordinary gathering. We were grateful at week's end that we had been called upon to treat nothing more serious than slivers, cut fingers, and back pain! Potential threats or harm to public safety and health remained matters treated only in the training exercises and PowerPoint presentations. They were exciting and fascinating days for us, surrounded by personnel from the Secret Service, Coast Guard, state police, Boston police and emergency medical squad, and the local sheriff's office.

From lifting and pushing to load our trucks, to exquisite moments of liturgy in the team's day room, I sensed the universal appreciation of team members that I was there with them, and for them. The Catholicity of my person and ministry was both an identifier of my unique ritual and ministerial competence

and an indication of my openness to the distinct backgrounds and needs of team members and potential patients alike. "Father," "Padre," "Rev.," "Chaplain," and "Tom" all were guiderails on the bridges that connected individual team members to me, me to them, and all to each other. I sensed often that my presence as an accepted colleague and Catholic chaplain helped recall team members to the best of who they are, and the best persons and professionals they seek to be. This is especially so in extraordinary and trying circumstances. I feel my presence was a reminder of the sacred nature of the work we were doing, and were prepared to do if called.

The team was willing to risk much for the sake of serving others whom we don't know, because, really, we do know them. They are you and I. I am willing and honored to serve as Catholic chaplain in the midst of this diverse team, because in their diversity they recall the rich diversity, the strength and the weakness around us and within us. Touched by God's grace, are they – are we – not the Body of Christ?



## Scenes from a career in Catholic pastoral care and education

Compiled by Mary Davis

### Environment

- ▼ A teenage boy giving the statue of the Sacred Heart a high five.
- ▼ Exploring the cultural and theological implications of whether to buy crosses or crucifixes for patient rooms – and if crucifixes, should they be the crucified Christ or the resurrected Christ?
- ▼ Seeing photos and flowers at the base and in the fingers of statues in the halls.
- ▼ Giving directions by saying, “Turn left after Our Lady of Guadalupe, and if you see the Infant of Prague, you’ve gone too far.”
- ▼ Seeing holy cards, rosaries, medals and milagritos surrounding isolettes, ICU beds, and secretaries’ computers.
- ▼ Watching staff stop in to the chapel before and after work.
- ▼ Listening to patients lament that “there are no sisters around anymore.”
- ▼ Being nurtured by the religious artwork in the hallways.

### Pastoral Care

- ▼ A woman looking longingly into the locked chapel, praying fervently.
- ▼ A woman clinging to the hand of an African priest, not able to understand his English yet crediting his presence for the safe delivery of her child.
- ▼ Listening to an angry family who wanted to see a priest, but none is available, and their pastor cannot be reached.
- ▼ Asking those present to add their intentions in Children’s Church, and hearing “Please help Grandpa

to stop drinking” or “Mom and Dad died in the crash; whose girl am I now?”

- ▼ Gearing up for the busiest spiritual day of the year – Ash Wednesday.
- ▼ Replacing notebooks on the Dia de los Muertos (Day of the Dead) altar in the hallway, as people sign the names of their loved ones, totaling over 5,000 names each year.
- ▼ Catching on to a large family’s scam to procure Bibles, rosaries, and prayer books to sell on the street.
- ▼ Carrying a pyx into a room and watching in awe as an elderly woman struggles reverently to her knees on her bed.
- ▼ Preparing a dying child to receive her first Eucharist.

### Clinical Pastoral Education

- ▼ Difficult discussions in new CPE groups regarding members’ participation in the Eucharist.
- ▼ Losing qualified CPE applicants when they learn that the hospital is Catholic.
- ▼ CPE students wondering why we don’t promote our Catholicism more in our publications.
- ▼ Continuing to respond to seminaries (mostly Catholic) who wonder why our CPE program is not in the “red book,” and finding out that they are not aware of the USCCB-accredited programs.
- ▼ A heated discussion in a CPE group when a Protestant student speaks of giving an unconsecrated host to a patient who requested Eucharist.
- ▼ Listening to a CPE student express how prayers focusing on

the Virgin Mary effectively shut her out of prayer services in the group.

- ▼ Watching Catholic seminarians become sensitized to saying “the whole Our Father.”

### Theology

- ▼ Sharing CPE students’ theology papers and feeling as if we’d all been on a retreat.
- ▼ Scheduling meetings and immediately thinking of the corresponding feast or saint of that day.
- ▼ Explaining to a young woman why the hospital must transfer her due to her choice to abort her pregnancy.
- ▼ Going up against the ER doctor who has told a family that their dead loved one will be anointed by a priest.
- ▼ Struggling to “maintain the theology of the Church while ministering to the good of the whole person” (early version of the *Ethical and Religious Directives*).
- ▼ Feeling like a law clerk while making multiple copies of an Advance Directive form, but knowing that discussing the end-of-life issues was vital for the worried family.

### Identity

- ▼ Walking the hallways with a priest chaplain and feeling invisible as everyone greets Father.
- ▼ Being nine months pregnant and having patients still call me “Sister.”
- ▼ Having to explain the term and function of chaplain to Catholics, while other patients move directly to their spiritual needs when they hear this title.

See [Scenes](#) on page 13.

## Secular hospital expands sense of Catholicism

**By Sister Beverly Hindson, IHM**

I have spent more than 22 years in a secular institution as chaplain in a pediatric facility, Children's Hospital of Michigan in Detroit's central city.

This immersion into a secular institution was not my first. Thirty-six years ago, I was sent straight from my novitiate to a 37,000-student secular university which is affiliated with our medical center.

Both these experiences shaped my formation and ministry. My life has been permanently altered in ways which have made the word "Catholic" explode! Working in a religiously and culturally diverse setting has humbled me, educated me and expanded in me the meaning of the word "Catholic" as universal.

I am humbled by the theological and philosophical beliefs shared by a Hindu physician, and by a conversation with a

parent about end-of-life care for her two-year-old son. I am humbled when two Arabic moms ask me why I have no children when they see how much I love and respect theirs – and how they then engage me about Arabic religious life and customs. I am humbled when families desperately search for meaning when a child is diagnosed with cancer and invite me to journey with them. I am humbled as I work to extend dignity and compassion to all entrusted to my care, particularly those who have trouble believing they are part of the human family, much less the family of God. No need for evangelizing or proselytizing here. I am humbled when I am invited to preach in other churches, temples or synagogues because the ministry has spoken to their hearts.

I am educated when I see that recognizing others does not diminish but strengthens my own faith and commit-

ment – not in the "outside-the-Church-there-is-no-salvation" smugness but in the lived experience that each person will find their way to God. I am educated when conflict arises and together we grope for understanding and clarity of issues.

I am expanded when invited to dinner at an Arabic home, and when a young Arabic woman who had leukemia when she was two (she's 22 now) invited me to her wedding. I am expanded by learning about suffering, life and death in other faith traditions, and sharing my own. I am expanded by the trust that children, parents and staff place in my ministry. I am expanded by the mystery of God's intervention in my life and strive daily to recognize that mystery in the lives of others in my "secular institution."

*Sister Beverly Hindson, IHM, NACC Cert., is a chaplain at Children's Hospital of Michigan.*

## Scenes

*Continued from page 12.*

- ▼ Getting paged because a patient "needs a priest" and then finding that the patient is happy with the minister who responds – they knew no other language for their desire to speak to someone of their spiritual needs.

## Sacraments and Sacramentals

- ▼ Celebrating a baptism with an anxious family before their child's life-threatening surgery.
- ▼ Needing to reorder holy water bottles on a regular basis.

- ▼ Grabbing a small bottle from the on-call room drawer as you hurry to a call, and watching in dismay as you bless the patient with bubbles.
- ▼ Explaining the changes to the Sacrament of the Anointing of the Sick for over 20 years.

## Administration

- ▼ Getting poor ratings on a returned survey because a patient was not given daily Eucharist.
- ▼ Hiring a new Protestant chaplain who completed four units of CPE at a non-Catholic hospital and finding that he has been responding to anointing requests, never having heard of sacramental theology.

- ▼ Serving on a hospital committee and hearing the non-Catholic members raising the Catholic implications for the pending decisions.
- ▼ Watching your director cry when he announces that the CPE program has lost operational budget funding.
- ▼ Watching the business section of the local paper with an eye for how long a Catholic health care mission can survive and prosper.

*Mary Davis, NACC Cert., is CPE supervisor at Christus Santa Rosa Health Care in San Antonio, TX. This article includes stories shared by staff chaplains and CPE students.*



## A theological journey with hospital cancer patients

By **Doug Wuenschel**

At the end of my year as a resident chaplain, I have a more developed realization of how to understand everyday life from a theological perspective. I know that I use my faith and Christian belief to guide my interpretation. I further realize that theology plays an important role in the interpretation of life experiences. As Harold W. Stone and James O. Duke say in

*How to Think Theologically*, "The whole point of theology is to understand God's message to the world today."

So how do I apply my theology to the hospital workplace as a provider of pastoral care? I believe that I am a creation of God and destined to become who God created me to be! As humans, we are all works in progress. We have an inherent dignity in our birthright as children of the resurrection, and as persons gifted with the key to the kingdom through the saving action of Christ's death on the cross and his resurrection.

A scripture passage that nourishes me is: "Then the righteous will answer him and say, 'Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you, or naked and clothe you? When did we see you ill or in prison, and visit you? And the king will say to them in reply, 'Amen, I say

to you, whatever you did for the least brothers of mine, you did for me.'" (Mt. 25:37-40)

A theological image that informed me during my rotation on oncology service while ministering to cancer patients is the significance of journeying in Scripture. Moses and the Jews traveled for 40 years in the wilderness. During Jesus' ministry he also visited many places and made an important journey to Jerusalem. Paul journeyed far and wide. Often these journeys were incomplete. Journeys cut short were part of the lives of these men.

I have found for many patients that living has become a matter of journeying – and not arriving. It has helped me discover a dimension of faith that I did not see before.

I have seen people learn to say, "It is finished," before they reached what they thought and planned would be the end. I do believe that the God with whom we began our journey of faith will sustain us at its end and will continue the work in which we have labored. If we are faithful in our journey, we do not have to worry about the destination.

I have seen persons troubled with the thought of how long they should struggle or when to let go. When the future is so unknown, I remind them that Jesus has gone before, and that he is present with us as we decide about future treatment or non-treatment. I understand the need to learn to trust so that we can serve the Lord as we continue in life but yet be close to death.

As I minister to those who are

dying, I am conscious of the major principles of the Roman Catholic Church's teaching concerning death: Life is a gift of God, a loving God, a creator God. Human life deserves a particular respect, and has inherent dignity, value, and worth because each human being is made in the image and likeness of God. The value and worth of each person have been reaffirmed through the death and resurrection of Jesus Christ, and each of us is called to share eternal life with him. George Lea Harper Jr. articulates this position in *Living with Dying: Finding Meaning in Chronic Illness*.

Theologically, my understanding then is that as one faces life-and-death decisions in health care, we are bound to use only whatever means are proportionate to preserve life. Thus, extraordinary or disproportionate means are "those that entail burdens that are greater than the benefits that they bring," Harper writes. "One may always use whatever means are available to eliminate pain or reduce pain and suffering, even if the painkillers themselves carry some risk of shortening life. One may never, however, directly or intentionally cause death to end suffering."

It is clear to me that the sanctity of life is paramount, because God loves each of us in our humanity. As chaplains we are called to do no less than to respect the dignity of another human life as we "come-alongside" those on their journey in the midst of our chaplaincy.

*Doug Wuenschel is resident chaplain at Scott and White Hospital in Temple, TX.*

For many patients, living has become a matter of journeying – and not arriving.

## Psychiatric hospital makes journey to become faith-based

By Rev. John L. Evans II, NACC Cert.

Prairie Psychiatric in Fargo, ND, became a Catholic hospital in July of 2000. "Prairie began as a secular facility," Dr. Emmett Kenney stated in the May 21, 2004, issue of the *National Catholic Reporter*. But "at the root of health care values there needs to be a spiritual foundation to really engage. It involves the act of caring."

The hospital decided to hire a chaplain and open two chapels. I became the first chaplain. Along with the two Catholic doctors/owners, Dr. Kenney and Dr. Stephen Setterberg, and the CEO, Marshall Korman, we faced the challenge to provide leadership for the facility in discovering and implementing our Catholic identity – beyond a name change to Prairie St. John's. We began a journey for the entire staff to discover how to have a sense of ownership and implementation of the U.S. bishops' *Ethical and Religious Directives* focusing on the dignity and respect of patients and staff.

Initially, the staff was fearful about change (e.g., would only Catholics be employed and/or served). I established two ways to brainstorm what it meant for the organization to embrace a Catholic identity. The first was a number of work groups that included all professional disciplines. We met over lunch to explore and raise questions. This was a fantastic experience as each person asked themselves, "What is it that I believe and how do I want to live it out in the workplace?" As a result, change happened smoothly and naturally. It wasn't just myself and the administration imposing our values. Secondly, a spiritual advisory committee was formed from leaders in the community representing different faith traditions. This committee, which included people of Jewish,



Evans

Christian, Muslim, and Native American faiths, explored ways for Prairie to be inclusive and diverse. One of the first moves we made was

to change the name of the chapel from "ecumenical" (inter-Christian) to the All Faiths Chapel (where all forms of spirituality are welcomed). One committee member, the lay rabbi and artist Janeen Kobrinsky, created a painting for the chapel that creates a sense of serenity.

My ministry went from principally one-on-one visits to also leading psycho-educational groups, which provide information about wellness and coping skills with the use of cognitive behavioral skills. Topics include anger, blame, forgiveness, guilt/shame, grief, gratitude, etc. That was when the requests and referrals drastically increased for chaplaincy services. One year later, with the encouragement of other leaders, I started daily morning reflection groups on all the adult units with the use of Hazelden material. The staff noticed the patients were more positive, and again, the requests for chaplain's visits multiplied. The administration, which originally thought that a half-time chaplain was sufficient, now saw the need for two full-time chaplains. The Rev. Sonja Kjar, a Lutheran minister, joined the Prairie staff with a focus on ministering to the adolescents and children, with part of her time on the adult floors. With her presence, ministry to the staff increased. We work well as a team, as we share a common vision of pastoral care and a mutual appreciation of clinical pastoral

education. Sister Anne O'Brien, PBVM, MA, MPStud., recently accepted a part-time position in our department.

At the very start of pastoral services, we developed a spiritual assessment. Patients started to reflect and ask questions about how spirituality plays a part in their lives. This changed the one-on-one visits from talks about religion by the patient to a much deeper exploration of how belief and suffering can intersect faith. A recent revision of the spiritual assessment added three helpful questions:

"Have you ever experienced any losses through death among your family or friends?" (85 percent of the patients are now reporting that they are dealing with significant grief over the past five years.)

"What significant crisis and/or stress situation are you experiencing now (e.g., marital/relational stress, job loss, depression)?"

"Describe how you picture God / Higher Power / Divine Presence. Are there images that come to mind?"

Pastor Kjar stated, "For those living with chronic mental illnesses, healing is not about 'getting over' whatever it is that ails them. Healing may come with some sense of acceptance that there is no magic cure. A big part of the healing is for a patient to understand, sometimes for the first time, that they are not alone. When a patient begins to feel a sense of belonging, the shame of addiction and mental illness can be somewhat lifted, which creates more space for healing."

For more information, e-mail the chaplains at [jevans@prairie-stjohns.com](mailto:jevans@prairie-stjohns.com) or [skjar@prairie-stjohns.com](mailto:skjar@prairie-stjohns.com) or call (701) 476-7296 or (701) 476-7841.

It wasn't just myself and the administration imposing our values.

## Innovation Showcase

# Supervisor candidate goes outside NACC for training, finds it tough but rewarding

By **Wendi Steinberg**

There is a certain grace and beauty to being able to flourish in two places at one time. At times over the past year as first a supervisory resident and now a supervisory candidate, I have felt a little out of my element. I am a board-certified NACC chaplain who has trained only in Association for Clinical Pastoral Education centers. And now I am a CPE supervisory candidate moving toward NACC certification.

NACC supervisory candidates do not typically train in ACPE centers. As a result, I live with two sets of professional standards. However, I was granted candidacy by NACC in November 2003. I began co-supervising my first unit in January 2004 and began co-supervising my second unit of six students in September. I work for the National Chaplain Center under the Department of Veteran Affairs, and I am affiliated with the Hampton Roads CPE Center in Hampton, VA. The

National Chaplain Center is a wealth of resources, where the associate directors and national director offer their expertise in pastoral care to the school in the form of didactic presentation.

In this flourishing setting, I have begun my journey as a CPE supervisor, but it has not been easy. I had to first convince my prospective ACPE supervisor that I was a good prospect to become a CPE supervisor. During that process, I learned that my degree in pastoral studies from Loyola University did not qualify for a Master of Divinity equivalency – but it did meet the standards required by NACC for supervisory candidacy. There are no local NACC supervisors. Therefore, I tried to find out if I could do my supervisory CPE with an ACPE supervisor. I also continue to work towards the Master of Divinity equivalency so that I can be dually certified. I was not sure at first whether this idea was brilliant or disastrous; it took me a year to conclude that it was worth pursuing.

I did not see a potential conflict in doing supervisory training for NACC in an ACPE center. However, this has been a challenge – not only for me, but for my supervisor, Hugh Maddry, the director of the National Chaplain Center and a certified ACPE supervisor. He told me, “The

process of blending the ACPE and NACC supervisory processes has been both challenging and creative. I have discovered the need to balance two processes that are, in many ways, both similar and dissimilar. I have been challenged to become more familiar not only with the ACPE standards of my own tradition, but also with a completely new set of NACC standards. In the process, my growing edges have been stretched, my awareness heightened, and my creative skills sharpened.”

Reflecting over my first two years of residency as a chaplain, I could relate to what it meant to have my growing edges stretched, my awareness heightened, and my creative skills sharpened, and I am grateful to Hugh for walking with me. Over that time, I learned through the ACPE process, but I wanted to continue to go forward under the NACC process because I am Catholic. Each cognate group had their separate expectations for chaplaincy and supervision. I found that there was confusion over my role as a supervisory candidate, which led to much discussion during my ACPE peer group meetings. Other ACPE supervisors in my group wanted more details about how as an NACC candidate I was going to co-supervise a group that would get credit for ACPE. I sometimes felt that the extensive discussion over the nuances of my role overshadowed my process. There was discussion over the necessity of the Master of Divinity and how it applied to me. Because of my inquiry and process, ACPE adjusted and broadened their equivalency process to be based upon the number of related theological hours, which I believe will make it easier for me to apply for the equivalency and dual certification.

My prior CPE experience helped me to be aware of my feelings and frustrations with the process as well as to celebrate the excitement of going forward with my vocation. But I had to realize that this was a new process for many people besides me. I provided my peer group with a copy of the NACC standards, which helped them to better understand my work. We also discussed how much time Hugh Maddry, as the supervisor of record, would spend with the students in order to meet ACPE standards. I have felt a challenge to redirect and to keep a focus on the supervisory training process and future certification. I have learned that it was vital to work within the standards of both cognate groups in order to keep my focus on my process.

I had to realize this was a new process for many people besides me.



*Wendi Steinberg (seated) talks with Hugh Maddry, her ACPE supervisor, as part of her training to become an NACC supervisor. The double environment has forced Steinberg to juggle two sets of standards and expectations.*

In order to help maintain some additional clarity, Hugh Maddry and I contacted Father Andrew Sioleti, who has worked with me as a mentoring NACC supervisor since I began the supervisory process. Andrew, who is dually certified in ACPE and NACC, is chief of chaplains and CPE supervisor at New York Harbor Health Care Systems. He helped me to navigate between the two groups by interpreting the differences between NACC and ACPE.

Working with Andrew helps me to preserve and develop my Catholic identity as a prospective CPE supervisor. We are in touch by e-mail, phone, and meetings either in person or by video. He has helped me sort out theological as well as other issues that have presented themselves. Andrew also participated in the mock interview that we set up before I applied for candidacy in November 2003. He was instrumental in helping the mock committee to understand NACC standards, since no one else was certified by them. Andrew's experience and generous availability have been critical in keeping my understanding of who I am as a Catholic supervisor.

I must admit, the process has not been easy. I am pulled forward by a relentless vision that God is calling me to supervision. Much as I would have liked to ignore that call, I cannot. I am beginning to gain some momentum, and that feels very good.

My students will receive credit for ACPE with me as the primary supervisor and Hugh Maddry as the supervisor of record. I am moving forward and learning a lot about the

worlds of both NACC and ACPE. Each cognate group has separate standards for how a supervisory candidate goes forward. A key learning for me is the benefit of having two worlds of experience to draw upon but also to realize how much these two cognate groups have in common. Both groups have standards in ethics, grievance procedures, competencies for chaplains and supervisors, program objectives such as verbatims, reflection papers, and didactics as well as many other commonalities.

A second part of the CPE model I use is videoconferencing. My primary supervisor, Hugh Maddry, has done this on a regular basis, and I participate with him. I plan to present a didactic on the Catholic view of suffering with my CPE students and Andrew's students by videoconference. We are also using videoconferencing for peer group interaction. It is an innovative way to offer a broader and more contemporary perspective on learning opportunities.

I also participate in distance learning, through the Loyola Institute for Ministry Extension program. My Loyola professor, Kathleen O'Gorman, and I communicate by phone and e-mail for my learning theory class. We have videoconferencing capabilities. My materials for the class are formatted as CDs, videotapes, books, and other reading materials. I have just completed my position paper for learning theory, and will repeat this process for my theology and personality theory papers. I am adapting the assignments and final papers to meet both Loyola's expectations and NACC standards.

At times, I have felt a certain freedom and a release of creative energy to walk between both the NACC and ACPE processes. This may appear strange to some, but significant growth and development do not always come in pretty packages. The CPE experience is difficult to define to those who are outside of the setting. However, for those who have embraced it and survived, we know that we grew professionally as well as personally with experiential learning in an action-reflection-action model. The experience of CPE can be freeing, but it can also be quite a challenge. My journey has taken me to places where I can find professional development with great opportunity. I cannot do this without the grace of God. There is a fulfillment in knowing that I am on the wing of a new arena in my own CPE experience. Helen Keller once said, "Behind me and before me is God and I have no fears." Each of us is challenged to reach out for our dreams, no matter how hard it is to see our goals. We must stretch for our opportunities and live life with grace and courage, one moment at a time.

*Wendi Steinberg is an NACC-certified chaplain and supervisory candidate at Hampton Roads CPE Center in Virginia. This article is adapted from her Innovation Showcase presentation at the NACC conference in April.*

# Spiritual care to veterans: A CPE perspective

**By Rev. Andrew Sioleti**

In the last four years, I've been working to develop a CPE program in VA New York Harbor Healthcare System in New York City. It has been a very rich, rewarding, and challenging experience of ministry for both myself as a supervisor and the CPE students. With a team of CPE students (an average of six to eight students per unit) and our chaplains, we serve two medical centers, a long-term care facility, and an outpatient clinic. The work of the CPE students has largely been among the veterans in the outpatient clinics.

Many veterans are struggling with substance abuse, mental illness, and post-traumatic stress disorder. The physical ailments of cancer, coronary disease, etc., are common to all patient populations, but veterans also suffer from ailments from military service, including loss of limbs, spinal injury, physical injuries, and emotional and psychological trauma.

The ministry to veterans is multi-generational, covering a very few World War I veterans, a declining population of World War II veterans, and larger populations of veterans from the Korean, Vietnam, Persian Gulf and Iraqi wars. Most veterans are male, although women have been increasing over the last decade.

The average veteran is spiritual, but a good number of them have been disconnected or alienated from organized reli-

gion. The role of the chaplain and chaplain intern (CPE student) is to identify, assess, create a treatment plan, intervene and realize outcomes. As in other chaplaincy environments, VA chaplains do not proselytize. Rather, they empower the veteran to tap into their own spiritual/religious resources to find meaning and hope in their physical, emotional and spiritual recovery processes.

The chaplains and CPE students seek out spiritual injuries, which are often a root cause of the alienation and spiritual disconnectedness. Since we are in the process of dual accreditation, what is unique about the Catholic identity within a governmental agency is that it respects religious values but is very clear in the separation of church and state. Similar to other religious traditions, we draw upon the values of Catholic teaching and we honor and respect the sacredness of human life and dignity. This incorporates sacramental rituals healing the body and soul.

Because the veterans have served their country, they feel entitled to proper health care, which also includes spiritual care, and they have been very vocal in expressing their needs to elected officials and veterans' organizations.

What the CPE students serving in a VA population find unique is the intensity of the veterans in trying to find reconciliation with their experiences of being in battle and the conflicts they create with

their spiritual and religious beliefs.

None of the veterans chose to be in conflict or at war, but they responded out of a sense of duty and responsibility to their country. They are similar to the general population in articulating spiritual questions relating to their illnesses. Why did this happen to me? Am I being punished by God? Where is God in the midst of war and violence? Or they may see miracles that happened to them while in battle; if 90 of their team died and two survived, they feel it is a miracle they survived. In this case they are grateful: I served my country and God has been good to me. And they feel a sense of awe and thanksgiving to God or to their higher power: I know someone up there was watching for me.

Students who are suitable to this setting are students with life experience, who have made their own struggle with God – and also those with a sense of appreciation for men and women who have put forth their life for a cause. Whatever political ideology you are, you sense that these people tried their best to uphold patriotic values and serve their country. The students must at least be appreciative of the veterans' journey, without imposing their political or religious beliefs.

*Rev. Andrew Sioleti is chief of chaplains and CPE supervisor at VA New York Harbor HealthCare System. He is a supervisor for both NACC and ACPE.*

## Book Review

### Grace Through Feet: A Journey with Forgiveness

By Daryl McKinlay.

*Rainbow Books, Australia, 2003. ISBN 0-9750974-0-7.*

**Reviewed by Sr. Lucille Phipps, SCN**

Grace Through Feet: A Journey with Forgiveness is a small booklet of 50

pages which is packed with information about forgiveness, massage, reflexology, the findings of quantum physics, and the spirituality of water in foot washing. McKinlay is intent on explaining the dynamics between touch, massage, reflexology, water and forgiveness.

The author had two experiences that began to pique his interest in how feet could communicate to something deeper. The first was while he was studying massage; the second was at Taize, an ecumenical community in France where he massaged a person's feet several times, and she experienced such deep relaxation and trust that she was able to

share her story with him.

Upon returning to Australia, McKinlay volunteered at a hospital in Melbourne. Continuing to experience a close connection with patients when he massaged their feet, he pursued the study of reflexology to deepen his understanding of the physiological changes that a person experiences when their feet are worked.

From reflexology, he introduced the use of water while massaging the feet. He witnessed the effect that informed and caring touch of the feet (reflexology) and water had upon his patients.

*See [Book Review](#) on page 19.*

## New *Vision* editor joins national office

By David Lewellen

It seems to be the designated writer here, so on my second or third day at work, someone asked, "David, are you going to write an article about yourself for *Vision*?" Well, this is the answer.

So ... I have joined the NACC staff as the new editor of *Vision*. I replace Susan Cubar, who left to spend more time with her family and her graduate studies.

I come to the nonprofit world after 14 years as a newspaper writer and editor, most recently as religion reporter and copy editor at the Canton (Ohio) Repository. I moved to Milwaukee in February to be with my then-fiancée, Darcy Hamlin, who plays horn in the



David Lewellen

Milwaukee Symphony. We were married in July, and I'm happy to be working full-time again, in addition to contributing to several local publications as a freelance writer.

That reminds me of what it's like to have my own work rejected, questioned, or chopped up, so I do empathize with (and thank) anyone who submits an article to *Vision*.

In my spare time, I like to read,

cook, listen to classical music and opera, and take long walks. I am a graduate of the College of Wooster in Ohio, and living proof that English majors can find jobs that don't involve teaching.

One reason I accepted this job was from a vague sense of vocation. I would not make a good chaplain myself, but I'm glad that NACC members have chosen this career, and I hope to find fulfillment in making your work easier. Therefore, I'm eager to emphasize the issues and concerns of working chaplains in the pages of *Vision*. If you have ideas for stories or theme issues, please call me at (414) 483-3898 ext. 11, or e-mail [dlewellen@nacc.org](mailto:dlewellen@nacc.org).

## Book Review

*Continued from page 18.*

The author makes a strong presentation for the spiritual benefits of massaging the feet. As a massage therapist and reflexologist, I agree that it can be deeply relaxing and establish a rapport. As a chaplain, I strongly affirm the use of water in washing the feet as a symbol of forgiveness, which brings an accompanying experience of acceptance, love and forgiveness of God.

However, I have a few practical

questions I wish the author had explained. Massage and reflexology are not the same. What determined which modality you used? How do you logistically wash the feet of someone in bed so that the person feels the flow of water?

Massaging the feet or doing reflexology with water could be very effective in a retreat setting. But it seems to me that the author left out the love, care and compassion of the masseuse or reflexologist for the patient. Few of the spiritual benefits would have happened

if the "doer" were not filled with the love, care and compassion of Jesus.

I recommend the book for nurses, vice presidents for mission in hospitals, CPE supervisors, chaplains, massage therapists, and reflexologists.

For inquiries, or to order the book online, go to [www.forgivingfeet.com.au](http://www.forgivingfeet.com.au)

*Lucille Phipps, SCN, NACC Cert., is director of CARITAS Wholistic Center in Louisville, KY, and a certified natural health professional and reflexologist.*

Deacon Donald Wehling  
Des Plaines, IL  
Recovery from kidney surgery

## Prayers for Healing

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the *Vision* editor at the national office. You may also send in a prayer request for yourself. Names will be posted here for three months, but may be reposted if there is a continuing need.



## Positions Available

### ▼ CHAPLAIN

**Memorial Hospital and Health Care Center, Jasper, IN** – Seeking a full-time certified Catholic chaplain. The ministry requires excellent interpersonal and communication skills, a compassionate pastoral presence, and an ability to enhance Catholic identity, mission and values. The position requires ecclesiastical endorsement, certification with NACC or certification eligibility, and a minimum of one year's experience in pastoral ministry in a health care setting. Memorial is a progressive acute care facility sponsored by the sisters of Little Company of Mary with outpatient services in oncology, home care, palliative care, family care and renal dialysis. Computer charting is required. Competitive salary and excellent benefit package. Interested applicants should submit resume and letter of interest with references and salary requirements to Diane Denk, Memorial Hospital and Health Care Center, 800 W. 9th Street, Jasper, IN 47546.

### ▼ CHAPLAIN

**Hartford Hospital, Hartford, CT** – Chaplain will provide pastoral and spiritual care for patients, families and staff. Reports to director of pastoral services. Bachelor's degree and graduate theological degree or its equivalent is required. Minimum of four units of clinical pastoral education accredited by the Association for Clinical Pastoral Education or the USCCB/CCA. Board certified by the Association of Professional Chaplains, the National Association of Catholic Chaplains, or a cognate group. If not yet certified, meets requirements for certification and is willing to apply for and proceed to certification. Faith group endorsement. Experience as a chaplain in a hospital setting is preferred. Spanish-speaking ability is required. Full-time, Monday-Friday with overnight on call twice monthly, and early morning or early evening responsibilities occasionally in order to accommodate pastoral care needs or responsibilities. Please submit your resume to kgrenie@harthosp.org in the Human Resources Department at Hartford Hospital for further consideration, or fax to (860) 545-2351.

### ▼ CPE SUPERVISOR

**Saint Anne's Hospital, Fall River, MA** - located on the south coast of Massachusetts, 30 minutes from Newport and Providence, RI, and 60 minutes from Cape Cod and Boston, has an opening for a full-time CPE supervisor to oversee our internship and CPE extended unit programs. Our internship program has four interns and offers pastoral experience in the areas of cardiology, oncology, general surgery, general medicine, rehabilitation, and emergency medicine. Position is available January 1, 2005. The successful candidate for our position must have a master's degree in theology, spirituality, or counseling with two years' experience in supervision of CPE interns. CPE supervisor certification or in the process of obtaining certification required. Send resume to Saint Anne's Hospital, Human Resources Department, 795 Middle Street, Fall River, MA 02721 or e-mail to sah\_hr@cchcs.org. Saint Anne's Hospital is a member of the Caritas Christi Health Care System.

### ▼ CHAPLAIN

**Lourdes Hospital, Paducah, KY** – has an opening for a certified chaplain. Full-time Roman Catholic priest chaplain in good standing with ecclesiastical endorsement to join our spiritual care team committed to Catholic Healthcare Partners mission and philosophy. Qualifications include CPE certifica-

tion or a minimum of two CPE units and actively working towards certification. Willing to work as a multidisciplinary team member to provide spiritual care to inpatient, outpatient, home care patients, and families and staff of all cultures, ages, and faiths. Ability to enhance Catholic identity in carrying out the healing ministry of Jesus through a compassionate, pastoral presence and excellent communication skills. Responsible for the sacramental needs of our Catholic patients. Must possess a high level of flexibility on a daily basis. Share in on-call and weekend coverage. To apply for this position please submit a resume with three professional references to: Lourdes Human Resources Department, 1530 Lone Oak Road, Paducah, KY, 42003, Attn: Jamie Hairgrove; fax: (270) 444-2976; e-mail: jhairgrove@lourdes-pad.org.

### ▼ PRIEST CHAPLAIN

**Orange, CA** – St. Joseph Hospital opened its doors in 1929 and has been offering residents of Orange County quality health care ever since. We are currently seeking a priest chaplain to join our team. The priest chaplain must be an ordained priest and appointed or accepted by the governing body of and granted faculties by the local bishop. Responsibilities include: ministering to the religious needs of patients, families and staff, with particular attention given to Roman Catholics at St. Joseph Hospital, and sacramental ministry. Applicants must have a master's degree in/or related to theology, ecclesiastical endorsement, and at least two years' experience after ordination. Please forward your resume to: Human Resources: 1100 West Stewart Drive, Orange, CA 92868. Fax: (714) 744-8668; E-mail: employment@stjoe.org. EOE.

### ▼ CHAPLAIN

**Bellingham, WA** – St. Joseph Hospital, a PeaceHealth hospital, seeks a full-time chaplain to join its five-member spiritual care department. We are a 283-bed hospital, level two trauma facility, serving northwest Washington. Qualifications: M.Div. or equivalent; four or more units of CPE; board certification with NACC, APC, or similar professional group; and previous experience as a chaplain in a healthcare setting is preferred. We offer a competitive salary and benefits package. Please send resume to Lorraine Allison, Human Resources, St. Joseph Hospital, 2901 Squalicum Parkway, Bellingham, WA 98225. You may direct any questions to Ross Fewing, Director, Spiritual Care, at (360) 738-6308 or e-mail rfewing@peacehealth.org. Please visit our website at www.peacehealth.org.

### ▼ CATHOLIC PRIEST

**Duluth, MN** – St. Mary's Medical Center, a tertiary care facility, has an enriching opportunity for an experienced priest to provide sacramental ministry to patients and their families. Duties include celebrating Mass and being on call on a rotating basis. Position may be part-time or full-time depending upon willingness and interest to explore other pastoral ministry opportunities in the Diocese of Duluth. Must have a master's degree in theology or equivalent, be an ordained priest of the Roman Catholic Church, and have permission of religious superior or diocesan bishop. The final candidate must have knowledge of theological and medical moral issues, and sensitivity to emotional and spiritual needs of the sick. Will work as a part of our medical center chaplaincy team that includes other chaplains and another full-time priest. Located on the shores of Lake Superior, Duluth offers a high quality mix of lifestyle, career, and recreation, in a four-season area of unique beauty with abundant year-round cultural activities. Excellent benefits package includes health, dental, life & long-term disability insurance, retirement plan. Relocation assistance available! For confidential consideration contact Rev.

John Gibbs, Director of Chaplaincy Services, SMDC Health System, 407 East 3rd Street, Duluth, MN 55805; (218) 786-4441 or (800) 662-3455; fax: (218) 786-4018; www.smdc.org. EOE/AA.

#### ▼ CATHOLIC PRIEST

**Columbia, SC** – Offer religious and spiritual guidance to patients and assist with sacramental ministry. Help one become aware of their own inner resources in coping with their spiritual, emotional and psychological needs. College degree with four quarters of clinical pastoral education and member of an accredited chaplain organization (NACC, APC or ACPE). Must have a minimum of one year hospital experience. Full-time position. Send resume in confidence to: Human Resources, Sisters of Charity Providence Hospitals, 2709 Laurel Street, Columbia, SC, 29204; fax: (803) 256-5838 or visit our website at www.provhosp.com.

#### ▼ DIRECTOR OF MISSION SERVICES

**Walla Walla, WA** – St. Mary Medical Center in Walla Walla, Washington has a director of mission services position available. The director will assist SMMC in ensuring that mission, vision, and values of Providence Services are part of the ministry's organizational life and practice. Current chaplain certification with NACC or the Association of Professional Chaplains. Previous healthcare chaplaincy or pastoral ministry experience with some management experience required. Excellent salary & benefits. Contact: Human Resources, St. Mary Medical Center, PO Box 1477, Walla Walla, WA 99362, (800) 452-3320, www.smmc.com EOE.

#### ▼ MANAGER, CENTER FOR SPIRITUAL CARE

**South Bend, IN** – Saint Joseph Regional Medical Center, a member of Trinity Health, seeks a NACC-certified chaplain to manage spiritual care staff across multiple campuses. Must possess proven business management and excellent human resource leadership skills. The successful candidate will work collaboratively with the manager of CPE and report to the VP of mission integration. Located near the University of Notre Dame and Saint Mary's College, SJRMC offers a great atmosphere of mission-driven leadership. Forward resume to 801 E. LaSalle Avenue, South Bend, IN 46617; fax: (574) 237-6833 or e-mail: allentl@sjrhc.com.

#### ▼ HOSPITAL STAFF CHAPLAIN

**Kennewick, WA** – Join our collegial team of ten chaplains sponsored by Tri-Cities Chaplaincy (www.tricityschaplaincy.org). You will be assigned to Kadlec Medical Center (www.kadlecmed.org), an exceptional 153-bed acute care Planetree hospital (www.planetree.org), where you will partner and collaborate with a lead chaplain. All chaplains share in the on-call service. You will be involved in the hospital's overall life through pastoral initiative, pastoral care sub-specialty development (i.e. oncology, neurosurgery, rehabilitation, or other possibilities), and collaboration with the healthcare team. You must be board-certified or a current certification candidate, with a minimum five years of demonstrated proficiency in clinical pastoral care. Women and minorities are encouraged to apply. Spanish language proficiency is a bonus. Contact Chaplain Wes McIntyre, Tri-Cities Chaplaincy, 2108 W. Entiat, Kennewick, WA 99336, (509) 783-7416.

#### ▼ DIRECTOR, CENTER FOR SPIRITUAL CARE

**Fresno, CA** – You will be responsible for the leadership and coordination of a progressive interdenominational team of five full-time chaplains in our Center for Spiritual Care. As the director, you will develop and implement programs related to the mission of the Center for Spiritual Care. You will work creatively to assist in developing new ministries, be active in the local religious community and to all areas of the Saint Agnes

Medical Center's health system and pastoral care. You should have a master's degree in theology or the equivalent, five to eight years of managerial experience, and experience with chaplaincy in an acute hospital setting. Catholic based faith, certification by the National Association of Catholic Chaplains or the Association of Professional Chaplains, and current professional knowledge of medical/moral theology and ethics are required. Saint Agnes Medical Center in Fresno, California is the premier provider of healthcare in the Central Valley of California. We are a 325-bed acute hospital facility undergoing the largest expansion in our history. To learn more about Saint Agnes, or to apply, please see our website, www.samc.com. Or you may send your resume to LuAnn Bertolino, People Center at Saint Agnes, 1111 E. Herndon Avenue, Suite 202, Fresno, CA 93720. EOE.

#### ▼ PASTORAL CARE TEAM LEADER

**Cumberland, MD** – Western Maryland Health System, an Ascension Health affiliate, seeks a certified chaplain to assist the system director, Center for Counseling/Pastoral Care, with the leadership of the WMHS spiritual and pastoral care ministry. The pastoral care team leader is responsible for the general supervision of the pastoral care staff and for budget administration. In this critical role, you will actively participate as a pastoral care chaplain and take a lead role in the growth and development of staff and of the system's spiritual care programs. A B.A. degree and NACC or APC certification (or eligibility) and two years of experience (preferably in an acute care setting) are required. A master's degree and administrative/leadership experience are preferred. Visit us online at www.wmhs.com and click on Careers to apply. You may also send your cover letter and resume to ATTN: Sherry Alexander, Human Resources, WMHS, P.O. Box 529, Cumberland, MD 21502 or via e-mail to salexander@wmhs.com.

#### ▼ STAFF CHAPLAIN

**CHW St. Joseph's Medical Center, Stockton, CA** – seeks a FT chaplain. The hours will vary and require work every third or fourth Saturday. Master's of divinity, theology or pastoral studies, along with at least four (4) units of clinical pastoral education; APC or NACC certification or able to complete within 18 months. Good standing in Catholic faith tradition, as evidenced by ecclesiastical endorsement. Experience preferably in a hospital setting, working as part of a team. Spanish or Southeast Asian language helpful. Excellent organizational, communication and interpersonal skills. Knowledge of spiritual care practices as well as general office practices, including records management. Familiarity with current medical ethical issues and the Ethical and Religious Directives for Catholic Health Facilities. Understanding of various denominations, faiths and cultures required. Send resume to Human Resources, P.O. Box 213008, Stockton, CA 95213-9008; Fax: (209) 461-5399 or p6brown@chw.edu.

#### ▼ DIRECTOR OF MISSION SERVICES

**Grayling, MI** – Mercy Hospital, Grayling, which is part of the Trinity Health Care System, is seeking a spiritually actualized person to direct our mission services with responsibility for pastoral care, domestic violence shelter and parish nursing programs. The successful candidate for this position will hold a master's degree in ethics, theology, organizational development or related area with at least two years of experience in a health-care setting. The candidate must have a thorough knowledge of Catholic traditions and values, especially the tradition of the Sisters of Mercy. Members of religious communities are encouraged to apply. This is a 32-hour-per-week position, and the salary and fringe benefit package is negotiable. We are located in a beautiful rural area in the heart of north-central Michigan. We also offer relocation assistance. If

## Positions Available

you are interested in joining us, please contact: Mercy Hospital Grayling, Human Resources Department, 1100 E. Michigan Ave, Grayling, MI 49738; phone: (989) 348-0570; fax: (989) 348-0485; e-mail: feldmaa@trinity-health.org

### ▼ CHAPLAIN

**Decatur, IL** – St Mary's Hospital has an immediate opening for a part-time chaplain. The ideal candidate must have a minimum of two units of clinical pastoral education and a willingness to work towards certification. The ideal candidate must also possess the ability to minister to persons of a variety of faiths and have excellent communication/ listening skills. Must work well both within a team environment and autonomously. PT Days. Submit resume to: Human Resources, St. Mary's Hospital, Attn: Jan Lively, 1800 E. Lakeshore Drive, Decatur, IL 62521; fax: (217) 464-1606; or e-mail: JLIVELY@smd.hshs.org.

### ▼ PRIEST CHAPLAIN

**Baton Rouge, LA** – Our Lady of the Lake Regional Medical Center is an 850-plus licensed bed, not-for-profit, JCAPS accredited facility located in Baton Rouge, Louisiana. We are currently seeking an ordained priest chaplain to join our active pastoral care department, which consists of one priest chaplain, seven chaplains, and a director of pastoral care. This role identifies patient, family, and staff needs for spiritual guidance and counseling, serves the community through liturgical celebrations and sacramental support, and participates in interdisciplinary team meetings in an effort toward ensuring the provision of high-quality pastoral care services. Candidates must have ecclesiastical endorsement and NACC certification. We offer a competitive salary and an attractive benefits package. Please visit our website at [www.ololrnc.com](http://www.ololrnc.com) to apply online.

### ▼ DIRECTOR OF MISSION AND SPIRITUAL CARE

**Medford, OR** – Providence Health System — Southern Oregon Service Area (SOSA). Located in the beautiful Rogue River Valley, our organization includes a 168-bed full-service hospital plus the largest primary care physician group in the region. This position is responsible for management of all resources, services, personnel and budgets of the mission and spiritual care departments. Will provide planning, leadership, coordination, and supervision of key programs, events and functions and serve as a liaison to local bishop/ordinaries and churches within the community at large. The director chairs the Service Area Mission Integration Council, Interdisciplinary Ethics Committee, and also participates in SOSA's policymaking and strategic planning. Minimum requirements to be considered for this position include a master's degree in theology, pastoral ministry, religious education, ethics or a related field, and current board certification by the Association of Professional Chaplains or the National Association of Catholic Chaplains. At least five years of supervisory and ministerial experience in the area of mission and spiritual care required. Apply online at [www.providence.org](http://www.providence.org).

### ▼ ACPE SUPERVISOR

**Olympia, WA** – Providence St. Peter Hospital is seeking qualified applicants for a full-time ACPE supervisor, associate supervisor, or a dually certified supervisor to join our department of mission and spiritual care services. Providence St. Peter Hospital is part of the Providence Health System,

southwest Washington service area, which includes hospice, LTC, chemical dependency and acute care hospitals. This is a Catholic health-care facility that values its rich heritage of Providence mission and core values. Located on the southern tip of Puget Sound, Providence St. Peter Hospital is a nationally recognized 390-bed regional medical facility serving the five-county south Puget Sound area. We are ranked in the top 100 hospitals in the United States. Olympia is home to the best quality of life on the West Coast – or anywhere else, for that matter. Our community retains a small-town feel, but boasts the resources and amenities of a much larger area without the heavy traffic. It's a great place to raise a family, with excellent schools, friendly neighborhoods, a vibrant downtown, and something to do at every turn. Olympia offers exciting outdoor recreation opportunities, a wide array of cultural offerings, and close proximity to many great Pacific Northwest destinations. The Mission and Spiritual Care Services department includes the director, program assistant, staff assistant, 10 chaplains, and music-thanatologist. Spiritual care is an integral part of the multidisciplinary approach to patient and family care. A large component of the ministry is staff support. Responsibilities of this position include organizing and implementing all areas of the accredited clinical pastoral education program, writing, providing clinical ministry and some administrative duties. E.O.E. For more information on this position and to apply, visit our web site at: [www.providence.org/swsa](http://www.providence.org/swsa).

### ▼ CHAPLAIN COORDINATOR

**Pensacola, FL** – Chaplain to manage the pastoral care needs of 120 residents for The Haven of Our Lady of Peace in Pensacola, Fla. The Haven is part of the Ascension Health System. Eligible for certification by NACC and at least two years' experience required. Benefits include competitive salary, paid time off and retirement package. Sacred Heart is an equal opportunity employer. Please fax resume to: Employment Office, (850) 416-6740.

### ▼ CHAPLAIN

**Pensacola, FL** – Chaplain wanted for full-time position at Sacred Heart Health System in Pensacola, Fla. Sacred Heart is part of the Ascension Health System and consists of a 440-bed acute-care hospital. Eligible for certification by NACC. Benefits include competitive salary, paid time off and retirement package. Sacred Heart is an equal opportunity employer. Please fax resume to: Employment Office, (850) 416-6740.

### ▼ CHAPLAIN

**Winona, MN** – Winona Health, a private, nonprofit health-care facility that values integrity, excellence, compassion, spirituality, communication, and family, is seeking a part-time chaplain. This position is responsible for providing spiritual assessment, reflection and intervention, emotional guidance, support and comfort to patients, families, and personnel through the ministries of liturgy, pastoral care and sacramental care appropriate to his/her position. Master's level theological education. Ordained, prefer minimum of one unit CPE plus one year residency clinical pastoral training. Eligible for board certification in appropriate professional organization. Healthcare chaplaincy experience preferred. Please apply online at [www.winonahealth.org](http://www.winonahealth.org).

### ▼ STAFF CHAPLAIN

**Springfield, MA** – Baystate Medical Center is seeking a Roman Catholic priest to serve as staff chaplain to provide both pastoral and sacramental ministry to Catholic patients and families and to collaborate on the pastoral care team with interfaith chaplains and CPE students. Duties will include: On-call responsibilities, which will be shared with diocesan priest, celebration of weekly Mass, and eucharistic ministers (50-

plus) to help with daily distribution of communion. As the flagship hospital in Baystate Health System and the Western Campus of Tufts University School of Medicine, this teaching hospital places keen emphasis on learning and growing. Licensed at 599 beds, a tertiary care referral and level one trauma center, we are the largest health-care provider in Western New England. This is a dynamic and appreciative environment for the role of spirituality in the healing process. Qualifications include ordination and a master's degree from an accredited school of theology, four units of CPE, certification through the NACC or APC. We are also looking for an experienced priest with effective interpersonal skills and a strong commitment to holistic care. A competitive wage and benefit package is offered. Resumes may be sent to: Doris Rodriguez, Recruitment Consultant, Baystate Health System, 280 Chestnut Street, Springfield, MA 01199 or Doris.Rodriguez@bhs.org; Fax: (413) 794-3325, or call (413) 794-3666. EOE.

#### ▼ ROMAN CATHOLIC PRIEST/CHAPLAIN

**Toledo, OH** – ST. VINCENT MERCY MEDICAL CENTER – a 500-plus-bed tertiary care and level I trauma center, is seeking an ordained Roman Catholic priest to be a part of a diverse and gifted pastoral care team of professionals to minister to patients, visitors, and hospital staff, in accordance with the philosophy of Mercy Health Partners mission statement and the objectives set forth by the Pastoral Care Department. Certification by either the National Association of Catholic Chaplains or Association of Professional Chaplains preferred. St. Vincent, a member of Mercy Health Partners, is located in Toledo, a metropolitan community that offers a high quality of life, noted for its beautiful art museum, parks, school systems, and university. Interested candidates, please send resume to: Recruitment Manager, Mercy Health Partners, 2200 Jefferson Avenue, Toledo, Ohio 43624; telephone (419) 251-1492; fax (419) 251-7749; e-mail Eileen\_Lyons@mhsnr.org. website: www.mercyweb.org. Equal Opportunity Employer.

#### ▼ PRIEST CHAPLAIN

**Oak Park, IL** – Rush Oak Park Hospital, located in a suburb of Chicago, 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 at 11 a.m. Tuesday and Thursday; 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. Send resume to Br. Michael May, OFM, fax (708) 660-6650 or e-mail michael\_may@rush.edu; or call (708) 660-5658.

#### ▼ STAFF CHAPLAIN

**Flaget Memorial Hospital, Bardstown, KY** – A 52-bed hospital is looking for a full-time staff chaplain. Master's of divinity, theology or pastoral studies required, along with at least four units of clinical pastoral education; NACC or APC certification or ability to complete within 18 months. Must have good understanding of the Catholic faith tradition. The ministry requires excellent interpersonal and communication skills; a compassionate pastoral presence; and an ability to enhance Catholic identity, mission and values. Flaget is an equal opportunity employer, committed to the values of reverence, integrity, compassion and excellence. Please send resume to: Tracey Bickett, HR Coordinator, Flaget Memorial Hospital, 201 Cathedral Manor, Bardstown, KY 40004, traceybickett@flaget.com. Phone: (502) 349-4641; fax: (502) 349-4643.

#### ▼ CHAPLAIN

**Hoffman Estates, IL** – ALEXIAN ADVANCED MEDICINE – Alexian Brothers Behavioral Health Hospital, an expanding, 94-bed facility in Chicago's northwest suburbs, seeks a full-time chaplain to plan, organize and implement pastoral care with an ecumenical perspective. Through an interdisciplinary team approach, you will assess spiritual needs and offer support to patients, their families, and staff of all faith traditions. The position requires a knowledge of diversity in religious practices, leading spirituality groups and worship services, coordinating sacramental and liturgical needs, contributing to staff education, and mentoring CPE and clinical students. Qualified candidates will have pastoral care experience in a health care setting (acute mental health preferred); a master's degree in ministry with a background in psychology or counseling; three or more units of CPE; certification (or eligibility); and ecclesiastical endorsement. Please mail resume with cover letter to Stan Kedzior, Director of Mission Integration, Alexian Brothers Hospital Network, 3040 Salt Creek Lane, Arlington Heights, Illinois, 60005 or e-mail to: stanley.kedzior@abbhh.net.

#### ▼ COORDINATOR CHAPLAIN

**Elk Grove Village, IL** – ALEXIAN ADVANCED MEDICINE – Alexian Rehabilitation Hospital, an expanding, 50-bed facility in Chicago's northwest suburbs, seeks a full-time chaplain to plan, organize and implement pastoral care with an ecumenical perspective. Through an interdisciplinary team approach, you will assess spiritual needs and offer support to patients, their families, and staff of all faith traditions. The position requires a knowledge of diversity in religious practices, leading worship services, coordinating sacramental and liturgical needs, contributing to staff education, and mentoring CPE and clinical students. Qualified candidates will have at least three years' experience in a health care setting (acute rehab preferred) with persons having disabilities; a master's degree in theology or religious studies; two or more units of CPE; certification (or eligibility); and ecclesiastical endorsement. Please mail resume with cover letter to Stan Kedzior, Director of Mission Integration, Alexian Brothers Hospital Network, 3040 Salt Creek Lane, Arlington Heights, Illinois, 60005 or e-mail to: stanley.kedzior@abbhh.net.

#### ▼ DIRECTOR OF PASTORAL CARE & EDUCATION

**New York, NY** – The HealthCare Chaplaincy, a major Manhattan academic medical center with a long history of well integrated professional pastoral care and CPE, seeks a staff member to lead a multifaith department. Qualifications: APC, ACPE, NACC or NAJC certified, high energy with a well developed sense of the role of professional chaplaincy, and excellent clinical, supervisory, and administrative skills. Send resume to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org)

## Position Wanted

NACC member chaplain seeking a full-time chaplain position in the Seattle/Tacoma/Everett, Washington area. 18 + yrs. experience in both private & county/public hospital settings. Please contact Robert Marzullo, 1230 NE 198th St., Shoreline, WA. 98155. Phone: (206) 365-4090 (home) or (206) 251-1271 (cell). E-mail: robertmarzullo@msn.com

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# Calendar

## November

- 6** NACC board meeting,  
Portland, ME
- 7-8** Joint meeting of the Council on  
Collaboration Boards, Portland, ME
- 10-13** ACPE annual conference,  
Portland, ME
- 15** Copy deadline, January 2005  
*Vision*
- 15-18** United States Conference of  
Catholic Bishops meeting,  
Washington, DC
- 25-26** Thanksgiving; national office closed

## December

- 5-6** COMISS Network forum,  
Alexandria, VA.
- 11-12** Spirituality and Healing Conference,  
Harvard Medical School, Boston,  
MA
- 24** Christmas Eve; national office  
closed
- 27** National office closed in lieu of  
Christmas Day
- 31** New Year's Eve; national office  
closed

THE NATIONAL ASSOCIATION OF  
CATHOLIC CHAPLAINS

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