



vision

National Association of
Catholic Chaplains

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Parish chaplains can fill a need

New area of ministry offers chance to create community

By Carol Shepherd

Why would we need a chaplain in a parish?

Both health care and the church have changed radically in recent years. Health care has stretched into the community as large hospitals build suburban facilities. Churches in many dioceses have closed, merging into fewer church communities. Many health organizations require spiritual care on paper, but with little actual provision for funding. Thus the spiritual and psycho-social needs of the patient and family have become lost.

We need new forms of ministry to bridge the gaps developed by these changes. In difficult times, we can look at ourselves in new ways. Chaplains as part of a parish team may be one of those new ways.

Chaplains are an eclectic group, and are fairly flexible in a variety of settings and situations. We have earned our stripes in a workplace that is often regimented. We are on committees and teams as equal members within the hospital and community health care settings. We act as liaisons in many situations, or catalysts when something needs to be activated. We are able, in many situations, to be the connection that is needed or the teacher that educates toward deeper understanding.

In community hospitals and institutions, chaplains have the advantage of being on the front line of changes, problems and needs arising in the community. A chaplain or pastoral care group will encourage educational programs. They come together with professionals from the community and the institutions to work out solutions.

Parishes are where people begin their journey through the health care system, and chaplains know the system. Often, through their work and training, they have built up a commu-

nity of relationships within the hospital and with the community organizations that are helpful. Groups from parishes trained by a team will be familiar with institutional routines. Their work with personnel and developing trust are an asset to all involved.

A chaplain and eucharistic ministers provide a patient some contact with the outside community. A comment heard very often by chaplains is "you found me," because patients are moved so often that they become disoriented and feel lost. If chaplains know the family, they are able to spend some time beforehand discussing the hospital stay, answering questions about their care, what information to bring. Chaplains are liaisons in these simple but stressful situations. People need someone who understands their fears, doubts, loneliness and confusion.

Patients become disconnected from their own treatment very early in the process. They will be shuffled (with voluminous paperwork) from one test to another and then on for treatment. The insurance company as well as the medical team oversees medication. By now the patient feels lost, alienated, and frightened. Older patients often have a glazed, helpless look on their faces.

Later, when there is a diagnosis, a treatment or treatments are presented. Patients and families often welcome someone who will sit and help lead the conversation through the morass of medical terms and out-of-control emotions. Chaplains and well-trained volunteers will have this capacity.

Then, after a stay of any length, the hospital becomes a safe, familiar place for older people. But now where will they go? Who will take care of them? There are many critical questions and forms at a time when the

We act as
liaisons in many
situations

See [Valuable Services](#) on page 2.

Valuable Services

Continued from page 1.

person is really not up to thinking clearly, and an unfamiliar nursing home or care community may become their home.

Once they are in their new surroundings, adjusting or coping may begin with the health care chaplain and their parish team. A phone call or visit and some information about activities can make the new site less frightening if a small light of hope, something familiar, such as a rosary group or a prayer service and eucharistic ministry, is in place.

Older people have seen their friends and relatives die. They feel stranded.

Many have felt angry and alienated by parish closings and the Church's many internal problems. One group told me, "You know, they didn't just close my church, they closed my life down. There aren't any more rosaries, Adorations, guild meetings or bingo. I have been part of this parish since I was born."

One small group found this answer. A retreat house near the senior citizen apartment began an Advent program once a week with the apartment dwellers. The sisters have been having a Communion service weekly. This little church community stretched itself into a different configuration that could listen as well as build. A chaplain, a spiritual director and a social worker ran the Advent program, and offered coffee and dessert. A new healing spirit is taking hold here.

In another town, a deacon and a chaplain helped the three Catholic parishes form a community eucharistic ministry group and work together serving hospitals, nursing homes, and the homebound. There are many good programs and efforts, but someone must start the wheel moving to institute programs. We need the listening ear of a health care chaplain who can make the needed connections when someone is overwhelmed.

So far I have concentrated on older

parishioners, but young families also face emergencies, chronic illnesses, and sometimes infant deaths. The questions are different but the same. "What shall we do?" "How can we go on day after day with this?" "I prayed, but there wasn't a cure." "Can I hold my baby before the undertaker takes her away?" "Will you baptize her?" Often families must learn to say Hello, Goodbye, and Why all in a short space of time. They need people to walk with them over a long period. Bereavement from the death of an infant or child is a lifelong process. There is a great need for resources.

Also, caregivers need help. The emotional, physical, and psychological toll of taking care of a very sick loved one is overwhelming. Chaplains have access to the information and groups that may help.

Chaplains have trained and worked in institutions, which are microcosms of the community. They've met many situations and have access to many organizations. They are a resource for the parish. They often help with the transition from home to hospital or to nursing home, or back home again, either in person or by training eucharistic ministers in health care and hearing the need of the patient. Training these visitors to be sensitive to the needs of the ill, homebound, and chronically ill enriches the gifts of the church community for all.

When a patient leaves the hospital, for instance, there is often a lack of followup. However, systems can be worked out to let the parish know what is happening to the parishioner. A "how are things going" visit by the health care chaplain will give a better view of the patient's needs and situations and says "you haven't been forgotten."

Also, many patients renew their faith while in the hospital or institutional setting, but they fear that "I can't just walk into a church or pick up the phone and say here I am." The pastoral care office at the hospital, however, will be able to call a parish chaplain or volunteer and set up a meeting before release or just after. A plan for eucharistic ministry and perhaps other resources in the parish may be arranged. A community welcom-

ing a stranger is already involved in a healing.

We are no longer separate in our areas. We are members of a community, each gifted by our God. The artificial barriers are coming down. We need each other in many ways. This can be frightening — but working within a community, we do not take these needs to ourselves alone. St. Paul was beaten and left for dead. But a group formed around him, he got up and went back into the city to preach the next day (Acts 14:19-20).

Individuals need many healing circles, whatever their illnesses. Doctors, nurses, pastoral care, health care technicians, lab workers, cleaning people all form a circle of care in the hospital. This care focuses on healing and for a short while keeps out those elements that may be adding to the problem. But going home needs a transitional circle of welcome and health-giving care. Moving on into health or to death, we need the support of those who love us.

Ours has always been a church of gathering and healing. Saying "good morning" and a handshake at Mass are not enough. Community requires the work of the whole parish as a team, not a single individual. A team of ministers well trained in their fields gives energy and strong leadership. Chaplains have had a unique vantage point through their training and work. The value of communication, psychosocial understanding and a vitality of faith go beyond institutional walls.

Chaplains want to be part of the change in the church and the community. Many chaplains have recognized the changes and are looking for new areas of work — and many people are ready to train as professional chaplains, but since money and jobs are few, they may seek to train as volunteers. Welcoming the training and skills of professional chaplains in parishes, daycare centers, elder care centers, senior citizen centers, and bereavement work would enrich us all. We are pilgrims on our continuous road to a God that is the source of wonder.

Carol Shepherd, NACC Cert., is a parish associate at the newly formed Holy Family Parish in Lowell, MA.

Chaplains want to be part of the change in the church and the community

vision

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

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

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Elderly patient touched her soul

Editor:

I am married to an NACC-certified hospital chaplain and often enjoy reading the articles in *Vision*. I was especially touched by the article written by Sr. Jane Connolly, IHM, "Long-term Care Residents Have Much to Teach Us," in the January 2005 issue.

I am a registered nurse, and I particularly enjoy working with elderly patients on the medical unit in my hospital. Sister's words were very real and touching for me in that the elderly often do call forth the best in me as I see them struggle with age, illness and the imminent end of a long commitment of years together.

Just recently, I was again "gifted with an experience that touches our soul" in my work at the hospital. One evening I was quite busy, and although my patients' needs were met, I realized on the way home that I wished I had given more to one particular patient and her husband.

The woman was dying, and when I went into her room at the beginning of my shift, I found her husband sitting back from the bed alone in silence. I knew that they had been married for over 60 years and I could see he was holding back a flood of emotions, although he was trying to be quite stoic. It was obvious in his face that he cared very deeply for his wife and knew that the end of their time together was near. I assured him that their DNR wishes would be followed and his wife would be kept comfortable.

But on the way home, I thought that I should have sat with him and encouraged him to talk a little more. He was the only family member in the hospital room, and I started to worry that he could be going home to a house where he might be alone in his grieving.

Letter

God does gift us with experiences that touch our soul, as Sister pointed out. One week later, I came on shift to find another elderly woman dying in the same room. Similarly, her husband was at her bedside sitting silently. I was sure God was giving me a second chance.

The husband was watching me as I cared for his wife, and I explained that I was giving her some pain medication through her IV and how it would make her comfortable. I asked him how long they were married; he told me 55 years, and a few seconds later started to cry.

I moved closer to him and told him I wished I could make things better. I encouraged him to talk to his wife even though she couldn't respond, to tell her how much he loved her and to talk to her about all the wonderful things they had done in all their years together.

I shared my own experiences with my parents when they were dying and how I talked to them, expressed my love and thanksgiving for all they were for me. This filled me with an inner peace after their passing to know that I had told them once again, "I love you." I told the husband that this experience might do the same for him and ease some of his pain.

God's promptings and the goodness of these faithful elderly people helped to "call forth the best in me," as Sister states. I moved his chair closer to the bed where he could reach his wife's hand and talk quietly to her. He thanked me and smiled a little as I left the room.

The length and depth of the love of these couples moved me to say the things I needed to say, and I thank God for this experience.

Marianne Hammel, RN
Sterling, VA

A sacred journey of silence, service and song

By Carey Landry



“I know the plans I have in mind for you — it is Yahweh who speaks — plans for peace not disaster, reserving a future full of hope for you. Then when you call to me,

and come to plead with me, I will listen to you. When you seek me you shall find me, when you seek me with all your heart; I will let you find me.” Jeremiah 29:11-14

This passage of Scripture has guided my life ever since I was first introduced to it in 1974 by my Jesuit spiritual director. This same passage was prominent during a 40-day directed retreat in 1984, a painful and blessed time of sacred silence when I truly sought the Lord with all my heart. It was then that I discovered the power of silence. Only by being alone with God in utter silence was I able to hear God speak. By using different passages of

Scripture as my starting point for each of the five or six hours of silence I spent in prayer each day, I was able to hear God’s Word in a new way. It was in the silence of prayer that I came to discernment, that I heard God saying over and over again, “I will be with you always,” that I felt myself immersed in the unconditional love of God.

The entire retreat was a “burning bush moment,” and I came to know without question that I was on holy ground. God’s plans for peace, revealed during the 40-day retreat, have subsequently come to fruition in a wonderful 20-year marriage to Carol Jean, my beloved; in our continuing ministry of music both in our parish and interna-

tionally; and in the ministry of chaplaincy, which I have been privileged to share over the past nine years.

Silence continues to be important in my daily life and ministry, although the world seems to denigrate it. There is such a need to be doing something at all times that many are very uncomfortable with silence and quiet. Even in our hospitals, so many patients seem to need the television on at all times, although I am finding more of them tuning in to the “Chapel channel,” where quiet music and reflections play throughout the day. Like all of us who are deeply involved in ministry, I seek daily communion with the Lord in quiet prayer. Carol Jean and I do our best to make our home a peaceful retreat, and I find myself in my prayer chair (a wonderful overstuffed chair in our sunroom) each morning before coming to the hospital.

“It is good to wait in silence for the saving help of the Lord.” (Lamentations 3:26) Daily prayer is not a pious platitude. It is a given. Christ is the Vine; I am a tiny part of one branch. “Just as a branch cannot bear fruit on its own unless it remains on the vine; so neither can you unless you remain in me.” (John 15:4-5) It is that dependency upon the Lord — that unity with “Christ the Vine” — which guides my ministry of service each day. This close relationship with our Lord, nurtured by daily prayer, is a relationship I can never take for granted. Being with God in silent prayer for some time each day helps me become more aware of walking in the presence of God as I minister to patients and their families, listen to their stories, pray with them and support them in their need. It is daily prayer that also helps me bring a sense of joyfulness to my ministry and to bring humor and encouragement to our associates.

Even a brief silence can be especially

important at times of crisis. Whenever I am paged to a crisis, I first pause for a moment of quiet prayer. I have found that this helps me to center — to become more peaceful and calm as I face a difficult situation. That allows me to be more attentive to all that is going on, more compassionate to those who are most in grief, more aware of the needs of our associate-staff members as they desperately try to save the patient, and more still in the midst of chaos. This moment of silence also helps me recognize the presence of God who is already there, and that I am called to be the face, the voice, the heart and hands of God to those in need. Whether, as in recent weeks, I am seeking to comfort parents who have just suffered a fetal demise and then praying with them our “naming ceremony” for their child; or to comfort and console a woman who can’t believe her husband has just suffered a fatal cardiac arrest after receiving a clean bill of health three days previously; or to listen attentively and help guide a family in an end-of-life decision because there is no hope of recovery for their loved one, the peace that comes from prayer supports me as I become God’s instrument in offering comfort and hope.

God speaks in many ways as we listen in prayer. One of the most consistent ways God has spoken to me is through music. It is in the silence and quiet of prayer and reflection that songs like “Hail Mary: Gentle Woman,” “Abba, Father,” “I Will Never Forget You,” “Only A Shadow” (to name only a few) have been born. Sometimes I finish my prayer time with a burst of new song. These are incredibly joyous moments of creativity that I know are beyond me or my own ability. The Holy Spirit, at work in those moments, has also led me to write songs out of my experiences as a

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chaplain. One recent collection, “O Healing Light of Christ,” contains hymns and songs of healing, bereavement and grief.

Over and over again, I have seen the power of music, especially quiet song, in my hospital ministry. Music has a way of ministering to the soul in a way that nothing else can. Music transforms words into prayer and penetrates to the heart. Music and songs help us to grieve, help us to heal, help us to become more relaxed and peaceful. I have been with families as they gently caress their loved one with song, and I have “connected” at times with patients through music when nothing else seemed to work. Over and over again I have seen music bring hope and even joy to patients who were despondent, peace and a greater sense of calm to patients who were restless and anxious, sleep to patients who previously could not.

I have also seen the power of music to minister to our associates. One song in my new collection is titled “This Sacred Journey” and subtitled “A Caregiver’s Promise.” During a moment of prayer and reflection, I was inspired to write it after being with my wife and her nine siblings as they tenderly cared for their mother in the final weeks of her life. I also thought of the many caregivers with whom I minister each

day, who lovingly care for others in their journey of illness, and every chaplain who ministers to those who are suffering ...

I will hold your hand; I will dry your tears; I will stay with you until your fears subside. Never will you be alone against the night. Gently I will walk this sacred journey with you.

1. *Let us share our stories — our still unfinished dreams. Let us bring each other the comfort that we need.*
2. *Through all your pain and anguish, I will be with you: to bear with you your burdens, to ease your troubled heart.*
3. *At times we’ll pray together, at times we’ll laugh and sing. I’ll sit with you in silence; I’ll listen when you speak. (1)*

This song has become a favorite of our associate-staff at St. Elizabeth Ann Seton Long Term Acute Care Hospital, ever since we began using it for our Anointing of the Healers service. One of our associates made a beautiful quilt with the words of the refrain embroidered in its center. It hangs in one of our hallways as a symbol of the care we all seek to provide.

The song also reflects how our ministry as chaplains is deeply relational. The personal presence that we, as chaplains, bring to this ministry is beyond

doing things for people. Ministry is most real when we share our stories, when we are willing to be with another in their physical, emotional and spiritual pain, when we are open to receiving from another as well as giving to them. Being with others is nurtured in an ongoing way by our being with God in silence and prayer. A close relationship with our Lord is the foundation for our ministry, and that relationship needs daily nourishment.

Listen as the Lord says to you, “I will hold your hand; I will dry your tears; I will be with you until your fears subside. Never will you be alone against the night. Gently I will walk this sacred journey with you.”

May you hear God’s song in silence, and may you always be comforted by God’s love song to you on your sacred journey.

Carey Landry, NACC Cert., is Chaplain at St. Vincent-Carmel Hospital and St. Elizabeth Ann Seton Long Term Acute Care Hospital, Carmel, Indiana.

(1) “This Sacred Journey” by Carey Landry. Copyright 1999 by Oregon Catholic Press. Used with permission.

I have seen the power of music in my hospital ministry

Deacon William Zoeller
Greenfield, WI
Cancer

Carol Shepherd
Lowell, MA
Leukemia



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 may be reposted if there is a continuing need.

Chaplaincy finds place at genetics meeting

By Richard M. Leliaert, Ph.D.

Earlier this year, I asked our hospital's primary genetic counselor to address our monthly meeting of the Dearborn Area Ministerial Association, of which I'm president. She spoke on the importance of doing thorough family histories, or pedigree research as geneticists call it. The ministers and chaplains who attended had varying degrees of competence in genetics, but all agreed that her emphasis on the value of good family histories had direct bearing on the ethical/spiritual questions we face in our everyday ministry.

Good family histories help ministers and chaplains sort out genetic issues like preventive challenges for those considering marriage; how to recognize mutations and disease patterns in family histories; how to glean

helpful information from the ages at which people are diagnosed; and how to assess the risks and benefits in genetic testing. Toward the end of her presentation, she began to suggest ethical/spiritual issues she's faced from her clients and colleagues — issues such as guilt from passing on a disease or "is God punishing our family for past sins?"

I mention this because I saw a direct continuation of these concerns in Bethesda, MD, Jan. 27-28 at the eighth annual conference of NCHPEG/GROW (National Coalition for Healthcare Professional Education in Genetics/Genetic Resources on the Web). Its theme, "Focus on Family History," brought together a good array of speakers, headed by Dr. Richard Carmona, the Surgeon General of the United States. The NCHPEG office provided a wonderful summary of the conference (see page 7). My intent here is to provide some of my personal reflections.

First of all, I was impressed with the number of people who came up to me and said, "I recognize you, you spoke last year, didn't you?" It heartened me that people remembered me and my APC colleague, Vincent Guss, because we moderated an all-morning panel on the spiritual dimensions of the upcoming genome era. Vincent and I had attained a significant milestone, since the NCHPEG participants became more open to the spiritual and religious questions raised by genetics and genomics. Later, in an interactive session, a participant noted, "Where else can people of such diverse professions — *chaplains*, social workers, genetic counselors, educators, nurses and physicians, business people — come together to discuss issues we're all concerned about?" He specifically emphasized chaplains, and the response was cordial — a kind of "we're glad you're here" feeling, "you belong!"

Secondly, I was very moved by Dr. Carmona's remarks. Certainly to hear the Surgeon General of the United States was a boon for the conference. But we heard both a committed physician and a compassionate human being. His initial remarks were anecdotal, how he came from an ethnic/immigrant family, how he went from being a high school dropout to surgeon general, how he became a nurse, then how the military shaped his career as an upcoming physician: "we'll make you all that you can be." That's why his favorite quote is, "the one who succeeds just gets up (from failure or adversity) one more time!"

Professionally, however, he left no doubt about his commitment to making family histories an upcoming force in healthcare. He wants each Thanksgiving Day to be National Family History Day. Last Thanksgiving was the springboard; see the summary on the next page. As I listened to him, I couldn't help but

admire his profound sense of getting healthcare down to each and every person. A family history is not just a genetic tool for providing better quality healthcare. It's a commitment to the dignity of the individual while integrating the public or communal aspects of healthcare. Without using religious language, he underscored the values we live by every day as chaplains. I couldn't help saying to myself, "We have an ally here."

For me, Dr. Carmona's initial remarks were supplemented by the closing remarks of Dr. Allen E. Guttmacher. I respect him since he and Dr. Francis Collins are the dynamic duo, so to speak, who got the Human Genome Project linked with its ethical, social, legal implications (ELSI). He spoke on "The Future of Family History," and this future will be significant. Perhaps the best way to get a feel for this would be to acquire a copy of the significant article that he, Dr. Collins, and Dr. Carmona published in *The New England Journal of Medicine*, entitled "The Family History: More Important Than Ever" (NEJM, ISSN 0028-4793; Vol. 351:2333-2336, Nov. 25, 2004). It's worth the trouble to get it by whatever resources are available to you.

I realize that this might not grab you right away. But all this will impact our everyday life as chaplains via our charting, especially electronic charting; our ethical-spiritual counseling; our patient-family-staff ministry; and even our own personal and spiritual health. Much of our effective ministry comes from our own self-understanding (CPE, are you listening?), and our interest in our own family history could lead to significant learnings for ourselves as well as others. The Gospels call it metanoia or conversion. Our ongoing challenge!

Rev. Richard M. Leliaert, NACC Cert., is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center in Dearborn, MI.

All this will
impact our
everyday life as
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Conference stresses family medical history

By Erin K. Herrick

NCHPEG

“Every child deserves a complete family medical history in their chart. It should be completed before they are born,” according to Dr. Richard H. Carmona, the US Surgeon General and keynote speaker at NCHPEG’s 8th annual meeting. More than 200 attendees, including representatives from many of NCHPEG’s 150 member organizations, gathered for the meeting in Bethesda, MD, on Jan. 27th and 28th. Family history was the topic on everyone’s mind, as was the take-home message: A three-generation pedigree is the starting point for personalized, preventive medicine in the genomic era.

“As a surgeon, you can change one life a day, but in public health, you can change populations. We have to figure out how to move this country from a treatment-oriented society to a prevention-oriented society,” said Dr. Carmona, a former surgeon who believes the key to success is health literacy. He challenged the audience to teach others about the importance of the family history in a culturally competent way, “so that you don’t alienate the

people you’re trying to embrace.”

The surgeon general launched his family history initiative and “My Family Health Portrait,” a web-based family history tool, on Thanksgiving Day, 2004 — a time during the year when American families come together. The tool is available in English and Spanish at www.hhs.gov/familyhistory. Everyone is encouraged to use it to collect his or her family health history, and to share that information with health care providers.

Dr. Elizabeth Duke, senior administrator for the Health Resources and Services Administration, highlighted the “Healthy Choices Through Family History Awareness Project.”

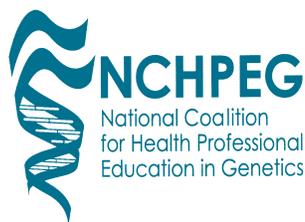
This collaborative project brings together anthropologists, folklorists, genetic health specialists, and consumers to reach diverse African-American and Latino communities in Pennsylvania. The project relies on the oral tradition in those communities and focuses on storytelling, anecdotes, and other narratives used to transmit information and attitudes about health and disease. Ultimately, the project hopes to increase the community’s genetics literacy, and physicians’ cultural literacy.

Meanwhile, the Centers for Disease

Control and Prevention (CDC) is using the family history to target heart disease, stroke, diabetes, and breast, ovarian, and colorectal cancer — diseases that cause high rates of illness and death in the population at large. With the tacit admission that “one size does not fit all,” speakers Maren Scheuner, MD, MPH, and Paula Yoon, ScD, MPH, explained how the CDC proposes to use a family history tool to stratify risk and to tailor individual screening and preventive health messages.

Following a series of presentations on genetics-education programs for health professionals, Dr. Alan Guttmacher, deputy director of the National Human Genome Research Institute, provided some final thoughts on the subject of family history and its unique ability to capture not only individual genetic variation, but also shared elements that influence health status: e.g., sunlight and pollutants, diet, marital status, spirituality, and other factors. As a tool for documenting the social, health, and environmental history of generations past, the future of the family history is assured.

Visit www.nchpeg.org, or call NCHPEG at (410) 583-0600 to learn more about the coalition’s membership, its mission, and ongoing genetics education projects for health care professionals.



Board creates advisory panel for newsletter

The NACC Board of Directors has approved the formation of the new Editorial Advisory Board for *Vision*.

Five candidates, along with a representative from the Board of Directors, were selected at the board’s telephone conference call meeting Feb. 11. They are: Mr. Paul F. Buche, Sr. of Renton, WA; Ms. Michelle A. Lemiesz, M.Div., of Columbus, OH; Ms. Michele LeDoux Sakurai of Portland, OR; Mrs. Linda F. Piotrowski of Barre, VT; and Rev. Freddy Washington, CSSp of New York, NY. Ms. Karen Pugliese of Winfield, IL, will be the directors’ representative on the board.

The board will meet by conference call to discuss future

content of *Vision* and to ensure that *Vision*’s overall content is consistent with the NACC’s mission and its strategic plan.

In other action, the Board passed motions:

- ▼ To appoint Ms. Mary Davis and Sr. Maureen E. Mitchell, RSM, D.Min. to the Certification Appeals Panel.
- ▼ To appoint Sr. Geraldine Hoyler, CSC, to the Finance Committee.
- ▼ To appoint Mrs. Betty J. Skonieczny to the Grievance Panel.

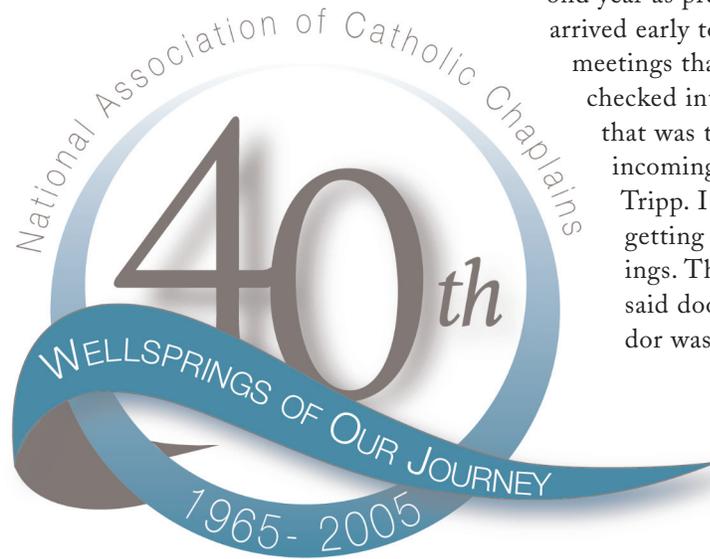
The next meeting of the Board of Directors is scheduled for April 8-9, 2005, at the NACC and APC’s shared conference in Albuquerque, NM.

Flying first-class, meeting Dalai Lama part of NACC

By Rev. Richard Augustyn

The Buffalo Bills were making their second bid to win the Super Bowl, and as part of the Leadership Council, I was in Milwaukee for a meeting. The Sunday we were leaving was Super Bowl Sunday. At the airport in Milwaukee, I stood fully decked out in Buffalo Bills attire. The clerk behind the desk stood in awe when I approached the desk, exclaiming as she saw me, "My son would die for a Buffalo Bills sweatshirt!" I just happened to have one on. She further told me they were originally from Buffalo. So right there and then, I took off the sweatshirt. She protested a bit, but finally gratefully received my gift. I told her, "Don't worry, honey, after today, when the Bills WIN, these will be a dime a dozen in Buffalo." (Anyone who follows football remembers what happened.) I then proceeded to my gate. About 15 minutes later, my name was paged. The same woman approaches me with, "You forgot your ticket." I told her I had it, but she protested, presenting me with first-class tickets.

This remains the only time I flew first class. The flight from Milwaukee to Pittsburgh was delightful. In Pittsburgh we were invited to disembark for the two-hour layover, but I



chose to stay and enjoy the experience. Time came for the plane to receive its new customers. I sat there with my Southern Comfort perfect Manhattan, reading the *New York Times*. As I glanced up, I saw Bishop Edward Head, my bishop in Buffalo. I didn't know what to do. He sees me and says boldly as he ventures to second class, "Richard, glad to see you. I guess I have to see what I'm paying my chaplains these days! Have a good flight!" Yes, I did go back and reluctantly offered my seat to him, which he graciously declined. THANK GOD!

Yeah, Go Bills!

Then there was the time when our conference was held in Chicago, at the Palmer House. This was my sec-

ond year as president of the NACC. I arrived early to prepare for the pre-meetings that were to take place. I checked into the President's Suite that was to be shared with the incoming president, Kevin Tripp. I was unpacking and getting used to my surroundings. The doorbell rang (yes, I said doorbell), and in the corridor was a small jar of honey.

Hmmm, I thought, usually you receive a fruit basket from the management — strange, but OK.

About a half hour later the doorbell rings again, and there are six rather large men dressed in saris. They instruct me that I am in the wrong room and need to leave. I tell them there must be a mistake and invite them in while questioning them as to who they were. At the same time as our conference was being held, there was an International Conference of Religions convening as well — and they told me I was in the room reserved for the Dalai Lama. With that, there stood the Dalai Lama himself. I was taken aback and said to him, "HELLO DALAI, please come in." Obviously embarrassed, they all came in. In fact, they were at the wrong suite. With that all corrected, they went to the next floor. Then the doorbell rings one more time — one of the Dalai Lama's security men is at the door requesting the special honey left for the Dalai Lama ... and so the beat goes on; I even lost the jar of honey ...

Rev. Richard Augustyn, NACC Cert., is Director of Pastoral Care and Volunteer Services at The Buffalo General Hospital. He served as President of the NACC from 1991-93 and always seems to be around when funny things happen.

Share your NACC memories with us

The NACC's year-long celebration of our 40th anniversary will include a special issue of *Vision* devoted to the topic in July. We are encouraging submissions that relate to our history and our work, and we need

to hear from you about your joyous, funny, sad, memorable, or life-changing moments with the association. Please send them to dlewellen@nacc.org or schaw@nacc.org. The deadline is May 21.

Board of Directors seeks nominations

Nominations are open for two members-at-large for the NACC Board of Directors. Each will serve a three-year term beginning January 1, 2006. Current members-at-large Ms. Bridget Deegan-Krause and Ms. Ann Hurst, whose first terms end on December 31, 2005, are both eligible for reelection.

The Board of Directors is the governing body of the NACC. Its membership consists of at least six members at large who are elected by NACC voting members; at least four external professionals who are appointed by the Board; an Episcopal liaison who is appointed by the USCCB; and the executive director of the association.

NACC members-at-large need to be certified members of the association and must meet five of the seven Criteria for Board Membership as stipulated in the NACC bylaws.

We are enthusiastic about our current board members and the gifts they bring to the organization. As you think of nominating a candidate for board membership, the directors especially welcome suggestions of nominees who have education and/or experience in marketing, public relations and business. These are important areas which can strengthen our organization during a time of exciting development and growth.

At the same time, the board continues to be sensitive to its ethnic and cultural diversity, a balance of male and female, younger and older, and geographic regions. The NACC board hopes to find individuals of vision who are involved in developing new models of chaplaincy and clinical pastoral education.

The current roster of members of the Board appears on the back page of *Vision*, and you can find short biographical sketches and photographs of the Board on the association website (go to: www.nacc.org/aboutnacc/bod.asp).

In order to nominate a person for the position of member-at-large, you must be a current member of the association and provide the following:

- ▼ Please discuss your intentions with

your nominee and gain her or his permission.

- ▼ Write a letter of recommendation to the Governance Committee to include: name and contact information of nominee; how s/he meets five of the seven criteria for board membership (see box); how you think the nominee would fulfill the functions of the Board (see box); whether the nominee is available to perform such service, including attending a minimum of two face-to-face meetings per year.
- ▼ Send your nomination to the Governance Committee in care of the National Office via regular mail, fax (414-483-6712), or e-mail (info@nacc.org).

The Governance Committee will review the nominations and present a slate of candidates for the two member-at-large positions. The nominees will be contacted by the National Office and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vita. This information will appear in the candidate profiles that accompany the ballots.

The proposed timeline for nominations and balloting is as follows:

- ▼ Call for nominations: April issue of *Vision* and broadcast e-mail to members.
- ▼ Deadline for nominations to be received in the NACC National Office: Friday, May 20.
- ▼ Candidate profiles to be included in the August/September issue of *Vision*.
- ▼ Ballots to be distributed to membership by first-class mail.
- ▼ Ballots postmarked no later than Sept. 23.

If you have any questions about any part of this process, from responsibilities to time commitment to the function of the Board, please contact Mr. Patrick H. Bolton by telephone (251-621-4244) or e-mail (patrickb@sa-mercymedical.org).

The NACC Governance Committee includes Mr. Patrick H. Bolton and Dr. Emily John. Ms. Bridget Deegan-Krause, the Governance Committee chair, has recused herself from this process.

NACC Bylaws: Functions of the Board

The Board is responsible to:

1. Steward the Catholic identity of the association.
2. Steward the mission and vision for the future of the association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the association.
5. Maintain and develop the association's relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC National Certification Commission.
9. Establish task forces or other bodies required by the mission.
10. Approve the annual budget.
11. Participate in the evaluation of the executive director.

Criteria for Board Membership

All elected Board members must be certified members of the NACC. All board members, whether elected or appointed, must possess five of the seven criteria for Board membership:

1. Catholic in good standing.
2. Personal values consistent with the values of the association.
3. Three years' demonstrated Board experience.
4. Understanding and support for the mission of the association.
5. Demonstrated competence and leadership in their professions.
6. Demonstrated competence in one or more of the following areas: health care, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations, or management.
7. NACC-certified chaplain or CPE supervisor for a minimum of five years.

Acknowledging our volunteers

The NACC had an absolutely unprecedented number of candidates for certification in 2004, and the task would have been impossible without the generous contributions of time and talent in spring and fall from all of our volunteer interviewers, interview team educators, and site coordinators. We are happy to thank everyone who helped make the process run smoothly.

INTERVIEWERS

Dr. Rodger Accardi
 Mrs. Barbara Adams
 Bro. James Adams, FMS
 Rev. Milton Adamson, CSC
 Mr. Bruce Aguilar
 Rev. Cosmas Archibong
 Dr. Linda Arnold
 Sr. M. Eunice Atsu, HHCJ
 Mr. Leszek Baczkura
 Mr. David Baker
 Mrs. Julianne Barber
 Mr. Robert Barnes
 Mr. Arthur Beaudry
 Sr. Nancy Beckenhauer, OSU
 Ms. Mary Lou Bennett
 Mrs. Adrienne Benson
 Sr. Janet Biemann, RSM
 Bro. Stephen Bissler, FFSC
 Ms. Roseann Bloomfield
 Ms. Michele Boccia
 Sr. Margaret Boler, OSF
 Ms. Mary Bomba
 Mr. Joseph Bozzelli
 Rev. Mr. T. Patrick Bradley
 Sr. Ann Brangan, CCVI
 Mr. Willard Braniff
 Sr. Anne Breitag, OP
 Ms. Sally Brochu
 Mrs. Kathleen Brown
 Mr. Michael Brown
 Sr. Barbara Ann Brumleve, SSND
 Mr. Michael Burns SDS
 Sr. Victoria Busch, RSHM
 Mrs. Joanne Callahan
 Ms. Mary Pat Campbell
 Sr. Margaret Caulson, IHM
 Rev. Benjamin Chinnappan
 Ms. Evelyn Challis
 Mr. Everett Charette
 Mr. Thomas Chirido
 Mrs. Catherine Colby
 Sr. Donna Conroy, RSM

Ms. Cathy Connelly
 Sr. Seton Marie Connolly, SSCM
 Ms. Arlene Corrado
 Mrs. Elizabeth Couble
 Bro. Thomas Cunningham, CSC
 Ms. Virginia Day
 Sr. Betty Anne Darch, OSF
 Sr. Carole DeCrane, CSA
 Sr. Mary Anne DiVincenzo, CSJ
 Rev. Gino Donatelli, SJ
 Sr. Mary Donohue, SNDdeN
 Ms. Marge Doyle
 Rev. Eustace Edomobi
 Sr. A. Louise Eggen, OSB
 Mr. Eric Erickson
 Rev. Alphonsus Ezeoke
 Mr. Claude Fesmire
 Sr. Gwen Farry, BVM
 Bro. Daniel Gallucci
 Sr. Mary Gallagher, RSM
 Sr. Jane Garrison, OP
 Rev. Peter Gelfer, OH
 Ms. Kathleen Gerace
 Dr. John Gillman
 Sr. Suzanne Giro, CSJ
 Ms. Georgia Gojmerac-Leiner
 Sr. Grace Golata, SSSF
 Sr. Rose Grabowski, SSJ TOSF
 Mrs. Cathy Grandjean
 Ms. Louise Gregg

Sr. Norma Gutierrez, MCDP
 Ms. Jane Gutloff
 Sr. Colette Hanlon, SC
 Ms. Jean Harrington
 Mrs. Patricia Harrison
 Ms. Janice Hart
 Mr. J. Joseph Hart
 Sr. Mary Hauke, OSF
 Dr. Ann Healey, PhD
 Ms. Deborah Heen
 Ms. Teresa Heinz
 Mr. Thomas Helmick
 Sr. Gloria Jean Henchy, CDP
 Mrs. Alice Hennessy
 Sr. Carole Hermann, OP
 Sr. Elaine Herold, ND
 Sr. Marilyn Herr, OSF
 Mrs. Lori Hilbrich
 Dr. Gordon Hilsman
 Mr. Pablo Holguin
 Mr. Blair Holtey
 Miss Joan Horgan
 Dr. Margaret Hover
 Sr. Julie Houser, CSJ
 Mr. Alexander Hud
 Dr. Carolyn Jurkowitz
 Mrs. Kathy Kaczmarek
 Sr. Betty Keegan, FMM

See [Thanks](#) on page 10.



Site Coordinator Sr. Val Sheridan (left) talks to interviewers Ms. Lora Schmidt and Sr. Pat O'Donovan in preparation for certification interviews in February. All three volunteers were among the hundreds who helped the NACC certify a record number of chaplains in 2004.

Thanks

Continued from page 09.

Sr. Paula Kelleher, SSJ
 Sheila Kelly
 Sr. Frances Kirtley, OSF
 Rev. Philip Krahan
 Sr. Elizabeth Kremp
 Ms. Renee Krisko
 Mr. Paul Kselman
 Rev. Thomas Kuller, SJ
 Ms. Elaine Ladd
 Rev. Thomas Landry
 Ms. Michele LeDoux Sakurai
 Ms. Martha Leven
 Mrs. Judith LoGerfo
 Mrs. Helen Lombardo
 Sr. Charlotte Lujan, OSF
 Rev. Stephen Lundgren
 Mr. Gordon MacDonald
 Miss Donna Madej
 Sr. Hilda Mallet, MHS
 Mrs. Joan Manning
 Ms. Jean Marchant
 Rev. Dean Marek
 Mrs. Roberta Markiewicz
 Margaret Matacale
 Mr. Peter Mayo
 Ms. Carol Mazurek
 Sr. Margaret McAnoy, IHM
 Dr. Dennis McCann
 Ms. Bonnie McCulley
 Sr. Mary Meyer, FSM
 Deacon William Mich
 Sr. Maureen Mitchell, RSM
 Ms. Susan Mitchell
 Sr. Pamela Moehring, SSND
 Rev. James Moran
 Ms. Anne Murphy
 Rev. Gerald Niklas
 Rev. Richard O'Donnell, OSCam
 Sr. Pat O'Donovan, RSM
 Sr. Kathleen O'Hanlon, OP
 Ms. Mary Teresa O'Neill
 Ms. Ann O'Shea
 Rev. Felix Ojimba
 Mr. Daniel Olivier
 Rev. Aloysius Oreckie
 Rev. Kevin Ori
 Rev. Maximo Ortiz, OSA
 Sr. Marlene Panko, SSND
 Ms. Eileen Perkins
 Rev. Eugene Pocernich
 Sr. Ellen Poche, CSJ
 Mrs. Marie Polhamus
 Mr. John Pollack

A brief note on accreditation

It has come to our attention that referring to CPE centers or accredited CPE programs as "NACC centers" or "NACC programs" is misleading and incorrect.

Clarification: The term "accredited" refers to CPE centers whose programs are accredited by either the USCCB/CCA or the Association for Clinical Pastoral Education (ACPE). The NACC accepts CPE units from centers whose programs are accredited by either of these two institutions.

Ms. Kathleen Ponce
 Sr. Karen Pozniak, SNDdeN
 Ms. Karen Pugliese
 Ms. Elinor Quill
 Sr. Rosarine Quinn, CSJ
 Mrs. Ellen Radday
 Deacon John Rankin
 Sr. Mary Rawson, SNJM
 Rev. James Retzner, OSA
 Sr. Vivian Ripp, SNJM
 Mrs. Josie Rodriguez
 Mr. Sergio Rodriguez
 Sr. Janet Rowley, ASC
 Rev. Basil Royston
 Dr. Peter Ruta
 Rev. Stephen Ryan, OSM
 Ms. Carol Rybicki
 Ms. Mary Salois
 Mr. Robert Scheri
 Ms. Lora Schmidt
 Sr. Sandra Schmitz, OP
 Sr. Mary Lou Schnitzer, SSJ
 Sr. Gloria Schultz, SPC
 Miss Barbara Scott
 Dr. Susan Sendelbach
 Mr. Timothy Serban
 Ms. Janette Silva
 Mrs. Betty Skonieczny
 Sr. Mary Skopal, SSJ
 Dr. Jane Smith
 Sr. Alice Smitherman, OSB
 Sr. Gabrielle Smits, CSJ
 Ms. Patricia Snyder
 Rev. William Spacek
 Deacon Mike Steele
 Ms. Wendi Steinberg
 Sr. Maureen Stocking, OP
 Ms. Kathleen Sullivan
 Rev. Calin Tamiian
 Ms. Janice Tomlonovic
 Mrs. Kathleen Vander Velden
 Ms. Katherine Villemure
 Rev. F. Philip Vogel, SDS
 Chaplain Connie Walker
 Mrs. Mary Anne Wallace Cowan

Sr. Helen Waugh, SFCC
 Sr. Patricia Weidman, CSA
 Sr. Jean Ann Wesselman, DC
 Sr. Regina Janet White, MSC
 Sr. Sarah White, GNSH
 Sr. Julia Wiegerling, CSA
 Mrs. Cheryl Wilson Weiss
 Mr. Richard Woodley
 Sr. Catherine Wottreng, SSND
 Rev. Steven Yander
 Rev. James Yeakel, OSFS
 Sr. K.C. Young, OP
 Ms. Dorothy Zabrocki

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Sr. Anita Lapeyre, RSCJ
 Sr. Virginia Yeager, SSJ

Book Review

Chaplains told to develop multicultural skills

Ministry in the Spiritual and Cultural Diversity of Health Care: Increasing the Competency of Chaplains

By Robert G. Anderson, Th.M., and Mary A. Fukuyama, Ph.D., editors; Haworth Press, Binghamton, NY: 2004, 86 pages, \$19.95

Reviewed by Linda Piotrowski

This book consists of two initial articles addressing the search for spiritual/cultural competency in chaplaincy practice and cultural diversity in pastoral care. The remaining four articles are responses to the ideas put forth in the initial two.

The first article by Robert G. Anderson, an ACPE chaplain supervisor and staff chaplain for 32 years, does an admirable job of setting forth definitions, describing sources marking the path of cultural competence, a five-step framework for developing spiritual/cultural chaplain competency, and two case studies.

To grasp the complexity of cultural and spiritual understanding, he quotes Hendrickson, 1995, in describing the ceremonial clothing made in the Mayan Guatemalan villages of Tecpan. Although there are common designs and colors depicting the universal and cultural features of humanity, the clothing is unique to the wearer, and the fabric's woven pattern and color identifies the person's uniqueness and integration into community and tradition. He likens spiritual/cultural competency to the capacity to read the cloth, to know one's own life narrative and to hear another's.

Mary A. Fukuyama and Todd D. Sevig use their article to explore the meanings of cultural, spiritual and religious diversity. They examine the spiritual relevance of learning about cultural diversity and what it means to be multiculturally and

spiritually competent. They provide examples of cultural diversity in the context of pastoral care, explore ethical considerations in working with diverse populations, and look at some ways for chaplains to further their skills in multicultural competency. Helpful tables compare spiritual and multicultural values as well as provide a framework for multicultural competency.

The responsive article I appreciated most was by Susan Koehne Wintz. Appearing last in the book, it sums up the unique role the chaplain can play in raising awareness and respect for multicultural and spiritual diversity. While cultural sensitivity is inherent in the chaplain's practice, Wintz encourages chaplains to continue to work with their own self-awareness.

Wintz highly recommends "Cultural and Spiritual Sensitivity: A Learning Model" (2000) and its accompanying "Quick Guides for Cultures and Spiritual Traditions" (2000) as resources chaplains can use to document their competency as well as a teaching tool to use with clinical and medical staff. You'll find them on the Association of Professional Chaplains website (www.professionalchaplains.org).

This book has something for everyone — case studies, research findings, charts, diagrams, narratives, and lots of footnotes and recommended readings. The authors have a passion for extending understanding and respect to the cultures and religious traditions making up the fabric of spiritual care. This book will help you to examine your own level of competency and inspire you to improve.

*Linda Piotrowski, NACC Cert., is Interfaith Chaplain at Central Vermont Medical Center in Barre, Vermont.
Linda.Piotrowski@hitchcock.org*

Educational Opportunities

College Misericordia in Wilkes-Barre, PA will sponsor the 37th annual **Institute on Sacred Scripture** from July 31 through Aug. 5. The themes of the conference will be King David and the letters of John. The fee is \$615, which includes housing and meals, or \$405 for commuters. For more information, call (570) 674-6161 or visit www.misericordia.edu and click on Conferences and Workshops.

Loma Linda University and American College of Lifestyle Medicine in Loma Linda, CA will present the workshop "Spirituality and Health: Science, Discovery and Application"

on May 17-18. The early-registration fee, due before April 25, is \$275 for both days or \$175 for one day. After April 25, the fees are \$350 and \$250. This conference will have a biomedical science orientation, with application to patient care as well as research in religion and health. For more information, call 1-888-558-8703 or visit www.llu.edu/llu/sph/cpe/events.html.

The Institute for Religious and Pastoral Studies offers a master's degree and post-graduate certificate in pastoral ministry with a concentration in health care ministries. This concentration features on-site clinical pastoral education (CPE) at Harris Medical Center in Fort Worth or Children's Medical Center of Dallas, combined with academic knowledge and a capstone project. Some courses may be taken online. For more information visit the website at www.udallas.edu/irps or call 888-447-IRPS.

▼ PRIEST CHAPLAIN

Saginaw, MI – Saint Mary's Hospital, a member of Ascension Health and the Daughters of Charity, a 268-bed, acute-care, high-acuity facility, is seeking a full-time, Roman Catholic priest chaplain to join our pastoral care team. Responsibilities include: providing pastoral support to patients, families and staff; ethics consultations; and sacramental ministry, including liturgy. Position requires ecclesiastical endorsement, a minimum of two units of CPE (Clinical Pastoral Education), CPE certification preferred, with a year of hospital experience. Competitive wages and low-cost benefits provided. Interested persons should fax their resume to the Saint Mary's Human Resources Department: (989) 776-7743 or feel free to call (989) 776-8290. To learn more about Saint Mary's, please visit our website: www.saintmarys-saginaw.org.

▼ CPE RESIDENT

Milwaukee, WI – The Village at Manor Park, September 7, 2005 to May 19, 2006: nine-month residency in geriatric ministry. \$19,000, plus health insurance and other benefits; tuition scholarships. The Village is an award-winning senior healthcare system, offering all levels of care, including hospice. Minimum of one CPE unit required. A theological degree and some pastoral experience are preferred. Apply to: Chaplain Kate Sullivan, The Village at Manor Park, 3023 S. 84th Street, Milwaukee, WI 53227-3798; telephone: (414) 607-4123; email: kate.sullivan@vmp.org; Website: www.vmpcares.com

▼ DIRECTOR OF CLINICAL PASTORAL EDUCATION/CPE SUPERVISOR

Corpus Christi, TX – CHRISTUS Spohn Hospital Memorial is seeking a full-time ACPE Supervisor or Associate Supervisor to direct, organize, and supervise an accredited CPE program. CHRISTUS Spohn Memorial is a trauma center and is also the home of a medical residency program, providing a rich educational milieu. Most major medical and surgical service lines are offered at CHRISTUS Spohn Memorial. The CPE program is highly valued and has a long history in the hospital and the community, being established and accredited in 1973. CHRISTUS Spohn Health System is a faith-based organization with a strong commitment to pastoral education and whose leadership energetically supports the CPE program. Memorial is one of six hospitals in the system, and the candidate would join a professional staff of about twenty chaplains across the system. Qualifications include certification as an ACPE or NACC Supervisor or Associate Supervisor, M.Div. or equivalent and ecclesiastical endorsement. Corpus Christi is located on the Gulf of Mexico about 150 miles from San Antonio and 200 miles from Houston. It is a growing city, but still small enough to be easy to get around, with a population in the county of approximately 330,000. Being a tourist destination lends a relaxed feeling to the community and we enjoy an abundance of sun and great sea breezes. Many of our associates live on Padre Island, an easy commute of twenty minutes to the hospital. Interested applicants can see more about our health system on the website at <http://www.christusspohn.org/> You can also find information about our city at <http://www.corpuschristi-tx-cvb.org/> Interested applicants are invited to contact Jaime Tiefel in the Department of Human Resources at 361.881.3000 or by e-mail: JaimeL.Tiefel@christushealth.org. An equal opportunity employer.

Positions Available

▼ CERTIFIED STAFF CHAPLAIN

San Francisco, CA – St. Mary's Medical Center is San Francisco's longest continuously operating hospital, providing groundbreaking healing and healthcare since 1857. This legacy, combined with a continually renewed commitment to the people we serve, places St. Mary's Medical Center as an important member of San Francisco's exceptional hospital community. St. Mary's is a not-for-profit organization sponsored by the Sisters of Mercy, and part of Catholic Healthcare West. This is a 32-40 hpw/benefited position. Position requirements: Must have completed 4 units of CPE and be working towards certification. Prior hospital experience is preferred. Please send resume to: Nancy Richardson, Employment Specialist, St. Mary's Medical Center, 450 Stanyan Street, San Francisco, CA 94117; (415) 750-4932 phone; (415) 750-5928 fax; nrichard@chw.edu; www.stmarysmedicalcenter.org

▼ 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 the 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 Ave., Toledo, OH 43624; (419) 251-1492; fax (419) 251-7749; e-mail eileen_lyons@mhsnr.org; www.mercyweb.org. Equal Opportunity Employer.

▼ CHAPLAIN

Appleton, WI – Franciscan Care & Rehabilitation Center, affiliate of Affinity Health System, in Appleton, Wisconsin, is seeking a certified chaplain. Affinity chaplains serve as a liaison to the clergy, community and medical team, in regard to the spiritual care to residents, resident families and staff. Hours are part-time but may increase to full-time. Candidates must be certified by the NACC or APC, or eligible within 1 year. Affinity Health System is a Catholic, mission-oriented regional health care network. For more information please call 1-800-242-5650 ext. 0594, or apply online at www.affinityhealth.org. Job # F050004

▼ STAFF CHAPLAIN

Apple Valley, CA – St. Mary Medical Center is a full-service, 186-bed acute care, not-for-profit medical center. As part of the prestigious St. Joseph Health System, we are committed to serving all High Desert communities through the values of hospitality, dignity, justice, service and excellence. Staff chaplain acts as a member of the spiritual care team that serves the spiritual and religious needs of patients, families and staff of St. Mary Medical Center. Reporting to the director of patient and family support services, and collabor-

rating closely with other members of the multidisciplinary health care team, the staff chaplain will provide a ministry of presence, journey with those in search of healing and hope, and deliver care in complex, sensitive situations. This position will demonstrate values-based competencies in line with the four core values — dignity, excellence, service and justice — that are the foundation of all activities performed by employees of the St. Joseph Health System. Qualifications include: Master of divinity/theology or equivalent combination of education and experience; formalized theological education leading to ecclesiastical endorsement for ministry; four units of clinical pastoral education, Association of Clinical Pastoral Education; certification or working towards certification by NACC or ACPE; and ecclesiastical endorsement from the bishop of the diocese and/or religious superior; understanding of and willingness to comply with Title 22 and other state, federal and JCAHO regulations as they pertain to this position and department. We offer a competitive compensation and benefits package. Send your resume to: SMMC, HR Dept., 18300 Hwy. 18, Apple Valley, CA 92307. Phone: (760) 946-8886, FAX: (760) 946-8136, e-mail: lsabo@stjoe.org OR ahill@stjoe.org. EOE

▼ CHAPLAIN

Waupaca, WI – A unique ministry for a unique individual...The Wisconsin Veterans Home is the largest long-term, skilled health care facility in the state, located in King, Wisconsin, in the heart of the beautiful Chain-O'-Lakes country. WVH is currently recruiting a full-time Roman Catholic Chaplain. Be part of a great multidisciplinary care team. Complete application information is available at http://wiscjobs.state.wi.us/public/job_view.asp?annoid=14100&jobid=13615 or call (608-267-1796) or e-mail amy.franke@dva.state.wi.us. The State of Wisconsin is an AA/EEO Employer.

▼ CPE SUPERVISOR

Milwaukee, WI – St. Luke's Medical Center is recognized for improving the quality of healthcare and is internationally known for expertise in heart care. The CPE Supervisor supervises students in the CPE program and assists in the screening of CPE applications and admission materials for future students. The supervisor will also provide spiritual and emotional care to patients, patients' families, and employees. This individual will share in the responsibility for the development of the department's educational program, while creatively improving the quality of patient care. Qualified candidates must possess a master's of divinity or related degree, must be a certified CPE supervisor, must be active or in good standing with his or her denomination with ecclesiastical endorsement, and have a minimum of three to five years of hospital experience. If interested, please apply on-line at www.aurorahealthcare.org. Refer to requisition #17643. For further information, you may also contact, Kim Quetschke, employment specialist, at (414) 389-2666.

▼ CHAPLAIN

Tucson, AZ – Carondelet Health Network, a member of Ascension Health, has an immediate opening for a part-time chaplain to join our interfaith pastoral team. The chaplain will provide a wide range of spiritual services to patients, families and staff within a dynamic multicultural setting. Qualified candidates will possess minimum requirements of an advanced degree in theology or related field, two years of recent health-care ministry experience, and NACC/APC certification or pursuing certification. Spanish speaking strongly preferred. Please send resume to dmoreno@carondelet.org or call 520-872-2491 or fax to 520-872-6067. AA/EEO

▼ CPE RESIDENCY

Mayo Clinic, Rochester, MN - Residency positions beginning August 31, 2005 through August 31, 2006 for Resident I and Resident II applicants. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The Resident stipend is \$25,500 for 12 months, four consecutive quarters of CPE. For program information, e-mail cpeprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

▼ CHAPLAIN

Rochester, MN – Mayo Clinic seeks certified or certification-eligible chaplain to minister to spiritual needs of patients, families, and Mayo Clinic employees. Position participates in a team ministry with members of department for unit and on-call coverage; assists in sacramental ministry; conducts worship services; provides referrals to denominational chaplains; and serves on department and hospital committees. In providing a comprehensive program of pastoral care, you will participate in educational programs and assist in orienting new personnel to Chaplain Services. Advanced theological degree from accredited seminary required, along with minimum four units of accredited clinical pastoral education, and certification/eligibility with Association of Professional Chaplains, National Association of Jewish Chaplains, or National Association of Catholic Chaplains, and denominational endorsement. Schedule: full-time, weekends and evenings. On-call flexibility required. Excellent salary/benefits package. To apply visit www.mayoclinic.org, ref. job posting #2984. Mayo Clinic; Stephanie Bowron, Human Resources OE-4, 200 1st Street SW, Rochester, MN 55905; phone: 800-562-7984. Mayo Clinic is an affirmative action and equal opportunity employer. Post-offer/pre-employment screening is required.

▼ CPE RESIDENCY

Wausau, WI – Aspirus Wausau Hospital has four residency positions available for 2005/2006 in a unique CPE program offering, in addition to the normative goals of CPE, intrapsychic and family systems theory integration. Aspirus Wausau Hospital is a 321-bed, modern community hospital and regional medical center very committed to spiritual care through the CPE program. Wausau is a progressive community immersed in the beauty and solitude of Wisconsin nature, while in driving distance to Madison the state capital. Recreational activities abound from skiing, fishing, camping, boating, to community theater and the performing arts. \$23,670 stipend plus fringe benefits. Apply to: Bill Tallevast, D.Min., Dept. of Pastoral Services, Wausau Hospital, 333 Pine Ridge Blvd., Wausau, WI 54401. Phone (800) 283-2881. Fax (715) 847-2015.

▼ PRIEST/CHAPLAIN

Orange, CA – As the second largest hospital in Orange County, St. Joseph Hospital is a 519-bed facility, which is made up of a both a large acute care hospital and a state-of-the-art outpatient pavilion. We offer a broad range of services on our modern campus, allowing us to treat more complex medical conditions in a variety of specialties. As part of the prestigious St. Joseph Health System, St.

Joseph Hospital is committed to serving our community through the values of excellence, service, dignity and justice. We are seeking a priest chaplain who will identify patient, family and staff needs for spiritual care, serve the hospital community through liturgical celebration and sacramental support, participate in interdisciplinary team meetings, and work collaboratively with other members of the spiritual care team. Must be an ordained Catholic priest with ecclesiastical endorsement from the bishop of the local diocese. Four clinical pastoral education units and NACC or APC certification preferred. We offer a competitive compensation and benefits package. You can apply online by visiting our web site at www.sjo.org. You may also fax your resume to (714) 744-8668; Email: employment@sjo.stjoe.org, or send it by mail to St. Joseph Hospital, HR Dept., 1100 West Stewart Dr., Orange, CA 92868. EOE. A ministry of the Sisters of St. Joseph.

▼ CHAPLAIN

Laguna Hills, CA – Saddleback Memorial Medical Center, a 325-bed MemorialCare facility, is seeking a chaplain for our Social Services Department. This per diem (flexible schedule) position requires a master of divinity or master of theology degree from an accredited theological seminary. Candidate will be an ordained or consecrated minister and a certified hospital chaplain (or in process with certifying body) with Clinical Pastoral Education (2 units minimum) or equivalent. Ecclesiastical endorsement for Chaplaincy is essential, as is five-plus years experience providing spiritual care in a healthcare setting. Must be licensed or endorsed by a recognized, major religious affiliation. Please apply in person or send/fax resume to: HR, 24451 Health Center Dr., Laguna Hills, CA 92653. (949) 452-3633, fax: (949) 452-3549. E-mail: hremloyment@memorialcare.org. You may apply online at any time at: www.memorialcare.org/saddleback. EOE.

▼ DIRECTOR OF PASTORAL CARE

Charleston, SC – Roper St. Francis Healthcare, a two-hospital system, seeks qualified applicants for the position of Director of Pastoral Care. The Pastoral Care Department, and its CPE Center, are highly valued components of Roper Hospital, a 375-bed community hospital in downtown Charleston, and Bon Secours St. Francis Hospital, a 147-bed community hospital in a suburban area of Charleston. The CPE Center is accredited by both ACPE and USCCB/CCA. The Director of Pastoral Care will supervise CPE students and provide administrative and operational oversight to the Pastoral Care Department, staffed by a CPE supervisor, three staff chaplains, four chaplain residents and a secretary. Minimum qualifications: Board certification by APC, NACC or NAJC; CPE supervisor or associate supervisor certification by ACPE or NACC; five years experience as a professional chaplain and/or CPE supervisor; and endorsement by a recognized religious body. Competitive benefits and salary, commensurate with experience. Apply online at www.ropersaintfrancis.com.

▼ STAFF CHAPLAIN

Charleston, SC – Roper St. Francis Healthcare, a two-hospital system, seeks qualified applicants for the position of staff chaplain. The Pastoral Care Department, and its CPE Center, are highly valued components of Roper Hospital, a 375-bed community hospital in downtown Charleston, and Bon Secours St. Francis Hospital, a 147-bed community hospital in a suburban area of Charleston. The CPE Center is accredited by both ACPE and USCCB/CCA. The department is headed by a director/CPE supervisor and staffed by a CPE supervisor, three staff chaplains, four chaplain residents and a secretary. Minimum qualifications: Board certification

(or eligibility for certification) by APC, NACC or NAJC; and endorsement by a recognized religious body. Two years experience as a professional chaplain preferred. Competitive benefits and salary, commensurate with experience. Apply online at www.ropersaintfrancis.com.

▼ PRIEST CHAPLAIN

Portland, OR – Providence Portland Medical Center, a 480-bed acute-care facility, is seeking a Roman Catholic priest chaplain to join our pastoral care team. Position is part-time, 32 hours/week, evenings/nights, 4 p.m. to 8 a.m. and generally includes one weekend shift per week. Requires: certification by NACC or APC; current ecclesiastical endorsement; masters in theology or related field, or other evidence of understanding and application of current theology. Desire interpersonal and team building skills. Must have: ability to recognize and interpret spiritual and emotional and psychological status of patients, families, staff, physicians, etc.; ability to work under pressure, and with dying patients and their families; ability to read medical information well enough to understand the effect of a medical condition on the patient; flexibility and openness to rapid change in hospital-based pastoral care; strong written and interpersonal skills as well as the abilities to actively listen and project an open, non-judgmental attitude toward all people; openness to developments in faith and theology, spiritual and personal growth, outreach in compassion and justice. Performs all duties in a manner that promotes team concept and reflects the Sisters of Providence mission and philosophy. Minimum \$21.78/hour to maximum \$32.68/hour. Please apply online at: www.providence.org

▼ CPE RESIDENCY

Oshkosh, WI – Lutheran Homes of Oshkosh has three placements for the 2005-06 Residency program. Our students are placed in either a prison, hospital, or geriatric facility for the residency year which begins in September. The Residency stipend is \$18,000. Interviews will be held on May 20th. Interested applicants may submit their application along with a \$25 application fee to David Rumbold at Lutheran Homes of Oshkosh, 225 N. Eagle St. Oshkosh, WI 54902. For more information or questions, David can be contacted at (920) 232-5242 or drumbold@lutheranhomes.com

▼ DIRECTOR OF SPIRITUAL CARE

Springfield, MA – Mercy Medical Center, a member of the Sisters of Providence Health System, is located in the city of Springfield, Massachusetts in the Pioneer Valley. We are 90 miles west of Boston, 150 miles from New York City, and near the Berkshires. The Sisters of Providence Health System is a proud member of the multi-institutional Catholic health system, Catholic Health East. We are a mission-driven community hospital serving the needs of the people of Western Massachusetts, and well-known for our tradition of providing patients with a high-touch, holistic approach to health care – along with having the very latest in medical technology. Our staff is committed to treating beyond illnesses and injuries to include wellness programs, support groups and educational programs. We currently have an exciting opportunity for a Director of Spiritual Care (full-time, day shift). A master's degree in theology and NACC certification is required. Candidates must have 3-5 years' management experience. We offer competitive wages and a comprehensive benefits package to qualified candidates. To apply or learn more about us, please go to www.mercycares.com. Mercy Medical Center, Department of Human Resources, 271 Carew Street, Springfield, MA 01102. Diversity is important! An equal opportunity employer.

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Calendar

May

- 1** Spring certification interviews conclude in Los Angeles, Milwaukee, St. Louis, Atlanta, and Baltimore
- 15** Pentecost
- 30** Memorial Day; national office closed
- 31** Copy deadline, July *Vision*

June

- 5-8** Catholic Health Assembly annual meeting, San Diego
- 16-18** U.S. Conference of Catholic Bishops meeting, Chicago
- 24** Board of Directors telephone meeting

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

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