Bringing diversity to NACC
How can we attract people of many cultures?

By David Lewellen
Vision editor

The Catholic Church is catholic with a small “c,” too. Within its walls are people of every race, culture, and ethnicity. It is true around the world, and it is also true in the United States.

But for all of its best wishes, the NACC probably lags behind the church as a whole in its percentage of members who are African-American, Asian-American, Hispanic, and of other non-white ethnic groups.

There are almost as many reasons as there are chaplains, but we have talked to some members who are already in the fold to see how they came here, and how more might follow.

It is significant and encouraging that no one reported feeling unwelcome in the NACC or at their places of employment. Some have had bad experiences along the way, but they recognize that those can happen regardless of color.

Two issues were cited repeatedly, however. One was that chaplaincy in general and the NACC in particular is not visible enough; a surprising number of our members came to this calling by accidental or unexpected paths. This challenge crosses all racial and cultural lines, but may be more acute among people of color.

The second issue is financial. Finding the money to pursue a master’s degree and four units of CPE is more difficult, on average, for members of groups that are newly arrived in America or historically at the bottom of the economic ladder.

Finding pastoral care volunteers was easy, he said, but the next step of going to school for a degree in theology and going through CPE training was a serious obstacle for black training. Many black Protestants who felt a call to chaplaincy were already pastors of churches, and their church could help pay for their training. Catholics didn’t have that support system, he said.

Sr. Norma Gutierrez, MDCP, opposed the recent move to require a master’s degree for certification, because it’s harder for minorities to afford the extra time in school.

“In our culture, the family is number one,” she said, and potential chaplains will place supporting their family ahead of seeking more education. “There are other Normas out there who want to be chaplains and can’t afford it.”

Supported by her congregation, she has enrolled to get her own master’s, but “is that going to make me a better chaplain? I don’t think so, but I keep up my education. … I’m going to be that example.”

Fr. John Nwagbaraocha, a chaplain at Fletcher Allen Health Care in Burlington, VT, described the financial hardship of paying his own membership dues and conference expenses, and suggested that the NACC advocate with hospitals to have educational events such as the annual conference paid for from pastoral care budgets.

When Sr. Gutierrez did her chaplaincy training in Texas 10 years ago, she was the only Hispanic in the program. “My constant question has been, what are we doing or not doing to invite people of color?” she asks. “Are CPE programs not living their experience?”

For instance, CPE places great emphasis on sharing feelings, but “for
I hope to regularly share with you the work of the association. While much is in the pipeline, much continues, in large part, due to the dedication of NACC members serving the association through task forces, committees, and commissions. In recent months, the following groups have met.

- The Certification Commission met to review certification and renewal of certification applications and supervisor standards.
- The Editorial Advisory Board has met to discuss and plan upcoming articles in Vision and to recruit writers for them.
- The Ethics Task Force has met to discuss the integration of the new Common Code of Ethics and to plan for a more efficient grievance process.
- The 2006 Conference Planning Team is developing the conference theme, speakers and logistics.
- The Standards Committee met to begin the process of personalizing the newly agreed upon common standards to fit the Catholic identity of the association.
- The Finance Committee has met to review the development of a policy of socially responsible investing while continuing to monitor the association’s assets.
- A subcommittee of the Governance Committee met to finalize the slate of candidates for the Board of Directors.
- The Board of Directors met to hear committee and staff reports and to explore the ongoing need to reevaluate various components of the Strategic Plan.

As good stewards of your association monies, most of these groups have met by conference call.

Your Board of Directors’ commitment to the membership, as stated at the annual business meeting, centers around four priorities.

1) Advance the practice of chaplaincy. In an effort to get an accurate snapshot of Catholic chaplaincy today, we have begun to develop tools which will survey the membership on the immediate needs of staffing ratios, salaries, etc., and the broader need of identifying the value-added and economic benefit that chaplaincy brings to the organizations which you serve. The NACC will provide in a timely manner the information its membership requests, as well as information which strengthens its theological, strategic and operational position. Groups of chaplains from around the country are being convened to assure that the survey asks the questions you need.

2) Connect NACC members to each other in a way that maximizes dialogue and connectivity at a local level. We are considering plans to have local gatherings within the annual conference for 2006, with the possibility of having sectional meetings instead of a national conference in 2007. Other means of connecting the membership with each other are also under development.

3) Explore new partnerships. Using the publication of our 40-year history as an introduction, the office has established communication with Catholic healthcare system leaders, diocesan coordinators of healthcare, the leadership of many peer professionals within healthcare, on top of our existing relationship with the entire bishops’ conference. A membership task force will meet soon to determine if the criteria of the current membership categories reflect members’ needs, while creating new possibilities of attracting new members both in and out of chaplaincy. A marketing brochure will then be developed to draw attention to the organization. Currently we have no such brochure. A key audience for those marketing efforts will be students currently enrolled in theological master’s programs.

4) Enhance web-based technology. In addition to adding to our current listing of continuing education hours, staff are working to see how other Internet applications may allow for easier and more effective membership dues/renewal, some certification materials, the tracking of CEHs and other applications.

The Board is also committed to encouraging and nurturing diversity within our organization. Within this issue of Vision you will find several articles about chaplains of various races and nationalities who already belong to the NACC, and thoughts on what we might be able to do to gain more of them. We are also looking at the cultural makeup of all committees to see how we might achieve greater diversity.

We are thrilled that 61 applications have been received for the fall certification interviews under the new standards put in place Jan. 1.

Lastly, plans are under way for a fall 2006 institute for pastoral care directors, to be held annually. Other efforts are being explored to assist the leader-to-be who may be a part of the succession planning for an organization’s pastoral team.

As I write, I am marking my 100th day as your new executive director. While much remains in the planning stages, much has already taken a concrete form. In each of my first 100 days, I am reminded in so many ways of how fortunate I am to serve you. It is a real honor.
Diversity
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some cultures, that's not a part of life.” As the child of Mexican immigrants, she said, “I still live my father's experience of crossing that river,” and she wonders if a white supervisor can understand that.

Sr. Gutierrez, a chaplain at Albuquerque Presbyterian Hospital in New Mexico, says the NACC needs greater visibility. She did all of her training at ACPE centers, and never heard of the Catholic organization until it was time to seek certification. She also hopes that some group can begin offering a bilingual CPE program. “I think in Spanish,” she said. “When I’m at my most feeling, that’s my comfort zone.”

Language is another issue. There is a need for Spanish-speaking chaplains of any background, Sr. Gutierrez said, and she can see Hispanic families relax when they meet her.

Cultural differences have not been significant in Sr. Gutierrez's work, in either direction; she has always felt accepted by patients, even by Arab royalty who came to Houston for treatment. “When I come in, it’s just me,” she said. “I think the word ‘chaplain’ carries so much with people.” And she can listen to someone of a different background. “As I’m listening to the story, there are times I think, Oh, I don’t know that experience at all. But I remind myself to keep listening.” When parents from a culture that valued boys talked about aborting their unborn daughter, “I had to be compassionate, even at that moment.”

Deacon Johnson, who now lives in Cape Girardeau, MO, came to chaplaincy as a second career, after retiring as a Catholic Charities administrator. “I tried it on a whim and found out I really loved it,” he said. “Working with people was a joy to me. It was easy for me to enter into people's suffering. Learning to detach myself from people was the hardest thing I had to learn.”

He found it natural that black patients would request a chaplain of their race, and didn't understand his white colleagues’ surprise. “I was amazed that they didn't understand cultural differences,” he said. “I understand (black patients’) suffering and where they came from.” And he found that black patients were unwilling to challenge the medical staff or be honest about how they felt, because they feared “if I do anything counter to anything they say, I won't get good treatment.”

Thinking of such experiences, Johnson said, “I experienced things that black people were afraid to share, even with white chaplains. That’s why I saw the need for African-American chaplains.”

Sr. Gutierrez suggested that the NACC offer a scholarship program to encourage ethnic minorities to study chaplaincy. But she has seen many such students enroll and then drop out of CPE after one or two units. “Have we ever done a study on what happens?” she asked. She would tell such students, “Go to the grievance boards; you’re not going to get in trouble. Or maybe it’s financial. Or the lived experiences don’t jibe with the lived experiences of the supervisor.”

Scholarships would help, agreed Annie Clay, a Buddhist CPE student in Washington state. Such a program would “show the organization is committed to diversity,” she said, “and in actively seeking candidates, knowledge about chaplaincy will spread within diverse cultural and ethnic groups.”

Fr. Nwagbaraocha said he knows Nigerian priests in the United States who are functioning as chaplains without any formal training and who do not belong to the NACC. He suggested that the organization work directly with dioceses to make them aware that such priests need to be part of the NACC and receive clinical pastoral education. Also, he said that the organization needs to do more with hospitals to encourage priests on their staffs to join.

But Johnson sees the obstacles to increasing the organization's diversity. “I don’t want to lay blame on the NACC,” he said. “I know they tried. They sent me out to do it, and I didn’t do it.”

NACC members Linda Piotrowski and Paul Buche contributed reporting for this article.
Many people wondered how I could be authentically black and truly Catholic.

By Rev. Freddy Washington, CSSp

It was Tuesday morning, September 11, 2001. I arrived at Harlem Hospital Center in New York City thinking that it would be an ordinary day in the life of this African-American Catholic chaplain.

Little did I know that this would be one of the most formative days of my life. It was an experience of identifying with suffering on a level that I could only encounter in this place and time in my life. As a result, people grew in deeper appreciation of the work of chaplains, regardless of religion or race.

I arrived in New York City from Dayton, Ohio, just three weeks prior to September 11th. As a Catholic priest and a pastor, I knew very well what it meant to visit the sick. Even though I was not always comfortable in a hospital, I knew that I had to make this important step to walk with my parishioners.

When I was asked to go to New York as a hospital chaplain, I said yes. I saw accepting this ministry as a growth opportunity. Seeing the redemptive face of God in the suffering of people has always been my experience as an African-American. Being a hospital chaplain was an opportunity to experience another dimension of redemptive suffering and compassionate presence. The experience I gained from clinical pastoral education and other professional experiences taught me to always be open to new learning and feedback.

My first test came at the beginning of my journey as a chaplain. When I arrived at the hospital, many staff members were surprised that I was a Catholic priest and an African-American. But their curiosity energized me. As an African-American, I have encountered many people who wondered how I could be authentically black and truly Catholic. Most past encounters took place where black people were in the minority. But in Harlem, I found myself becoming irri-tated at times. I had seen it as a haven of black culture in all its diversity, but many people still found it odd that I was a black Catholic.

Harlem Hospital Center’s patient population is predominantly African-American, with growing numbers of Hispanics, Africans and Caribbeans. Most of the Catholic chaplains who have worked at this institution since the 1920s have been Caucasians. I was a different experience for patients and staff alike. Many of the nurses as well as patients would ask, “Are you sure you are Catholic?” To further complicate this matter, I was working in a public hospital. Some of the staff would comment, “We have mostly Protestant patients here, therefore you will not have many patients to see.” My response is always, “I will see whoever wishes to see me.”

Being an African-American priest chaplain at a public hospital has been both rewarding and lonely. It is rewarding to see people at their deepest moments of need call upon the work of the chaplain to assist them in the spiritual struggles that frequently accompany illness. For the African-American patient, the opportunity to tell your story without having to explain every detail so others could understand is something that challenges our notion of cultural sensitivity. Images, foods, mannerisms and folk tales all speak of a unique African-American culture that some have said is nonexistent.

Too many people have said, “African-Americans do not have a specific culture like the Africans or Caribbeans because they cannot identify a specific country from which they came.” This is the same experience of many African-American Catholic chaplains. A network of support that addresses our specific needs has been difficult to find.

The struggle of African-American Catholics (even though we are one of the largest religious denominations of black people in the United States) is even greater for the African-American Catholic chaplain. The growing number of African and Caribbean Catholic chaplains has far outpaced indigenous African-Americans. A more concerted effort to recruit chaplains from this population could enhance our diversity as Catholics and our sensitivity in delivering more effective pastoral care.

On September 11, 2001, people of many languages, races and cultures saw grave human suffering. Chaplains were present on that day, and their work was greatly appreciated. At my hospital, the few survivors who were brought into our facility also experienced the compassionate care of chaplains. After that day, there was no longer the question of “how many Protestant or Catholic patients were in the hospital population” but of how many people found chaplains willing and ready to walk with them through the valleys and shadows of illness and even death.

My presence at Harlem Hospital Center has enabled patients and staff to experience the diversity of black religious expression. Black Muslims, black Protestants, black Jews, black Catholics and black Buddhists are all represented in the Greater Harlem community, and all find a place at the table in caring for the whole person, mind, body and soul. Losing this diversity would truly diminish the cultural richness of this facility and leave out an important voice as people struggle to make meaning of their illness and hospitalization. The struggle for me is to find my place at the table.

It is affirming for me to look into the faces of Catholic patients and see the smile and sometimes puzzled expression when I tell them I am a Catholic chaplain. This first-time experience for many Catholic patients expresses the diversity of the church that makes us Catholic. But the change that has occurred is that patients and staff have observed my close working relationship with other...
clergy, lifting up the Catholic presence with sensitivity to other faiths represented at the hospital. Many African-American Catholic patients who come to our public hospital have commented to me how proud they felt that not only a Catholic priest but an African-American Catholic chaplain was at their bedside.

Being a chaplain is rooted in the premise that we are all created in the image and likeness of God. But the struggles of many people in the African-American community and the health issues that bring people into our healthcare facilities can make some feel abandoned or neglected. Hospitals and similar institutions often require African-Americans and others to leave their culture at the door and take on the culture of the institution from which they need help. Memories of incidents such as the mid-20th-century Tuskegee study, in which black men’s syphilis was deliberately left untreated, make healthcare facilities difficult places to navigate when ill. Chaplains of all races and cultures continually minister in these difficult settings, and people are very grateful.

The recruitment of chaplains from diverse cultures in general and from the African-American community in particular should be our goal. Placing brochures and making the NACC known among parishes with black populations in the United States would be a start to letting people know we are present for them. The fact that few African-Americans pursue chaplaincy, or that people are unaware of the number of black Catholics, should not deter us. The African-American community in general and the African-American Catholic community in particular has been known for its hospitality and welcome to people everywhere.

“Sometimes it’s easy to think that black culture is all the same. But as someone once told me, ‘Just because we have black skin, it doesn’t mean we are all the same.’ ”

Among the 1,600 predominantly African-American parishes in the U.S., fewer than 80 have a black pastor — and in almost half of those parishes, the pastor is non-American born. The growing number of international priests and non-African-Americans serving as pastors and chaplains in the black community offers new challenges not only to the recruitment of African-American Catholic chaplains but also for candidates to the priesthood.

The larger challenge is for the African-American Catholic community to see stronger recruitment efforts and a network of support for those who accept the call. Sometimes it is easy to feel a sense of abandonment when most of the people in positions of leadership and service do not reflect the diversity that makes us Catholic. Chaplains continue to be at the front line of affirming the diversity of the church. As we continue our movement towards God, we become nourishment for each other and strength for the journey ahead.

Rev. Freddy Washington, CSSp, is a staff chaplain at Harlem Hospital Center in New York.

### International chaplains already enrich NACC

**By David Lewellen**

*Vision editor*

Into the pre-existing mosaic of America, more tiles are being added rapidly as immigrants from around the world come here. The Catholic Church is no exception. Due to the decline in native-born vocations and other reasons, more and more priests and vowed religious from around the world are arriving to serve the Church in all capacities — including as chaplains.

A major existing pipeline for our organization’s diversity comes to us from overseas, and from Nigeria in particular. Last year alone saw nine Nigerian priests earn NACC certification, along with at least three from other African nations and at least five more priests and religious from other nations around the globe. Their services are valued and appreciated, but they face unique challenges in ministry.

Sr. Eunice Atsu, HHJC, a chaplain at St. Edward Mercy Medical Center in Fort Smith, AR, is doubly unusual to patients in her setting, who are not accustomed either to Nigerians or to Catholic sisters. “It’s a lot of levels to cross,” she said.

But “when people are hurting, they are not much different,” she said. “There’s some commonality in humanity with death and suffering.”

“Before CPE, I was taking (racial issues) personally,” said Rev. Gerald Onuoha, a Nigerian priest in Apple Valley, CA. “But people have the right to decide they don’t want pastoral care, or whether to take it from me or not. … It’s not all about me. It’s about what the patient wants.” Sometimes a patient will want him but the family will be reluctant, or vice versa.

Before becoming a full-time chaplain, Fr. Onuoha served two parishes in Minnesota — one all white, one with a mix of blacks and whites. And he had a better experience at the all-white church — possibly, he said, because the mixed church was much more conscious of race.

“I’ve been 95 percent accepted,” said Sr. Atsu. “There’s always a little percentage of people who feel somewhat resentful,” but when a patient doesn’t want a visit, “I’m not quick to put it to my race or culture.”

Rev. Cosmas P. Archibong, a Nigerian priest at Seton Medical Center in Austin, TX, said that when he was doing his CPE in Tennessee, some very Baptist patients “would tell you they didn’t need any mixture, in terms of color or religion or whatever they meant.” Others wouldn’t be blunt about...
“You’re always going to find rejection, even if you change your color or religion”  
— Rev. Cosmas P. Archibong

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it, but “you could feel the vibration.” He realized that “you’re always going to find rejection, even if you change your color or religion,” and learned to let it go.

However, he did begin to wear his clerical collar less. “For people who are very allergic to clericals, they could meet you as a chaplain first,” he said. “Before they discover you’re a priest or a Catholic, they could relate to you as a human being.”

Chaplains working in more diverse areas of the country may encounter less resistance of that kind, however.

Working in Queens, Sr. Moonkyung Park, SC, sees vast diversity of culture, where she does not stand out as Korean. “In this hospital, many employees are bilingual,” she said. But during her pastoral volunteer work in Greensburg, PA, she was conspicuous as an Asian. White patients were curious about her, so her native country could be the opening point for a conversation that might go deeper. But she grew tired of continually dealing with similar subjects and of conversations that focused on her.

In New York, “we’re all different,” she said. She enjoys working with patients and staff of diverse background, and has learned some prayers and phrases in Spanish.

Sr. Park experiences very little language barrier at the bedside. “Once you have a master’s degree from an American university, I don’t think language could be a problem in this type of ministry,” she said.

“My being a Latino immigrant in this country, I am very sensitive to these needs for understanding and adaptation,” said Sr. Cristina Sánchez, FMM, a native of Chile who currently works at St. Francis Hospital in Roslyn, NY, with a very diverse patient census.

“The pastoral care department and other departments, in order to put foreign patients at ease, frequently call me. As a linguist, I converse in Spanish, French, and sometimes Italian.”

That does not mean that there is no boundary, however. “It is true that it is very different for me to be with a patient who speaks my mother language,” said Sr. Sanchez. But, she added, “When I am with a patient, you can use the silence, too.” For all CPE students, she said, “learning one more language will be a big help for the patients.”

Sr. Sanchez’s previous missionary work for her order had taken her to some of the countries that patients were from, and she felt equipped to intervene in many cultural issues. “I intervened for the dietary needs of a Hindu patient,” she said. “I was very aware of the Muslims’ code of privacy, when a woman in the ambulatory unit refused to disrobe for an examination.”

Sr. Park said she had found deep emotional sharing to be rarer in America than Korea. “Many Americans seem content with conversation about what they’re doing,” she said. “When they share opinions, it’s about what happened, rather than what’s inside them.” In the hospital, she said, patients facing illness or death may “share opinions they never shared with anyone. But some people are not ready to share anything, and I respect that. When they’re ready, I’m there to work with them.”

One cultural difference Sr. Atsu has noticed is in the closer bonds of extended family in Nigeria. “The saddest thing is when I’m ministering and see people dying alone,” she said. “Maybe they have children, but they don’t care. In my culture, we don’t have anyone who has nobody.”

Fr. Archibong found that Americans are more reserved, and that staffers are less likely to give greetings in the hallway. “Something different is going on with every person,” he said. “If someone doesn’t greet you, it’s not because of your culture or nationality or gender.” He also had to learn that Americans don’t touch nearly as much as Nigerians, and that touch or teasing words could be unwelcome. “I began to listen to words in a different way,” he said.

Money can be a problem for international chaplains. Many hospitals don’t pay for conference attendance, Sr. Atsu said, and most African chaplains don’t have the independent resources to attend.

Her certification experience was pleasant, she said, and her CPE worked the second time around. Her first two units, she said, were difficult due to a conflict with her supervisor’s style, but it had nothing to do with culture.

Fr. Onuoha, however, still has an edge in his voice when he recalls his first attempt at certification. Among other things, he said, he was criticized for wearing his priest’s collar to CPE class. “I said this is me, it’s part of my dress, I don’t need to surrender that to do CPE,” he said, but he remembers “listening to a Catholic interviewer shouting at me for being who I am.”

At his current job at St. Mary’s Medical Center in Apple Valley, CA, he sees a very diverse patient population. His support and friendship network, however, is mostly by phone. He keeps in touch with his CPE classmates and, he says, he calls other Nigerian priests to “talk in our own native language, crack jokes, tell stories, give reminders. We don’t sugar-coat it with each other. You only get that from peers.”

To broaden and diversify the NACC’s membership, Sr. Park suggested promoting and advertising. “Unless I were a religious, I would not have found the NACC,” she said.

Sr. Sanchez and Fr. Archibong both said they would like to see chaplaincy and a CPE program established in their native countries. But it would be uphill work in Nigeria, Fr. Archibong said; everyone there is accustomed to the local priest serving the local hospital with sacramental ministry. “I look at chaplaincy differently,” he said. “I see a lot that could be done for individuals. … It will take some time.”
Evidence shows chaplains help patients

By Michele Le Doux Sakurai

Chaplains carry significant meaning in Catholic healthcare settings. In special ways, they incarnate the religious identity, culture, and values historically associated with these institutions. This separates these facilities from those in more secular settings.

Despite this uniqueness, chaplains, their colleagues, and administrators often cannot articulate a research-grounded understanding of what this ministry contributes.

— Gerard T. Broccoli and Larry VandeCreek

After nine years, I was saying goodbye. Working with cancer patients had been such a blessing, and leaving was difficult. One of the doctors, with whom I had a good professional relationship, took the time to wish me well. “I heard you’re leaving; we’ll miss you.” As I nodded in gratitude, he continued, “but finding someone to take your place shouldn’t be difficult — all we need is someone who can listen.”

These words caught me by surprise. How was it possible that after all these years, he still didn’t understand the expertise and skill that chaplains bring to the bedside? Yes, it does require someone who can listen, but it needs a form of critical listening that invites the internal wisdom of the other to be revealed while at the same time connecting that wisdom with something greater, be it community, story, and/or God. As chaplains we serve in a unique space — a space called by the heart in search of meaning. We sit in awe as a patient or a family member reveals his/her story and weaves into it the struggle of making sense of tragedy, chaos, or new beginnings.

Chaplains are trained to listen and be present. But do chaplains in their interactions make a difference, and if so, is there something that chaplains can point to as pivotal in making the difference? The answer to both these questions is yes. Although chaplains have known this intuitively and anecdotally for a very long time, research is just now beginning to explore and affirm this experience. In the past few years, research studies have shown that chaplains do bring added benefit to health care (see box on page 8).

Study Parameters and Demography

In an attempt to identify if and how chaplains make a difference through their interactions, I conducted a study in 2002. Participation was limited to certified chaplains whose practice is directed or limited by the Ethical and Religious Directives for Health Care. This means that participants must have been certified through the National Association of Catholic Chaplains OR employed by a Catholic healthcare organization.

This study focused on the role of the chaplain at the bedside through the use of verbatim. It invited respondents to critique the chaplains’ interactions in three instances; hospice, hospital and long-term care/assisted living (LTC/AL). The scenarios are:

- Acute Care (Hospital) – The chaplain has been called for an elderly gentleman whose wife has suffered a massive stroke and is dying. The husband is in deep grief, and the chaplain invites him to share about their story together. Prayer is shared at the end of the visit.
- Long Term Care/Assisted Living – The resident is an independent elderly woman who identifies herself as an atheistic Jew. She expects judgment from the chaplain. But there is no judgment, the chaplain admits to having doubts, and together they explore “something greater.”
Evidence
Continued from page 7

No prayer or scripture is used in this visit, and the resident indicates a willingness for the chaplain to return.

▼ Hospice – A young man who has AIDS and little support has returned to street drugs to allay his pain. He is in spiritual crisis; he believes that as a born-again Christian he cannot pray to God without being repentant, and he is not sorry. Chaplain explores with patient his history with and concept of God. Through conversation, patient finds avenues that he can consider to reconnect with God.

Using a Likert-type scale, respondents rated the spiritual pain of the patient at the beginning of the interaction and then again at the end of the interaction. Spiritual pain was identified as despair, estrangement, grief, anxiety, and abandonment.

Despair_______________________________________Hope

\[
\begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 \\
\end{array}
\]

Estrangement___________________________Reconciliation

\[
\begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 \\
\end{array}
\]

Grief______________________________________Gratitude

\[
\begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 \\
\end{array}
\]

Anxiety_______________________________________Peace

\[
\begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 \\
\end{array}
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Abandonment____________________________Reconnection

\[
\begin{array}{cccccc}
1 & 2 & 3 & 4 & 5 \\
\end{array}
\]

If individual respondents experienced a shift, these chaplains were asked to provide their perceptions of the reason for the shift.

Study Results

This study is not randomized; chaplains were invited to participate and encouraged to invite other chaplains into the study. To this end, 101 chaplains requested survey packets and 75 packets were returned for assessment. Of these, 72 respondents representing 22 states met criteria for the study. Twenty-eight (39%) respondents were male; eight of these were Catholic priests and three were Protestant clergy. Forty-four respondents were women; 21 were religious sisters and three were Protestant clergy. Eleven respondents were CPE supervisors. The years that respondents have been certified ranged from 1 to 33, with an average of 11.2 years. Although the majority work in acute care, also represented were chaplains who work in hospice, LTC/AL/retirement communities, parish, teaching, physician offices, and behavioral health/forensics.

Respondents in this study reported overwhelmingly that the interactions had a positive impact on the patient or family member’s evidence of spiritual pain. For instance, in the case of the hospital setting, the elderly patient was unconscious and actively dying and her husband was struggling with this loss. Of 69 respondents who completed this survey, 65 identified despair as a significant issue and on average reported a 2.4 shift towards hope. The issues (and the number of respondents who considered each issue important) and the average shift in each healthcare setting are:

<table>
<thead>
<tr>
<th>Healthcare Setting</th>
<th>Despair</th>
<th>Estrangement</th>
<th>Grief</th>
<th>Anxiety</th>
<th>Abandonment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>2.40 (n=69)</td>
<td>1.62 (n=70)</td>
<td>2.20 (n=62)</td>
<td>1.77 (n=65)</td>
<td>2.40 (n=56)</td>
</tr>
<tr>
<td>Hospice</td>
<td>1.62 (n=70)</td>
<td>1.98 (n=70)</td>
<td>1.76 (n=61)</td>
<td>1.76 (n=61)</td>
<td>1.76 (n=61)</td>
</tr>
<tr>
<td>Long Term Care/Assisted Living</td>
<td>1.30 (n=49)</td>
<td>1.50 (n=56)</td>
<td>1.50 (n=56)</td>
<td>1.60 (n=58)</td>
<td>1.00 (n=46)</td>
</tr>
</tbody>
</table>

(Bold indicates that 90% and italics indicate 80% or more of the respondents believed that issue was significant.) Respondents overwhelmingly agreed that these three interac-

Further Reading/Bibliography


tions showed a shift towards healing for the patient or family member. Other issues that individual respondents named include: pain to comfort, fear to assurance, condemnation to acceptance (hospice); denial to acceptance, meaningless to meaningful (acute care); and anger to peace, absurdity to meaning, doubt to faith, and confusion to clarity (long term care/assisted living).

When asked what made a shift towards healing possible, respondents provided several common answers. First, they lifted up the importance of inviting the story of the other. Time and again, it was affirmed that this invitation coupled with active listening, a listening presence that stays engaged to the story, creates a space for healing. Secondly, they consistently spoke to the chaplain’s need to be a non-judgmental presence as playing an important part in the healing in each scenario. Thirdly, they identified some behaviors that give chaplains credibility: openness, honesty, and the ability to risk/be vulnerable. Finally, respondents (especially in the hospice and long term care scenarios) noted the chaplain’s willingness to assist in facilitating the inner resources of the other, or to explore with and/or participate in the patient/family member’s active search for meaning and/or the divine in light of the immediate crises. In the case of the hospice patient who felt estranged from God, many of the respondents lifted up the use of scripture and prayer as one reason for a shift toward reconciliation.

Conclusion

This study affirms the value of the chaplain at the bedside. Through the use of the verbatim as a tool for inquiry, respondents showed they could critique chaplain interactions, assess spiritual pain, and articulate interventional elements that promote spiritual healing. With the healthcare arena’s many demands and constraints, who else on the interdisciplinary team has the training or the time to provide the needed assessment and professional intervention? This is a place for chaplains to begin dialogue with administrators and team members. When this discussion is integrated with research addressing the importance of assessing spiritual risk (Fitchett) or the chaplain’s potential impact on the length of stay (Iler, et al), chaplains begin to move into the language of outcomes—a language that can be appreciated by administrators.

This study has limitations. It is not randomized, and it is biased (the polarities selected created forced choices for respondents). It raises the question: Is the verbatim a viable tool and if so, how can we best use it for research purposes? Finally, the study sample was small; to pull from a broader range of chaplains could expand the vocabulary available to the discipline for more meaningful dialogue. It is a dialogue that speaks from the heart and not always from the head. It is a dialogue in tension—where the sacred is confronted through secular structures, and yet finds voice in the depth our humanity.

As Dick Millspaugh writes, “I am grateful for chaplains just being there, for their caring, making it safe to cry and catching the falling tears in the folds of their hearts, for noticing the quivering lips, hearing the deep sighs, for hearing the shouts of, ‘No, no, this can’t be happening,’ for staying when the anger rings out, ‘Why isn’t God doing something?,’ for being there in the absolute silence of depression or shock when no words are sufficient, only the gentle touch of a hand and the … acceptance of caring eyes.”

Michele LeDoux Sakurai, NACC Cert, is a staff chaplain at Providence/St. Vincent Medical Center in Portland, OR and the NACC’s representative to JCAHO’s Liaison Network.

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.
Consider candidates and make your choices for NACC leadership

Six candidates are competing for two at-large seats on the NACC’s Board of Directors. The two successful candidates will begin their three-year terms on Jan. 1, 2006.

The following pages of Vision contain a statement from each nominee. Additional information, including the resume or CV of each candidate, is posted at www.nacc.org/aboutnacc.

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 appointed by the Board, and an external Episcopal Liaison appointed by the United States Conference of Catholic Bishops (USCCB). The executive director of NACC also serves as an ex-officio non-voting member of the board.

In the association bylaws, the functions of the Board of Directors are to:

1. Preserve 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 Certification Commission and NACC committees.
9. Establish task forces or other bodies required by the mission.
10. Establish standing and ad hoc committees of the Board of Directors.
11. Approve the annual budget.
12. Participate in the evaluation of the executive director.

All NACC voting members should watch for the arrival of the 2005 ballot in a separate mailing in the near future. The ballot mailing will contain another copy of the candidate information and a description of the voting method. Voting members are those in all categories except those of affiliate, student, inactive in chaplaincy, or inactive certified supervisor.

Voters must mail their ballots by the postmark deadline of September 23, 2005. Election results will be announced in the November/December issue of Vision.

The NACC relies on vigorous and creative board members who are equal to the challenges of the coming years. Your participation in this election is vital to the continued growth of the association.

Instant Runoff Voting

Following the success of instant runoff voting in last year’s election, we will use the system again this year in order to save the time and money required for a second round of voting. One ballot that we will mail in mid-August will fairly cover both preliminary and final rounds. Last year’s new system produced much higher participation than in many previous years, with a returned ballot rate of just under 50 percent. Please make your voice heard again this year.

Instead of putting a checkmark or X by the name of your two favored candidates, you will put a number showing your ranking or preference by each candidate’s name. For example, if you like candidate A the best, you would write “1” beside candidate A’s name. If your next favorite is candidate C, you would put “2” beside candidate C’s name; if your third choice is candidate B, you would put a “3” by B’s name. You may rank as many of the six candidates as you wish, but you may not give the same ranking to more than one candidate. You cannot hurt your favorite candidates by selecting lower preferences.

Instant Runoff Voting

After the votes are counted, if no candidate has enough votes to gain a majority, the lowest-ranked candidate is eliminated, and his or her votes are redistributed to those voters’ next-preferred candidates. This procedure is repeated until two candidates emerge with more than 50 percent of votes.

In Memoriam

Please remember in your prayers:

Mr. John F. Zay of Hartsel, CO, who died last December at age 67. He joined the NACC in 1989 and was certified in 1991. He worked as a chaplain at Penrose St. Francis Health System and was remembered as a nature lover, musician, and craftsman. He is survived by his wife, Mickey, and children Jessica, Jonathan, and Matthew.
Barbara Brumleve, SSND, Ph.D.
CPE Supervisor and Operations Director, Ministry Development Alegent Health Center for Healing Ministry, Omaha, NE

For the past six years I have been CPE Supervisor in a multi-institutional, faith-based health care system. I also serve on NACC’s Certification Commission and on the Accreditation Committee for ACPE’s South Central Region. I’m dually certified with both NACC and ACPE.

I would bring all of the above experience to the Board table, but I’ve identified four main interests that I would also bring to the Board’s policy-making. First of all, I believe in continuing collaboration with our cognate organizations. When I worked on the Common Standards for Pastoral Educators/Supervisors, I delighted in our diverse viewpoints. In one conversation a Jewish colleague proposed two additions to the competencies, which ultimately found their way into the finished document and enriched it.

Secondly, I would like NACC to explore collaboration with some of the large healthcare systems. Catholic Health Initiatives (CHI) is one of our two sponsors at Alegent Health and through their resources both our CPE program and our pastoral care have been enriched. At the recent Catholic Health Association national conference, where most of the attendees were leaders in our health care systems, 80-plus people attended our breakout session on “The Chaplain Redefined.” Healthcare leaders are interested in the pastoral dimension. Their systems have skills and resources. To explore NACC collaboration with these systems could be mutually enriching.

Third, I continue to hear people desiring greater NACC-member connection. Vision and educational events provide some structures, but members want more. How could all of NACC — members, executive director, office staff, board — work together to respond to what seems to be a deep heart desire within our members?

Fourthly, within NACC are two groups whose voices I would be particularly interested in hearing if I were a board member. I refer to our members diverse in race, ethnic background or language; and to our younger members, who want to make a career/vocation of chaplaincy or CPE supervision. While I respect the wisdom that older English-speaking Caucasian members (I include myself) bring to the table, I also want to hear the voices of diversity which mirror the populations that we serve. I want to hear the voices of our younger members who are our future. I want to cultivate the gifts of both groups, particularly of leadership.

To serve on the NACC board would be for me both a privilege and a responsibility.

The NACC is my professional home. I could not thrive in ministry without the peer support, affirmation and accountability that our organization provides. The NACC must be a premier resource for professional Catholic ministers. It must help us drive home the value of professional chaplains in the increasingly diverse and complex settings where we work. And it must firmly support the highest professional standards for ministry in our Church — the Body of Christ — which faces an acute need for competent leaders.

I have been an active and outspoken member of the NACC board during one of the organization’s most challenging periods. During the last three years I have helped the NACC adjust to the departure of an executive director and move forward during the transition. I am proud to have provided leadership by

- Chairing the search committee for a new executive director;
- Chairing the Governance Committee, improving and clarifying our leadership structures and bylaws;
- Representing the NACC with the Council on Collaboration, helping oversee completion of its Common Standards Project and building relationships of exciting potential with cognate partners.

I believe I bring important perspectives to our board:

- As a chaplain in universities and community service as well as in acute care and hospice, I have learned that we must support ministry in many settings across the whole community.
- As a researcher and writer, I realize that our profession must share its collected wisdom.
- As a first-career chaplain I am committed to the future of our Church; as a laywoman and mother of two, I am determined to promote rich, inclusive and accountable ministry, attracting all those who hear Christ’s call to serve.

The NACC must recruit a new generation of members and occupy a prominent place in the minds of all Catholics in formation for ministry. We can do this by active outreach to ministerial settings and graduate programs in ministry. The NACC also needs to make others aware that our ministers offer the best pastoral care and leadership in the Church. We can do this by creating a new marketing and publicity strategy, promoting research in spiritual care, and creating a Cabinet of Liaisons to other professional groups.

I am passionate about the NACC and I am richly blessed to have served you these three years. I hope you have noted this passion and will entrust me with re-election to our Board.
I have been an NACC-certified chaplain since 2000 and currently work as the Director of Chaplaincy for Hospice of Spokane. Prior to my move to Hospice, I was the Director of Pastoral Services at Deaconess Medical Center in Spokane, WA.

I was first nominated to the NACC Board of Directors in 2002 and am completing my three-year term. I have served as Vice-Chair for the past two years. I came to the Board with a background in nursing, law and chaplaincy. Over the past 20 years, I have served on boards for a number of nonprofit organizations. The special expertise I bring is in the areas of law, ethics, strategic planning, board governance and human resources.

During my term on the NACC Board, I have worked on a number of task forces including strategic planning and the standards task force. One of my most exciting endeavors was chairing the Ethics Task Force in drafting the common standards. It was a wonderful experience to work with colleagues from APC, ACPE, CAPPE/ACPEP, AAPC, and NAJC. It was a lot of hard work, but coming together with the collective experience, knowledge, wisdom and passion was enriching to all of our organizations.

I also served on the Governance Committee to revise the NACC bylaws to ensure consistency with law and how we operate business. In conjunction with revising the bylaws, I worked on the Governance Committee in developing a Board structure of committees that will utilize the expertise and talent from within the NACC with respect to standards, ethics, and development, which are among the new committees being formed.

I co-chaired the search committee for our new Executive Director. Yes, I know you probably were wondering what took us so long, but we wanted to take great care to select the right person for the mission.

I would like to be re-elected to serve another term in order to complete the work of the Ethics Task Force, which is to help the NACC develop a fair and equitable process for implementing the new Code of Ethics and processing complaints alleging violations of that code. It has been a wonderful experience serving on the Board of Directors and I have met some great people in our organization from all over this country. I have the energy, the passion and commitment to serve another term and would be honored to be re-elected.

Last year my name was placed in nomination for a board position. I submitted a profile at that time. I hope it is helpful to you in your decision making process if I repeat some of the information. Initially certified in 1990, I began chaplaincy in a religious community’s retirement home. Since then I have served in nursing homes, acute care hospitals, and home health and hospice settings. As regional director I utilized continuous quality improvement philosophies and techniques, forming a system of spiritual care that continues to serve five acute care hospitals, three nursing homes, hospice and a parish nursing program. I was Communications Chair for Region VII. I’ve assisted with regional conferences presenting workshops locally and nationally, most recently in Albuquerque. I served on certification teams for nine years. I write for Vision and other publications.

In November 2001, my husband and I moved to Vermont, where I established the chaplaincy program for Central Vermont Medical Center. Collaborating with community clergy, educating staff, serving on patient education, ethics and palliative care teams, providing bereavement services and support groups, acting as liaison to the Alzheimer’s Association and Vermont Ethics networks, leading prayer for the state legislature, creating a system of communication for state-wide APC and NACC chaplains, collaborating with our local home health and hospice while ministering as chaplain in our hospital and nursing home are among the opportunities and challenges I successfully negotiate.

Ministering in a community hospital teaches me the opportunities and challenges in rural and non-religious settings. Serving on the Ethics Task Force on Universal Standards acquainted me with technology’s potential when distance is a barrier, as well as the possibilities in collaborating with colleagues from other countries, cultures, and faith groups. I represented NACC on the Interfaith Prayer Service Committee for our Albuquerque conference. I currently serve on the Vision board and our Standards Committee.

I am passionate about chaplaincy and its role on the interdisciplinary team. I believe in standing toe to toe with our colleagues in the medical profession, fostering relationships, speaking the truth, stepping up to the table, embracing and initiating change. While mine is healthcare ministry, I support our colleagues in prison, business and parish chaplaincy. I believe our future lies in partnering with others!

Chaplaincy is about facing the future with hope. Please consider electing me to represent you on the NACC Board.
As member at large, I bring to this position over 35 years of healthcare experience, including a background in nursing, pastoral counseling, clinical and organizational ethics consultation, spiritual care services and spiritual care program development. As a certified chaplain, I worked as a staff chaplain, priest chaplain, manager, regional director and now a Vice President of Mission Integration for 14 sites.

My accomplishments with NACC have been to serve as the assistant regional director of Region XI, as a member of the regional certification committee, assist in regional and national assemblies, and most recently the joint NACC/APC Assembly in Albuquerque, where I served as the Chair for Spirituality.

It is my belief that spiritual care is integral for healing, and the challenges of today force us to “rethink” how chaplains partner and network with faith communities to promote healing and wellness within the different healthcare settings and within the community we serve.

Within the liminal space between woundedness and healing, we as chaplains enter, often only guided by our experience and lived faith. We have come to know, in the core of our being that within the many sufferings and tragedies of the human condition lay the seeds for healing and transformation. Grounded in our awareness of our own limitations and woundedness, as well as those miracles of healing that indeed have transformed us, we find the courage to enter into those interior landscapes where woundedness becomes the opportunity for hope. How often our insights, interventions, and advocacy assist the one we serve!

As a Board member at large, I will advocate that our voice, like one crying in the wilderness of healthcare, continues to be heard and appreciated for the miracle which it is.

Edward M. Smink, OH
System VP of Mission Integration
Dubuis Health System, Houston, TX

In the words of a song by Beth Nielsen Chapman, “Only the ones who believe ever see what they dream, ever dream what comes true.” Reading through the NACC 40th Anniversary Reflections, I am struck by the believers and dreamers that made NACC come true. This song resonates with Larry Seidl’s message in Vision 15/6: “It is time to ask each of you …what are you committed to believe into existence?” These are challenging words and the invitation does not leave me untouched.

To this invitation, as a CPE supervisor, I bring my passion for nurturing people’s vocations and helping define their pastoral identities. The Ignatian spirituality that I encountered at Weston Jesuit School of Theology helped me toward understanding the chaplain’s role as practicing and witnessing “contemplation in action.”

To this invitation, I bring ten years of experience as a hospital chaplain in two drastically diverse contexts: the Northeast and the Bible-belt South. To this invitation, I bring a conviction that chaplaincy needs to integrate its prophetic and pastoral responsibility into our life of our institutional communities. I am on staff in a nationally acclaimed hospital for Quality in Patient Care where I have learned much about high standards and delicate balances in contemporary healthcare. I hope to bring some of this sensitivity to NACC.

To this invitation, I also bring my previous professional background in genetics, which attunes me to the complexities of the current bioethical dilemmas, believing that NACC must have a voice in the socio-political conversation on these issues.

Having lived half of my life in Italy and half in the US, I bring a wide-angle perspective as a Catholic and as a citizen of the global world community. I also bring my experience of being a wife and mother, especially as relating to parenting a child with a chronic illness. It is in family relationships that I have most deeply entered into the mystery of suffering and have been met by my Lord in grace and hope.

All these experiences together have contributed to my particular store of creativity and wisdom. As a lay ecclesial minister, I am the next generation in that I participate in the Church’s concrete imagination for new ways of ministry. I love the faithfulness of the Catholic tradition, and I love its yet uncharted possibilities for making the Kingdom of God come true. I ask that you come believe and dream with me.

Cristina Stevens
Staff Chaplain/CPE Supervisor
Baptist Hospital, Pensacola, FL
In a busy world, how do we number our days aright to gain wisdom of heart?

Psalm gives good advice to number days aright

By Rev. Richard Leliaert

“How are you doing?”

Whenever I ask that, very frequently the response is, “Busy, busy, busy.” Or, “Wow, my plate’s so full!”

Then the predictable response back to me, “And how are you doing, busy?” I normally use the polite but trite answer, “Oh, me too!”

Sometimes, however, just to break the mold of “being busy” syndrome, I’dlike to respond like Garfield lying on his back as Jon tells him, “You’re collecting dust,” and Garfield responds, “It’s just my little way of keeping busy.”

This is indeed a fast-paced, multi-everything kind of world — multi-cultural, multi-factorial, multi-faceted, multi-tasked, multi-you name it. Time passes quickly; our days pass swiftly; so much needs to be done and so little time to do it. All par for the course in our lives today, so much so that all this might seem trite. But when our wild and precious lives are so busy, often being on autopilot, as Joan Guntzelman told us in Albuquerque, I need to ask myself: What impact does this busy-ness really have on the quality of my ministry as a chaplain? How does it skew my attentiveness, my connectedness, and my accuracy in assessing a patient’s or family’s needs?

At these moments, I refocus personally on the beauty of Psalm 90. I used Psalm 90 recently during a Sunday morning worship service for Rotarians celebrating 100 years. At first glance it seems to be a depressing psalm, but speaking for myself, there’s a kind of resonance I feel with and for it, especially when my life gets overwhelmingly busy or distracted.

My first encounter with this psalm occurred when I was a very young seminarian. I had just taken my first temporary vows in religious life and I had my first vacation. My sister was studying to be a nurse, and one of her affiliations was at the Indiana University-Purdue University Medical Center in Indianapolis. She was showing us the campus when we passed under a large brick door frame. Inscribed on the portal were the words: “Teach us to number our days aright, so that we may gain wisdom of heart” (Ps. 90:12). I was struck by this verse then, and it keeps coming back to me now.

Two things prompted my recent reflection on this psalm. One was the sudden unexpected death recently of a gifted 52-year-old priest from a heart attack, right in his doctor’s office. He was the pastor of a very large suburban parish, a respected leader in interfaith and ecumenical activity, a columnist for the archdiocesan newspaper, a seminary professor — this and more all at once. Even with his bad heart (not many knew this), he simply couldn’t say no to all that people asked of him. At his funeral, one of the largest if not the largest I’ve attended for a priest, there were pained friends who bluntly expressed their shock and anger by saying, “They killed him.”

The other was the lead article in the May 2005 issue of Science & Theology News, titled “Compassion at stake for families in motion.” The focus is a research project by UCLA scientists to determine “whether busy kids grow into loving adults.” Using one “insanely busy” LA family as a focus, the scientists have spent the last four years observing 32 LA families to study how working America somehow gets it done day after day, and whether highly programmed kids will grow up to become competent and compassionate adults.

I reflected on this priest’s death in the light of Robert Wicks’ talk that opened our national conference in Albuquerque. Read and reread the excellent summary in the June ’05 issue of Vision, p. 7. He warned us of the light and dark sides of chaplaincy in a busy world. On the one hand, he said, “I want to thank you for your nobility, for doing such wonderful work. You have no idea, even in your most insightful moments, how much good you’re doing.” This hit me. Then so did this remark: for every chaplain who officially feels burned out, even with compassion fatigue, there’s a dozen on the edge of it.

I reflected further on the study of busy families after an experience I had recently in the ICU. A 52-year-old mother of three grade school children had a sudden unexpected aneurysm in the brain. It became evident that she was dying, that there wasn’t much hope. At one point her husband indicated to us in her ICU room that their three children had to be picked up by their grandfather after school; they each had a sporting event or other activity packed into a tight schedule: 4:00 p.m., 5:30 p.m., 7:00 p.m. (with supper squeezed in, most likely in their sports uniforms). A staff member said, “Wow, isn’t it wonderful that they’re so busy?” Certainly a common scenario — but then I looked at their dying mother, and I just felt so pained. I wonder now, is this why the above-mentioned study on busy families and children is being done?

In a busy world, how do we number our days aright to gain wisdom of heart? I value the wonderful articles in
There are no easy answers to these dilemmas. But to enhance my own intrapersonal presence, I’ve reflected on three elements that help me gain wisdom of heart: attention, connectedness, and accuracy. For each of them, I suggest a passage from John’s Gospel as a focal point or mantra for gaining wisdom of heart and inner centeredness for more effective ministry in a busy world. Some of these reflections flow from the wonderful speakers we heard in the plenary sessions in Albuquerque, especially John Izzo, Richard Rohr, Joan Guntzelman, and Sister Monica Ann Lucas. Again, savor their summaries in the June '05 issue of Vision.

**Attention.** John Izzo’s Buddhist background led him to value Zen koans. One of my favorites, taken from David Schiller’s *The Little Zen Companion* (1994), tells of a man who asked a Zen Master, “Will you please write for me some maxims of the highest wisdom?” The Master wrote: Attention. “Is that all?” asked the man. The Master then wrote: Attention, attention. The man smirked, “I don’t really see much depth in what you’ve written.” Then the Master wrote thrice: attention, attention, attention. Half-angered, the man asked (like Pilate asked of truth), “Well, just what is attention anyway?” Gently the Master responded: “Attention is attention.”

Attention to the moment, attention to inner self, attention to the divine presence within each of us, help us live the present in every situation. Distractions are legion, but inner presence is essential to quality ministry for others. We can’t give what we don’t have. To be present, in the present, enables us to be a channel of the divine presence that empowers us to be a present (gift) to ourselves and all we meet: that intersection of intra-, inter-personal and divine presence(s). In John’s Gospel: “Those who love me will keep (be attentive to) my word, and my Father will love them, and we will come to them and make our home with them” (John 14:23).

**Connectedness.** The above attention enhances our connectedness with our selves and others, and Richard Rohr reminded us of the authority of those who suffer and its rootededness in our mutuality and connectedness in the human condition.

**Accuracy.** The above attention and connectedness enhance in turn our accuracy, that is, our well-developed ability to discern what is essential to this person, at this time, in this situation or circumstance. This is especially so in situations of cultural and religious diversity. Accuracy enhances our cultural competence. Accuracy is rooted in the Latin words *ad* (to or toward) and *curare* (to take care of or for). Hence an integral connection between accurate assessment and quality spiritual/pastoral care. Maybe it’s God’s way of realizing Jesus’ words about the vine and the branches: “Every branch that bears fruit he prunes to make it bear even more fruit” (John 15: 2).

Gaining wisdom of heart in a busy, quantum mechanics kind of world is a process. But genuine wisdom comes quietly. A quiet attention, connectedness, and accuracy are only means to an end. But as our speakers reminded us in Albuquerque, we seek not to follow in the footsteps of the wise, but to seek what they sought: a wisdom of heart that teaches us to number our days aright. For each of us in chaplaincy, it’s a call to keep centering our “wild and precious” lives in ultimate Wisdom.

Rev. Richard Leliaert, Ph.D., NACC Cert., is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center in Dearborn, MI.
Reiki practice offers a chance to connect

By Ed Horvat

Earlier this year, I had to suspend my Catholic orientation to become more catholic.

“Linda” battled a chronic illness that eventually took her life. She had multiple admissions to the hospital where I work. During her last hospital admission, she was discharged home with hospice. Eventually, Linda “bled out,” and her 17-year-old son witnessed her death. He called me and asked if I would conduct the funeral service, since he believed that I understood and “got” his mom.

Reiki (ray-key) was the common bond that Linda and I shared, and it was the way I gained entry into her spiritual world. Reiki is a Japanese word meaning “universal life energy,” the energy found in all things. Many Eastern cultures embrace the concept of universal energy (ki in Japanese; prana in Sanskrit; ch'i or qi in Chinese) and believe that physical, spiritual, or emotional distress can result from energy interference.

Those who practice reiki believe that there is both a physical and spiritual reality to this energy. In fact, earth ki and heavenly ki are what we are: we are physical reality and we are spiritual essence.

It can be challenging to think outside of the framework of our tradition, but that is part and parcel of a professional chaplain’s work. I had become fascinated with the results I observed from touch therapies by some nurses in the hospital where I work, and I wanted to learn more. During the 2003 symposium in Toronto sponsored by NACC and other cognate groups, I participated in a pre-conference session conducted by Reiki Master Daniel Pure, M.Div, BCC. After I came home, I began to gradually and selectively incorporate reiki into the spiritual care I provide to patients, family, and staff.

Reiki was “rediscovered” in 1914 by Dr. Mikao Usui of Kyoto, Japan. Dr. Usui developed the technique based upon his extensive research into sacred scriptures, learning about healing from the world’s religions. Although many believe reiki to be spiritual, it is not a religion, and it does not require those who give or receive it to adhere to any particular religious system.

During reiki sessions, a person reclines on a massage table, or can remain in their hospital bed. Often, relaxing music is played. During a treatment, a reiki practitioner places her/his hands lightly on specific energy centers of the body. Using 12 to 15 hand positions, they transmit reiki to the person. Unlike massage, the body is not manipulated. The hands of the practitioner are placed on the clothed body. These are called “holds.”

When a reiki practitioner places her/his hands on the body, reiki is said to flow through the practitioner into the client. This transfer may be felt as any type of sensation — heat, cold, vibration, tingling, unusual heaviness, or sometimes as no sensation at all. On a physical level, reiki can relax muscles, ease pain, and accelerate healing. On a mental and emotional level, anxiety can be reduced, a sense of well-being may increase and another level of relaxation can be felt. On a spiritual level, people have stated they feel revitalized, cared for, and newly awakened.

Reiki practitioners neither diagnose nor promise outcomes. They believe reiki has innate wisdom, be spiritually guided, serve the highest good, and flow naturally to wherever an individual needs it most. Using my own Christian faith as a reference, it is very much like the “laying on of hands,” and has some similarities to the sacrament or mystery of anointing. In my Byzantine Catholic tradition, I envision that I am working with Hagia Sophia, or Holy Wisdom — the Holy Spirit of the Trinity — when I utilize reiki as a spiritual care technique.

Leading hospitals have embraced and legitimized reiki to the point that they offer it as a complement to traditional treatments. These hospitals include Memorial Sloan-Kettering, Dartmouth-Hitchcock Medical Center, Columbia Presbyterian Medical Center, The Cleveland Clinic, and the Yale Cancer Center, to name a few. In addition, the American Cancer Society acknowledges patients’ subjective reports that reiki speeds healing, increases physical and spiritual well-being, and reduces the intensity and frequency of nausea and vomiting associated with chemotherapy.

The Common Code of Ethics recently affirmed by NACC and five other professional organizations calls us to be mindful of the imbalance of power in the professional/client relationship, and mandates that we must refrain from any form of sexual misconduct. During a reiki session, the body is touched. Therefore, it is important to address the issue of touch further.

Ashley Montagu in his book Touching: The Human Significance of the Skin, asserts that touching is something that we need to maintain health. But Montagu points out that society limits our touching behavior, that anything beyond a handshake or a back pat takes on sexual overtones in our culture. Montagu also maintains that “skin hunger” runs much deeper than a desire for sex. More recently, Phyllis K. Davis, Ph.D., in The Power of Touch, states that touch is the basis for survival, health, intimacy and emotional well being: “Touch is communication on the most basic level. The need for touch is a necessity throughout our lives, from birth to death, which serves to sustain us emotionally and physically.” I would expand...
England Culinary Institute.

Luncheon will be catered by the New Woodridge Nursing Home, moving up the hill at the conclusion of Mass.

He will celebrate Mass and attend a bishop, Most Rev. Salvatore R. Matano.

Linda's energy was apparent just being in her presence. But I had the opportunity to tap into her energy through touch. Linda was a reiki practitioner, a physician, and a businessperson. She was a woman of strong faith and deep spirituality outside of any religious structure.

The indigenous peoples of North America do not have a word for religion in their languages. Their spirituality is inseparable from and completely integrated into their lives. No word exists to separate it from other aspects of living. I became aware that Linda's way of living was like that. Her spirituality was integrated into her being — her life-force.

In addition to the support I was providing to Linda, I was also being ministered to through her reiki energy. I became very calm and still. Images of water appeared in my mind's eye, and I was on a lake. I was in a boat on that lake, and the gentle waves and the quiet were calming. There is an energy exchange during reiki, and even though Linda was in the hospital bed, she was still a healer.

Because Linda's son saw her bleed out, I was concerned about that final image hurting him, so at the funeral service I spoke about water. Linda and her son lived near water. Water is the lifeblood of our planet. Without water, life as we know it would not exist. The surrounding forests, fields, and farms all depend on water. Water is both sacred and commonplace; it is the stuff out of which life came. Earth's water molecules are billions of years old, they have traveled around the globe unnumbered times in an endless cycle. Water is the ultimate connector, and Linda and I are ultimately connected to, and integrated with, life.

Since symbols help us to understand spiritual concepts, a pitcher of water was present during the service. I explained that the container symbolized Linda's physical life and presence. The water inside represented Linda's spiritual essence — and in Linda's case, that essence often spilled out from its container. I invited her son, alone or with others, at some future time, to empty the container, pouring out the contents into the natural world. I explained that her essence and life-force are no longer contained in her physical body, but her life-force and energy continue to be part of life. I let those present know that they would find themselves missing her physical presence, but I encouraged them to smile when they saw a raindrop, a tear, or a body of water. Linda's essence has been released from physical boundaries and restraints, but it has not disappeared.

Since then, Linda's son has poured the water into a river that feeds the lake they live near, which will eventually empty into the Gulf of Mexico, and on and on. She was buried on a West Virginia mountain-top surrounded by nature, and we passed many streams to get there.

If I had not been exposed to reiki, I would not have had a meaningful relationship with this particular patient as a professional chaplain. By extension, I would not have been in a position to help her young son honor his mother and place her life within the context of her values and belief system.

Linda would not have framed her concept of reiki within my religious and theological understanding of Hagia Sophia or the laying on of hands, but we were able to relate to each other spiritually. The Common Code of Ethics for Chaplains provides a framework for us to exercise professionalism in this wonderfully diverse world in which we live. One of the premier mandates calls us to be grounded in our respective faiths; affirm the dignity and value of each individual we encounter; respect the right of each faith group to hold to its values and tradition; and respect the diversity of those we serve, refraining from imposing our own values and beliefs on them.

During the Sunday of Pentecost in my Byzantine Catholic tradition, we intone the special hymn, “O Heavenly Comforter, Spirit of Truth, You are everywhere present and fill all things. Treasury of Blessings and Giver of Life, come and dwell within us.” Indeed, Holy One, dwell within us. There is work to be done.

Ed Horvat, NACC Cert., is Coordinator of Pastoral and Spiritual Care at Monongalia General Hospital in Morgantown, WV. His e-mail address is horvate@monhealthsys.org.

Anniversary celebrations scheduled in Vermont and Florida

The NACC’s 40th anniversary celebration in New Berlin, VT, will include the state’s newly ordained bishop, Most Rev. Salvatore R. Matano. He will celebrate Mass and attend a luncheon and social hour at Woodridge Nursing Home and Central Vermont Hospital on Saturday, Oct. 8, 2005.

Festivities start with Mass at noon in Woodridge Nursing Home, moving up the hill at the conclusion of Mass. Luncheon will be catered by the New England Culinary Institute.

Invites include APC/NACC chaplains, pastors, etc., of other denominations, local pastors and deacons from throughout the state of Vermont, physicians on staff at CVMC, the hospital president and nursing home administrator. Those interested in attending should write to Linda.piotrowski@hitchcock.org or call (802) 371-4376. The deadline to respond is Oct. 3.

NACC members in Florida will hold a special anniversary Mass in conjunction with the Diocese of Orlando on Saturday, Sept. 3, 2005 at noon at St. Mary Magdalen Catholic Church, 861 Mainland Ave, Altamonte Springs, FL 32701; the phone number is (407) 831-1212. The hosts will be Most Rev. Thomas G. Wenski, Bishop of Orlando; Father Charles Mitchell, pastor of St. Mary Magdalen; and Father Roy V. Ecco, Florida hospital chaplain.

If you would like to schedule a 40th anniversary celebration in your area for the NACC, please write to dwellem@nacc.org or schaw@nacc.org.
**Book Review**

**Book describes methods and stories of forgiveness**

*Becoming a Forgiving Person: A Pastoral Perspective*

By Henry Close, ThM; Haworth Pastoral Press; 2004; 131 pp; $14.95 paper; $29.95 hardbound.

*By Sr. Colette Hanlon, SC*

Those of us who minister with the sick and the dying recognize how critical giving and receiving forgiveness can be. In addition, most of us know the reality of offering and receiving forgiveness — or of not doing so. This easily readable book offers a helpful construct for working through some of the reluctance or resistance to do the hard work required in forgiving.

Close begins by reflecting on an offense he himself experienced and how his struggle to move on without a friend’s apology helped him to become a more pastoral and forgiving person. He identifies three main ways in which we can be hurt: Offenses against our freedom; offenses against self-esteem; and offenses against intimacy. Each of these may involve choices, feelings of humiliation, and the experience of betrayal.

While Scripture says to “love your enemies and pray for those who persecute you” (Matthew 5:44), society’s bumper stickers proclaim: “Don’t get mad; get even.” Our world is often oriented toward blaming and holding grudges. Yet blaming, excusing, defensiveness is interested in the past. Forgiveness is oriented toward the future and requires a deeply spiritual discipline.

The author offers many insights into gender differences in instances of personal betrayal. He acknowledges that serious offenses against freedom and self-esteem are usually sins of commission, but the painful offenses against intimacy are those of omission. Taking initiative after being hurt requires both internal and external work — renouncing revenge and being open to resuming a relationship.

Revenge may help a person to regain a sense of power and assist with self-worth, but it becomes part of a vicious cycle. Forgiveness requires a person to take charge of his or her inner attitudes as well as outward behavior. While understanding may soften the effects of an offense, forgiveness is based on deeper realities. Forgiveness is “discovering … that I am more like those who have hurt me than different from them.”

Close suggests that someone’s offense neither constitutes nor describes the complexity of a total person. Throughout the book, he offers many stories of persons who have been deeply hurt and invites reflection on the experience of Simon Wiesenthal and the Jewish people during the Holocaust. He suggests a variety of ways to enlarge capacity for forgiveness and get beneath the surface hurt to the deep spiritual dimension where forgiveness is possible.

A Chinese proverb states that the “longest journey begins with a single step.” Committing to developing as a spiritual person is a wonderful first step. This book suggests tools for ministering with those who struggle to give and/or receive forgiveness and for developing our own capacity for forgiving.

Sr. Colette Hanlon, SC, NACC Cert, is Director of Pastoral Care and Patient Relations at the Hospital of Saint Raphael, New Haven, CT.

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**Chaplains earn certification**

The NACC congratulates the following chaplains who earned certification following their interviews this spring.

- Mr. David Whitehouse Bechtel, Williamsport, PA
- Mrs. AnaLisa W. Bischoff, Underwood, ND
- Ms. Isabelita Boquiren, Sacramento, CA
- Ms. Rose Mary Boyd, Des Moines, IA
- Mr. Andre B. Charbonneau, New York, NY
- Miss Linda S. Cirillo, Arlington, VA
- Dr. Lori Marie Croskey, Arlington, VA
- Ms. Judy Donohue, Lexington, KY
- Sr. Roselyn Heil, FSPA, Arbor Vitae, WI
- Sr. Ann Louise Impink, SSND, Philadelphia, PA
- Mrs. Lisa A. Irish, Vernon, CT
- Sr. Nadine Koza, OSF, New York, NY
- Mrs. Kathleen Mackey Krajcik, Toms River, NJ
- Ms. Mary Jo Krueer, Cox’s Creek, KY
- Mr. William Edmund Lucey, Reading, MA
- Mr. Stephen May, Montgomery, IL
- Rev. James A. Mott, OSA, San Diego, CA
- Ms. Ann M. Naffziger, Alameda, CA
- Rev. Anthony O. Nwachukwu, New York, NY
- Rev. Alexander H. Okoro, Danville, IL
- Ms. Diane Smiley, Saginaw, MI
- Sr. June Ann Souder, SSJ, Bethlehem, PA
- Rev. Joseph E. Specht, SJ, Honolulu, HI
- Mr. Andrew P. Stewart, Durham, NC
- Rev. Anthony Hung Tran, OP, Houston, TX
- Dr. Ilse R. Wefers, Portland, OR
- Mr. Richard P. Weller, Antioch, TN
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e-mail: pastoralcare@cam-inc.com
Columbus offers many activities around conference

We look forward to seeing a great many of our members at our annual conference March 11-14, 2006 in Columbus, Ohio. Regardless of the speakers or theme, which we hope to announce by our next issue, Columbus has much to offer travelers and tourists.

From our downtown base at the Hyatt Regency Hotel, a great many of the city’s attractions will be within walking distance.

Just a block west of the Greater Columbus Convention Center is the Arena District, named for Nationwide Arena, home to the National Hockey League’s Columbus Blue Jackets. The area also features bars and restaurants, the state-of-the-art Arena Grand Movie Theater, and a popular concert venue, PromoWest Pavilion.

A short walk north of our hotel is the Short North Arts District, an artsy, eclectic area full of galleries, specialty shops, trendy nightspots and gourmet restaurants.

More artistic opportunities are available at the Columbus Museum of Art and the Wexner Center for the Arts, which feature classic masterpieces and cutting-edge contemporary works. The Columbus Zoo and Aquarium, open every day of the year, features a new Southeast Asia exhibit. COSI Columbus, a famed interactive science museum, offers eight exhibition areas to explore everything from the depths of the ocean to the far reaches of space. The Franklin Park Conservatory and Botanical Garden east of downtown houses more than 400 species of tropical plants, orchid and bonsai collections, and a 28-acre park with formal gardens.

About two miles to the south is the noted German Village, lined with brick sidewalks and elaborately restored homes. The area features many shops, including the 32-room Book Loft, German restaurants, and Schiller Park.

Columbus is the capital and largest city in Ohio and the 15th-largest city in the United States. In March, when we will be gathering, the average high temperature is 52 degrees and the average low is 32 degrees.

For more information, visit www.ExperienceColumbus.com on the Web.

Canadian conference offers hospitality and new ideas

By Jim Willsey

Going to Halifax, Nova Scotia in the middle of February may seem chilling, but the annual CAPPE/ACPEP conference warmed things up dramatically. Canadian hospitality more than made up for the cold weather. The conference theme, “Claiming Our Wisdom in Dangerous Times” certainly can resonate with many of us in the NACC.

Plenary speaker, Dr. Kathleen Skerrett really made us reflect on our callings. Following each plenary session, facilitated groups gathered to consider from what and where our wisdom came and how it was used. We also shared when our wisdom was well received and times when we were reluctant to voice it. I attended one workshop, “Nurturing the Sacred in a Multifaith Milieu.” If you’re like me, you’re often looking for ritual that is inclusive and inoffensive when people of various faith groups gather and worship together. What a blessing of ideas and actual services I received to bring back to my hospital.

I found the presenter, Steve Hill, on the way back from the cathedral for worship and told him how beneficial his presentation was. He enthusiastically gave me permission to pass along his name and e-mail address (steve@achc.ab.ca) for any of our members who would like to dialogue. Steve is the director of mission integration for the Alberta Catholic Health Corporation in Edmonton.

Some of our members may not know that CAPPE/ACPEP offers a very different model of incorporation than the USA’s pastoral care organizations. CAPPE is composed of chaplains, supervisors and pastoral counselors of all religions. Their inclusivity amidst so much diversity was inspiring. They also take their commitment to being sensitive to the bilingual issue seriously. Translators and headsets for French or English speakers were always available. My French being as weak as it is, that turned out to be a very good deal.

Over the course of the weekend I met and shared with their new President, Dale Johnson, and their President-elect, Buffy Harper. Both remembered our recent collaboration at the Toronto conference on ethics and voiced a sincere desire to explore the possibilities of doing future projects with several of the cognate groups of spiritual care providers here in the United States. I agreed but suggested San Diego, especially if February is to be the time of year.

Jim Willsey, NACC Cert., is the Director of Spiritual Care at Roger Williams Medical Center in Providence, RI.
New committee considers standards of NACC

The NACC’s new Standards Committee met for the first time on July 8 in Glenview, IL, to discuss, prioritize and develop work plans for looking at the standards of the association. Members of the committee include: Alan Bowman (chair), Mary Lou O’Gorman, Mary T. O’Neill, Linda Piotrowski (secretary), Dr. Jane Smith, Larry Seidl (ex-officio), Dr. Susanne Chawszczewski (ex-officio and staff liaison), and Board of Directors members Ann Hurst, Paul Marceau and Karen Pugliese. Also present was Sr. Kay Sheskaitis, IJM, executive director of the United States Conference of Catholic Bishops/Commission on Certification and Accreditation.

After an overview of the history of the standards process along with a discussion of committee roles and responsibilities, Sr. Kay discussed the relationship between the USCCB/CCA and the NACC. She highlighted the desire of the USCCB/CCA to assist the NACC in moving through its own process while emphasizing Catholic identity, intercultural diversity, and social justice as main issues in the review of the standards.

The committee agreed to a twofold work plan of reviewing the standards. One part involves reviewing all standards while separating the standards from the process for easier clarification for our members. The second part of the work plan encompasses the integration of the Common Standards

▼ CHAPLAIN

Pensacola, FL – Chaplain wanted for full-time position at Sacred Heart Health System. Sacred Heart is part of the Ascension Health System and consists of a 449-bed acute-care hospital. Must be board certified or in the process of certification. NACC board certified preferred. 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; or apply online at www.sacred-heart.org.

▼ PRIEST CHAPLAIN

Hays, KS – Hays Medical Center seeks a full-time priest to join our pastoral care department. Person will be responsible for addressing emotional, physical and spiritual needs of patients, families and associates by making rounds or through appointments. Will guide patients and families through decisions regarding ethical decisions in their care, and approach families regarding tissue transplants. Requirements include a bachelor’s degree in theology, pastoral studies or related field; prefer hospital experience but not required. We offer competitive salaries and excellent benefit package. To learn more of the position and our community, visit us at www.haysmed.com and click on “Join Our Team.” Email cover letter and resume to trohr@haysmed.com or fax it to (785) 623-5627.

▼ HOSPITAL CHAPLAIN

Green Bay, WI – Excellent ministry opportunity! 16 hrs/wk., weekend rotation, plus call. Bachelor’s degree and education in related ministry field and must have some Clinical Pastoral Education, three to four units preferred. Certification, or working toward certification, with NACC or

Positions Available

APC a plus. Endorsement of local ordinary or religious sponsor. Our compensation program is set to attract and retain competent employees who take pride in their work. Other benefits include paid time off, flexible benefits and tuition reimbursement. Apply today and see why St. Vincent Hospital is northeast Wisconsin’s employer of choice. Apply by e-mailing a confidential resume to Mary Pliner at mpliner@stvgb.org, apply on-line at www.stvincenthospital.org or send a resume to: St. Vincent Hospital Attn: Mary Pliner, P.O. Box 13508, Green Bay, WI 54307-3508

▼ DIRECTOR, PASTORAL CARE

Michigan – Trinity Continuing Care Services (TCCS), a member organization of Trinity Health, has positions available for a Director Pastoral Care in Warren, Muskegon, Grand Rapids, Fraser, Rochester Hills, and Maryland. At TCCS, our cultural transformation continues to excel through the integration and application of the EDEN Alternative Principles. TCCS communities include 12 long-term care, two continuing care retirement communities, eight senior housing communities, seven HUD senior apartment communities, and four-assisted living residence. TCCS provides competitive compensation and benefits that complement this opportunity for personal growth and professional advancement. Director of Pastoral Care will provide spiritual leadership to residents, families and employees in the facility. This person will serve as the spiritual leader in
Positions Available

Each facility and represent the facility as the pastoral presence in the community. Ideal candidates must possess and demonstrate personal presence that is characterized by a sense of honesty, integrity and caring with the ability to inspire and motivate others to promote the philosophy, mission, vision, goals and values of Trinity Health. Minimum education/experience preferred: Bachelor’s degree, satisfactory completion of at least three units of clinical pastoral education at ACPE or USCCB approved centers or at least five years’ experience either acute, sub-acute, long-term or hospice settings. Please send your resume, salary requirements and desired location of employment to mccjobs@trinity-health.org. Relocation assistance available. No phone calls, please.

**CHAPLAIN**

Bakersfield, CA – Integrity. You’ll find it in our people and the community they serve. From a great career to a great lifestyle, and everything in between, you’ll find it all right here at CHW – Mercy, Mercy Southwest and Bakersfield Memorial Hospitals. As soon as you step into one of our facilities you will feel it – the care and attention that our entire staff devotes to both patients and to each other. We understand what makes this community special – priceless qualities like family, hard work and integrity. We respect these ideals because they are the foundation for the quality patient care we provide to our community. We are currently seeking a caring and compassionate professional to join our dedicated team of five chaplains to cover these three excellent facilities. Qualified applicants must be certified by NACC/APC, have an endorsement by a leader in their faith traditions and have three years’ hospital experience. Master’s degree in divinity, theology or related field required. We offer competitive compensation, comprehensive benefits including free healthcare premiums for you and your dependents, and a very supportive and quality-focused environment. Bakersfield is a warm and inviting community with big-city amenities, yet the cost of living and home prices are among the lowest in California. Plus, Bakersfield has recently been voted the “Happiest City in America” by Men’s Journal! We believe that the effort you put into your career devotes to both patients and to each other. We understand what makes the community special – priceless qualities like family, hard work and integrity. We respect these ideals because they are the foundation for the quality patient care we provide to our community. We are currently seeking a caring and compassionate professional to join our dedicated team of five chaplains to cover these three excellent facilities. Qualified applicants must be certified by NACC/APC, have an endorsement by a leader in their faith traditions and have three years’ hospital experience. Master’s degree in divinity, theology or related field required. We offer competitive compensation, comprehensive benefits including free healthcare premiums for you and your dependents, and a very supportive and quality-focused environment. Bakersfield is a warm and inviting community with big-city amenities, yet the cost of living and home prices are among the lowest in California. Plus, Bakersfield has recently been voted the “Happiest City in America” by Men’s Journal! We believe that the effort you put into your job should come back to you as a clear commitment to ensuring your career growth. To learn more about this opportunity or to submit your resume, please contact: CHW Mercy Hospitals, Attn: Shelley Yagers, Recruiter, sryagers@chw.edu; 1600 D Street, Bakersfield, CA 93301; Phone: (661) 632-5212 or fax (661) 632-5541. EOE/AA/M/F/D/V

**CERTIFIED STAFF CHAPLAIN**

Lake Charles, LA – CHRISTUS St. Patrick has a full-time position available for a certified staff chaplain in Spiritual Care Services for a professed Roman Catholic sister with endorsement from her order, ordained Roman Catholic permanent deacon with ecclesiastical endorsement, certified Roman Catholic layperson with ecclesiastical endorsement, or an ordained Protestant minister with ecclesiastical endorsement from her/his denomination. CHRISTUS St. Patrick Hospital is a progressive acute and long-term care facility with 370 beds. Qualified candidates must be CPE trained. NACC, APC or COC certified or actively in the process of certification. Knowledge of current theology and medical ethics is essential. Our position involves a multidisciplinary team approach to meeting the spiritual needs of our patients, families and staff of all faiths. We offer a competitive salary based on experience. Our benefits include paid leave, educational reimbursement, health, dental and life insurance, wellness programs, discounts and more. Lake Charles is a thriving community of 65-70,000 with a wide range of quality educational, cultural and recreational opportunities. We are located just 45 minutes from the Gulf Coast of Louisiana where fishing is a thriving industry and we are equidistant from Houston, TX and Baton Rouge, LA. To pursue this opportunity further, please submit a resume to Jo Anderson, Personnel Recruiting, CHRISTUS St. Patrick Hospital, Human Resources Services, 1607 Foster Street, Lake Charles, LA 70601, phone (337) 491-7760 or fax (337) 491-7769.

**CHAPLAIN**

Port Huron, MI – Mercy Hospital is currently seeking a part-time chaplain to work in the Spiritual Care Department. Responsible for delivering spiritual care to patients, families, staff and volunteers. Responds to emergencies, hospital codes and major traumas in accordance with philosophy of Trinity Health and Mercy Hospital. Qualified candidates should have master of divinity or equivalent. Certified by NACC, ACPE, or APC. Spiritual care experience in hospital setting preferred. Professional knowledge of “Ethical and Religious Directives for Catholic Health Care Services.” Knowledge of and appreciation for the values inherent in the philosophy of Trinity Health. Qualified candidates are encouraged to apply in person, send or fax resume to: Mercy Hospital, Attn: Human Resources, 2601 Electric Avenue, Port Huron, MI 48060; Fax (810) 966-3104; SeifertC@trinity-health.org; www.mercyporthuron.com. Achieving Diversity through Affirmative Action/Equal Opportunity Employer

**PRIEST CHAPLAIN**

Washington, DC – This position provides pastoral care to patients, families, and staff of Georgetown University Hospital. The position provides for the administration of Roman Catholic sacraments and other worship services. The position will provide support to the department’s educational activities and activities in support of the hospital’s Jesuit and Catholic identity. Graduate theological degree (M.Div. preferred); ordination as a Roman Catholic priest; four units of clinical pastoral education preferred. Send resumes to Brian Conley, S.J., Mission and Pastoral Care, c/o Georgetown University Hospital - Main-1, 3800 Reservoir Road NW, Washington, DC 20007-2113.

**DIRECTOR OF SPIRITUAL SERVICES**

Oak Park, IL – Rush Oak Park Hospital, which is sponsored by Wheaton Franciscan Services, is seeking an energetic professional Roman Catholic certified chaplain to provide leadership for the integration of spiritual services, ethics and mission. The director’s primary responsibility will be the ongoing development of a creative and innovative department, joining a team of two chaplains in providing compassionate spiritual care, sacraments and ritual in a 175-bed community hospital. The candidate will need excellent communication skills, organizational and team-building skills, and the ability to work as a liaison with the community. Qualifications: Candidates must be Catholic, certified as a chaplain, possess a graduate degree in divinity, theology or pastoral studies, demonstrate leadership ability to handle
administrative responsibilities related to mission, ethics and spiritual services, excellent clinical skills with a clear identity as a professional chaplain and an ability to collaborate with diverse faiths and disciplines. A minimum of five years in spiritual care in a healthcare setting is preferred. To apply, please send your resume to Carol Bermudez, professional recruiter, Rush Oak Park Hospital, 520 S. Maple Ave., Oak Park, IL 60304; fax (708) 660-5668; e-mail roph_hr@rush.edu. www.roph.org.

**MANAGER, CPE & SPIRITUAL CARE**

**St. Mary’s Medical Center, San Francisco, CA** – Position requirements: Certification as an Associate Supervisor or Supervisor with the ACPE or NACC; Master of Divinity is required; three years in hospital chaplaincy with previous managerial or supervisory experience is desired; experience working in clinical specialty areas, addressing pastoral and ethical issues is desired. This is a 40 hour/week position. The manager is responsible for supervising six residents in the CPE Program and a supervisor in training, as well as four staff chaplains. The manager is responsible for the coordination and supervision of the CPE program and will also be a member of the Management Council of the Hospital. In addition, the manager will work collaboratively with two certified supervisors in the System Center. St. Mary’s Medical Center is San Francisco’s longest continually operating hospital, providing groundbreaking healing and healthcare since 1857. St. Mary’s is a not-for-profit organization sponsored by the Sisters of Mercy, and part of Catholic Healthcare West. The lovely city by the bay offers beautiful weather, spectacular views, and a culturally diverse community. St. Mary’s Medical Center is located by Golden Gate Park and the historic Haight Ashbury district. St. Mary’s offers excellent compensation and a benefits package including a matched savings/retirement plan and a 403(b) plan. Please send resume to: Nancy Richardson, Employment Specialist, St. Mary’s Medical Center, 450 Stanyan St., San Francisco, CA 94117; (415) 750-4932 phone; (415) 750-5928 fax; nrichard@chw.edu. www.stmarysmedicalcenter.org. EOE.

**CHAPLAIN**

**Spokane, WA** – Four-season country with 76 lakes and four major rivers within a 50-mile radius, abundant winter skiing, and public golf courses that are among the best in the nation. Spokane offers a low cost of living and ranks eighth in Reader’s Digest “Best Places to Raise a Family.” Holy Family Hospital is a Providence-sponsored ministry offering excellent benefits in a values-supported community environment. Have balance in your life with a part-time 24 hour/week position. Bachelor’s degree in theology or pastoral ministry required. Masters of Divinity preferred. Four units of CPE required. Certification preferred. For more information contact Joan Cossette in Human Resources at (509) 482-2159. Apply online at www.holy-family.org or email your resume to JCossette@holy-family.org.

**CHAPLAIN**

**Spring Valley, IL** – St. Margaret's Hospital is seeking a part-time pastoral minister (chaplain) to provide ministry to patients, their families, and visitors throughout the continuum of care. St. Margaret's Hospital is part of the Sisters of Mary of the Presentation Health System, celebrating 100 years of healing ministry. This position includes day hours, rotating weekends and call coverage, and is accountable to the director of pastoral care. This pastoral minister (chaplain) will work part time in the hospital and clinical areas, as well as outpatient areas. Qualified candidates will be NACC or APC certified or have equivalent pastoral care experience. A bachelor’s degree in theology, pastoral studies, ministry or related field is preferred. Send resume to Director of Human Resources, St. Margaret’s Hospital, 600 E. First St., Spring Valley, IL 61362 or e-mail to hrdir@aboutsmh.org. EOE.

**CPE SUPERVISOR**

**Lexington, KY** – Saint Joseph HealthCare, a two-hospital faith-based full-service healthcare organization, located in beautiful Lexington, KY, seeks a part-time certified ACPE Supervisor/Associate Supervisor. Supervisor will work in a team setting and participate in an expanding CPE program initiative. Candidate should have experience in Level 1 and 2 CPE, master of divinity, theology or pastoral studies, ecclesiastical endorsement, and supervisory experience in CPE. Resumes, including salary expectations should be submitted to: The Rev. Mr. Tom Waken, Saint Joseph HealthCare, 1 Saint Joseph Drive, Lexington, KY 40504; phone (859) 313-1242; fax (859) 313-2179; e-mail waken@sjhlex.org; website www.saintjosephhealthcare.org.

**CPE RESIDENCY PROGRAM**

**Lexington, KY** – Saint Joseph HealthCare, a two-hospital faith-based full-service healthcare organization, located in beautiful Lexington, KY, offers an exciting opportunity for 3 FT CPE residents to work with our dedicated pastoral care staff. 4-unit residency begins 9/05 and ends 8/06. Salary is $17,000 plus benefits. Specialty residency available in palliative care, pediatric/maternal child health, cardiac care, orthopedic or oncology care. $25 nonrefundable application fee (made to Saint Joseph HealthCare). Contact: The Rev. Mr. Tom Waken, Saint Joseph HealthCare, 1 Saint Joseph Drive, Lexington, KY 40504; phone (859) 313-1242; fax (859) 313-2179; e-mail waken@sjhlex.org; website www.saintjosephhealthcare.org.

**CPE RESIDENCY PROGRAM**

**Temple, TX** – Scott & White Pastoral Care Department is recruiting for the 2005-06 Residency Program. Scott & White is one of the largest medical specialty clinics in the U.S., and is affiliated with the Texas A&M University Health Science Center. Scott & White recognizes the importance of the mind, body, spirit connection and therefore provides a supportive environment for pastoral ministry. Our innovative program offers three units of CPE in a calendar year. By providing longer breaks between units, we provide students with more time for development of relationships with doctors and staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. $25 application fee. Send applications, or contact for more information: CPE Supervisor Marty Aden, Dept. of Pastoral Care, Scott & White Memorial Hospital, 2401 S. 31st St., Temple, TX 76508. Phone 254-724-5280 or email maden@swmail.sw.org.

**Position Wanted**

NACC-certified chaplain with two and a half years’ experience in long-term care seeks a full-time position as a staff chaplain, preferably in the metropolitan New York City area, beginning in September. Prefer a hospice or long-term care facility. Please contact Mr. Thomas J. Rowan, tomad_51@lycos.com, 646-316-4493.
<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td><strong>September</strong></td>
<td></td>
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<tr>
<td>1</td>
<td>Supervisor certification materials due at NACC office</td>
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<tr>
<td>5</td>
<td>Labor Day; national office closed</td>
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<tr>
<td>23</td>
<td>Postmark deadline for Board of Directors ballots</td>
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<tr>
<td><strong>October</strong></td>
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<tr>
<td>1-2</td>
<td>Chaplain certification interviews in Milwaukee, St. Louis, Boston, and Portland, OR</td>
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<tr>
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<td>Labor Day; national office closed</td>
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<td>10</td>
<td>Copy deadline, November-December Vision</td>
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<tr>
<td>23-29</td>
<td>Pastoral Care Week</td>
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<td>26-29</td>
<td>ACPE conference in Honolulu, HI</td>
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<td>27-30</td>
<td>National Certification Committee meeting in Milwaukee</td>
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<tr>
<td>29</td>
<td>Supervisor certification interviews, Milwaukee</td>
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