Why belong to NACC?

Let us count the reasons

By Kathy Eldridge
Acting Director

January is the NACC’s busiest month for membership renewals, but as we were sorting through the forms and checks recently, we also received two letters that questioned the benefits of NACC membership. Essentially, these members were asking what they got for their dues.

It is a fair question, and I would like to take some time to answer it by explaining what the NACC does and how it benefits both individual chaplains and the profession of chaplaincy. These benefits relate directly to the mission of the NACC and are also key to our Strategic Plan.

The National Association of Catholic Chaplains is, first and foremost, a membership organization, with the important role of certifying its members for the profession. Belonging to it serves a significant purpose for you, our members. Having the certificate to hang on your wall, the pin to wear on your lapel, the ability to put “NACC Cert.” after your name, demonstrates to colleagues and administrators that you are a professional, dedicated not only to your individual growth and development as a pastoral care minister, but also to the spiritual well-being of patients, family, staff, and everyone you come in contact with.

Employers know this; more and more health-care and other institutions require certification as a requirement for employment, to assure quality pastoral care.

Professional standards as they relate to the NACC’s promotion of the profession of pastoral care are an important benefit for you. The recent common standards affirmed by the Council on Collaboration for certification, clinical pastoral education, and ethics were the culmination of years of work. Chaplaincy can now present a unified and highly trained face to the public, and the NACC makes sure that this public face has a strong Catholic presence and identity. As our board chair, Joan Bumpus, said after the agreement was affirmed, “Persons we serve and employers can be assured that members of our organizations have met rigorous standards.”

You know that certification is not easy to achieve, but it also isn't easy to administer. Our interviewers are volunteers, but their travel, food, and lodging costs need to be paid, and preparing all the materials involves a great deal of time and effort in the national office. Maintaining certification and standards is one of our primary purposes and one of the most important benefits you receive as a member.

Through our annual conference, which is another major financial undertaking, we offer continuing education and networking opportunities. Sometimes the conference is shared with cognate groups (such as in 2003 and 2005), presenting an even greater range of offerings. Other educational programs and opportunities for you to receive continuing education are evaluated weekly.

Not a day passes in the NACC national office without hearing from a member requesting a resource on a specific topic, and most times there are several requests per day. All of this information is researched in a timely manner, filed for future reference and often placed online.

Our website, www.nacc.org, is an extensive resource for members, with prayers, services, documents, HIPAA information, links to other useful sites, and much more. The members-only portion of the site contains the online version of Vision and a directory of the membership.

See Reasons on page 2.
Speaking of Vision, a major tangible benefit of membership is the one you’re holding now. Ten times a year, *Vision* keeps you in touch with the national office, with other pastoral care groups, and with the experiences, ideas and innovations of your peers in the field. The “Positions Available” listings help you find new jobs, and if you don’t see something you like, you can place a free “Position Wanted” ad. In addition, sometimes an institution requests our mailing list for all members in a particular area to notify them of a specific opening or a special educational event.

*Vision* also regularly lists upcoming conferences and other events that can help fulfill your continuing education credits. Participating in these events lets you meet and share with your peers, personally and professionally. These activities add to your growth, continue your education, and provide you and other members with a support system. This collegiality is an important part of your professional development.

Many members still miss our regional structure, but we are trying to create other opportunities for you to meet with your local peers. Last month’s *Vision* carried an article about the chance to host local gatherings, either to celebrate our 40th anniversary or to discuss our group book for the year, Willa Cather’s *Death Comes for the Archbishop*. All it needs is one person to take the initiative, and our national office is ready to help with materials and lists of local members.

Another intangible benefit is advocacy. We seek to educate those in decision-making positions about the importance of professional pastoral care. The NACC’s membership in, and relationship to, other organizations is another important part of our efforts on behalf of our members. It is important for us to talk to the groups involved in the Commission on Ministry in Specialized Settings and the Council on Collaboration, and to have a voice in groups such as the Joint Commission on the Accreditation of Hospital Organizations, the Pastoral Care Network for Social Responsibility, the Red Cross Disaster Network, and the USCCB Commission on Certification and Accreditation. The Cabinet of Liaisons is another project to further this dialogue. You will hear more about this in future issues of *Vision*.

Any organization with more than 3,200 members requires a physical office to conduct its business, and of course, that means other expenses: rent, utilities, insurance, etc. More importantly, the office houses a support staff to meet your needs, requiring wages and benefits that will allow us as a nonprofit organization to be competitive in attracting qualified employees. Every business day of the year, we are ready to answer questions about membership, certification, education, and almost anything else on your mind. This support system is a very important benefit of which some members may have been unaware.

Call (414) 483-4898; we’re eager to help. The care and concern which I see in each of our staff members as they answer your phone calls and emails shows me daily how much they care about our members and how eager they are to go the extra mile to serve you.

Membership dues make up by far the largest portion of our revenue, and before the 2001 increase, the NACC’s dues level had fallen too far behind those of our sister organizations to allow us to effectively serve you. With the implementation of our Strategic Plan and the advocacy roles of our Board of Directors, the NACC can continue to help you grow in your ministry and in the profession—looking to a world that continues to need healing in so many ways.

We do welcome dialogue on what the NACC might do better to serve you as a member and affirm you in your ministry.

**Rooms with patients don’t need crucifixes**

I wonder how many times I have heard the complaint “we don’t have crucifixes in each room.” Often enough to feel that I must take exception to this statement. I feel that the individual who says this should look again. I ask you to do one thing. Look into the bed, or beds, in the room. Can you not see the crucifixion taking place before your eyes? If we claim to be Christian, we must realize that Christ calls on all of us to take part in his suffering.

Christ sweated blood in anticipating his ordeal. Cannot we see the same agony in this particular christ as he or she awaits his or her particular diagnosis?

Christ underwent pain through the hands of his torturers. The hands of the caretakers are as gentle as possible, but still they sometimes must inflict some pain! We think of the soldiers putting the nails into the hands and feet of Christ!

Often a needle or a pill is given to help to relieve the pain. We think of the person who offered hyssop to try to alleviate the suffering of Christ!

We see the family of those who suffer gathered around the bedside. Is not this a reflection of those who stood at the foot of the cross?

We stand, perhaps, at the bedside of the person during their last moments. We see them – each in their own way – saying “Father, into your hands I commend my spirit” and we ask a loving God to receive them.

Are there no crucifixes in the rooms? I believe that Christ, Himself is present in each and every room! Pray, each day, to recognize his living presence!

*John E. Hopkins, NACC Cert.*

St. Mary’s Hospital
Hoboken, NJ
Board welcomes extern members

Two new board members will give the NACC a diversity of perspectives.

Paul Marceau is Vice President of Mission and Ethics at Trinity Health in Novi, MI. He oversees spiritual care and spirituality for the system and the corporate office, and “the whole developing area of spirituality in the workplace,” he said.

He received a doctorate in systematic theology from the Graduate Theological Union (Berkeley, CA), specializing in diversity of religious experience. His publications have included articles in *Health Progress* and *Vision*. Current interests and projects focus on organizational spirituality and outcomes demonstration in spiritual care services.

Trinity Health has written standards to “hold hospitals or organizations accountable for the delivery of body-mind-spirit care,” Marceau said.

He learned about the NACC through current board member Bridget Deegan-Krause, since “we were both interested in the changing role of the chaplain.” When his hospital system developed a work plan for spiritual care, he was later surprised to learn that “four of our five areas overlapped” with the NACC’s strategic plan.

“I’m really delighted to be asked” to be on the board, Marceau said, “and excited to be pursuing these issues.” Skills that chaplains will need today and in the future, he said, are “not necessarily competencies they will have learned in their early formation” – such as educating other hospital staff about spirituality.

Sr. Mary Eileen Wilhelm is President Emeritus of Mercy Medical, a diverse health-care organization in Mobile, AL, responding to community needs through a continuum of care that includes a specialized rehabilitation hospital; subacute care units; inpatient and home hospices; home care; and residential living facilities. Under Sr. Eileen’s direction over the past 30 years, Mercy Medical has extended its services throughout Baldwin and Mobile counties in Alabama. The system also made a point of improving chaplaincy. “I always held chaplain service in high regard at Mercy Medical,” Sr. Eileen said. “We had a number of chaplains on staff. I always felt that was very important for patients and for families. … We were the first organization in this diocese to have an ecumenical staff, and the first to have a female Episcopal priest.”

Sr. Eileen completed nursing studies at Providence Hospital School of Nursing, received an A.B. degree from Mount Saint Agnes College in Baltimore, Maryland, and an M.B.A. in health care administration from The George Washington University in Washington, D.C. “I always used to say after some crisis was resolved that I’d earned another master’s degree,” she said. “I earned about 10 more.”

She is a member of several local and national health-care organizations, including the Catholic Health Association, where she has chaired the Board of Trustees, and as a member of numerous committees and task forces. She also is a current board member of Saint Joseph’s Health System in Atlanta and a past board member of Catholic Health Partners in Cincinnati. She was invited to serve on the NACC’s board by current member Patrick Bolton.

In June of 2004, Sr. Eileen received the prestigious Lifetime Achievement Award from the Catholic Health Association.
What is it that chaplains do?

Workshop increases awareness of pastoral care

By Sr. Meri Andrea Zbiegien, SFCC

Look, I am the one you were wishing for; someone to stand between God and you, to be both God’s representative and yours. You need not be afraid of me, I am not some person of renown to make you afraid; I, too, am made of common clay!” (Job 33: 6-7)

We in Pastoral care are that “someone to stand between God and you.”

You, the patient who is dying; you, the family who is losing a loved one; you, the medical staff attending the one who is slipping away.

The more I encounter hospital staff, the more I appreciate their dedication in all aspects of patient care, most especially during end-of-life challenges. Our job as chaplains is to be present for everyone during those challenges. That becomes easier if the staff is familiar with us and with what we do. Often, they aren’t quite sure of the role of the chaplain, and we need to be more clear with them.

How often, in our pastoral caregiving, have we attended to the spiritual needs and concerns of a patient over a lengthy period of time? How often have we been urgently called to attend to the family in distress because they have brought a loved one to the hospital to be “fixed” and now that person is gone? Can you count the times when a patient has coded, has had the best efforts of medical staff, but expired and you stand by to be supportive (to the doctor as well) as that physician informs the spouse who has just arrived on the scene? Can you count the times when they have counted on you to be instrumental and a spiritual presence?

A few years ago, I attended a consortium for nurses on end of life, but I wished it had a more direct and thorough treatment of the role of pastoral care. I spoke to our director of pastoral care and the nurse education director, who agreed I could create a segment for the nurses.

I planned to involve participants and enable them to integrate their own life experience and learning. After two years of making the presentation on a quarterly basis, we have made adjustments for greater effectiveness. Anyone can do this, basically serving as facilitator as opposed to lecturer.

Participants in this workshop are nurses; many of them are new at our hospital, and many are surprised, after training at secular universities, to be allowed or even encouraged to express their faith. In this workshop’s role-playing exercise, nurses who assume the role of chaplains learn how chaplains enable patients to look at issues and find answers in their own life perspectives. To give them an idea of how to proceed, I demonstrate a role play before the participants break into small groups.

In each group, we try to have a mix of new and experienced nurses. One participant plays a chaplain, one plays a patient, and one plays a nurse. Aside from educating them about what chaplains do, this exercise also helps nurses to be aware of, and possibly give, spiritual care as well as the clinical care they have been trained for.

The necessary materials are relatively simple, with major focus on involvement of participants in the contributions they provide to their discussions.

During my first clinical pastoral education experience, I greatly appreciated the practicality of Leroy B. Joesten’s writings. Chapter 12 of an out-of-print book is titled “The Voices of the Dying”; I wanted to use that information. I also needed a tape player and CD, copies of Joesten’s article, vignettes printed on small papers, and the participants.

With the computer I could create sufficient vignettes on small papers to give one to each participant. The vignette papers each contain a discussion starter in bold print, plus the suggestion of a vignette in plain print.

The following plan worked for me, but can be adapted to the personality of the group to be addressed. A five-minute lag time is programmed in.

A) Introduction (5 minutes):
Ambience/tape player and soft music
Pass copies of article (having three or four different color markings) to participants
1) Direct participants to choose and write a response to the following:
   Reflect and write about EOL in your personal experience
   Reflect and write about EOL in your professional experience
2) Article assigned reading

Additional Resources:

Kenneth G. Davis, OFM/Conv “Annoying the Sick? Cultural Considerations.”
Worship (January, 2004) Volume 78, Number 1 (pp. 35-50).

National Hospice and Palliative Care Organization. “Successful Palliative Care”
Item #820510 CD-ROM; for more information, visit www.nhpco.org.
Situation to play out

When doing role play in the seminar, print a number of slips with the following text:

A) When would you call Pastoral Care for a chaplain to tend to a family, to a patient or to staff (explain your rationale)?
   Do you wait for the crisis to pass?
   Do you call P.C. when a crisis has settled?
   Do you call P.C. when a crisis is anticipated?
   Do you engage P.C. personnel from early on?

B) ROLE PLAY
   Choose a situation to role play (being mindful of HIPPA Regulations as you depict your role play scenario)

At the bottom of the slip, describe the situation to be considered. Following are some examples; each slip should have a different scenario for each group to act out.

CCU: Patient anticipates a procedure; patient is apprehensive, family is reactive.
ICU: Terminal wean from ventilator/life support; family is in denial.
Oncology: Patient is newly diagnosed with lung cancer.
Oncology: Patient’s cancer has recurred.

D) Large group re-assembles; two or three role play presentations (15 minutes):
   1) Introduce players/participants
   2) Presentation of vignette/role played
   3) Objective: When to call on Pastoral Care

E) Summary (5 minutes) statements elicited from the groups

This seminar has met with very positive reviews. I have also been delighted with how facilitating the seminar and interacting with the participants has increased my effectiveness as a chaplain. Nurse participants whom I meet on the floors now include us chaplains more effectively when challenges arise regarding end-of-life issues with patients, families and staff members. Fellow chaplains have commented on the increased willingness of nurses to call upon the services of pastoral care since their participation.

I invite chaplains to implement the above mini-seminar for your own situation. Feel free to adjust it, adapt it and make it your own. It is remarkable for instilling greater awareness of the role of pastoral care, particularly in end-of-life issues.

Sr. Andrea Zbiegien, SFCC, is a chaplain at St. Vincent Medical Center in Jacksonville, FL.

Longtime NACC pillar Rev. Richard Tessmer dies

Rev. Richard Tessmer, a longtime supervisor and active member of NACC, died Jan. 9 at age 80. He was certified as a chaplain in 1970 and became a supervisor in 1973.

NACC supervisor N. Arthur Metallo wrote in 1993, “As I read the materials of this ‘grandfather’ supervisor of CPE, I became aware of the depth and importance of his legacy in pastoral care.”

Fr. Tessmer retired from ministry in 1993 but remained active in many fields, including training permanent deacons and developing a program to train parish-based volunteer ministers. He served as a spiritual director at Alexian Brothers Medical Center in Elk Grove Village, IL, where he lived and worked for the past 30 years. At the time of his death, he was serving as chair of the NACC’s Grievance Panel.

We received word of Fr. Tessmer’s death as the February issue of Vision was going to press. Look for more coverage of this remarkable chaplain’s life in the March issue.
Partners in paradox engage in dance of delight

By Rod Accardi

My wife, Chestine, and I went to the movie theater to see “Shall We Dance?” on its opening night. It’s about a middle-aged lawyer who is happy in his work, in his marriage, with his family. But he longs for something more. At first he thinks it’s the beautiful and intriguing woman he sees standing alone in the window of a dance studio he passes each night on the train returning home from work. He not only discovers that one finds passion in unexpected places, but also confronts a paradox: one can be happy and yet still seek more. What to do? Run away from the paradox? Launch a preemptive strike against the paradox? Or engage in the dance?

John, the lawyer, begins taking ballroom dance lessons at the studio, but keeps it a secret from his family and his coworkers. Paulina, the mesmerizing and captivating dance instructor, leads the lawyer in the rumba. Teaching someone to dance, like facilitating a relationship with paradox, is not a matter of following predetermined outlined footprints. It’s the movement of grace that flows from discipline and surrender. Embracing him on the threshold of the dance, she says, “The rumba is the vertical expression of a horizontal wish. You have to hold her, like the skin on her thigh is your reason for living. Let her go, like your heart’s being ripped from your chest. Throw her back, like you’re going to have your way with her right there on the dance floor. And then finish, like she’s ruined you for life.”

Whoa! Sign me up for lessons!

What are some of the lessons we learn in our ministry as chaplains?

Our theological education taught us the concept of paradox: human and divine, life and death, already and not yet. Our pastoral education taught us about our resistance to paradox, the drive to reduce paradoxical tension to a polarity: sinner or saint, friend or foe, abundance or scarcity. Our clinical social education taught us to befriend the paradoxes we embody, as well as those we encounter in living human documents. While some may be repulsed by polarity, we embrace the original unity of paradox.

The week after seeing the movie, I met with Robin Schmidt, manager of the neuro-spine unit at our hospital, about the movie. Robin is an avid ballroom dancer who spoke with me about the overwhelming joy that comes from dance, how life’s difficulties melt away as she moves in harmony with the music and with her dance partner. As a competitive dancer, she is very familiar with the tremendous discipline required of the sport. But like so many sports, with countless hours of preparation, the performance becomes a labor of love radiating energy and delight.

The joy that comes from dance flows into the workplace. A few months ago, one of Robin’s patients was a former dance teacher who was suffering both physically and spiritually. After discovering the meaning dance held for him in his life, there they were, patient and nurse and IV pole, dancing around his room. Honoring and engaging one another in meaning and purpose becomes a dance of delight where hope is fluid and flowing between the spiritual partners. Rumba in the room? That’s spiritual care!

Robin also sees dance as a metaphor for teamwork. In the dance, both partners have to do their part to get across the dance floor. On the treatment team, we’re working in harmony together to achieve something. It’s all about partnerships. It’s all about relationships. And the result can be pure joy.

Dancing connects us in intimate ways to the mystery of the holy that resides at the center of a paradox. It connects the present with the past and the future. Remember when David captures Zion and brings the Ark of the Covenant into Jerusalem? How does he celebrate? He dances! And the paradox is that his dance is pure delight for some and is despaired by others:

Then David, girt with a linen apron, came dancing before the Lord with abandon, as he and all the Israelites were bringing up the ark of the Lord with shouts of joy and to the sound of the horn. As the ark of the Lord was entering the City of David, Saul’s daughter Michal looked down through the window and saw King David leaping and dancing before the Lord, and she despised him in her heart. (2 Samuel 6:14-16)

My wife and I celebrated our 25th wedding anniversary on a retreat in the Holy Land. In honor of King David, the two of us danced in the streets of Jerusalem. It was a joy to be alive and together in this sacred space. Earlier that very day we sang joyous carols deep in the heart of the caves beneath Bethlehem while the sounds of sniper fire rang out in Nativity Square. Now that’s paradox: life and death, darkness and light, war and peace, all part of the dance of life.

A beautiful sculpture of a woman
and child titled “Dance of Life” was recently unveiled at the opening of the new Women and Children’s Pavilion at our hospital. I remember the movement of paradox with the birth of my three sons: the feeling of helplessness of being with someone I deeply love in the midst of her excruciating pain as well as the profound miracle of joy delivered out of that pain. As I gazed upon the beautiful sculpture, a feeling of delight swept over me. More than merely observing this tender moment between mother and child, I was drawn into their movement of trust and love. Though the dance is wordless, there is profound communication, even communion.

As I write, my wife and I are preparing to travel to India to visit with our youngest son, Dean, who is spending a year there studying Sanskrit and the South Asian culture. I remember when Dean was taking his first steps of independence, when he was transitioning from crawling to walking. His movement from standing tall to falling down struck me. It wasn’t painful or awkward, but a quite natural and even graceful movement. At that time, I wrote him a song titled “Dean’s Dance of Delight,” in which the refrain goes like this:

Dance, dance, Dean, with your eyes open wide all aglow.

Arms open wide now, reaching out, holding on, letting go.

I continue to learn from Dean, as well as from patients and colleagues, about this dance that includes both holding on and letting go, both the fall as well as standing tall.

While we are in India, we hope to follow the pathway of a spiritual mentor who has taught me the most about dancing with paradox. Thomas Merton the man, monk and mystic partnered with paradox, and lived life to the full. He knew what it meant to be swallowed up in the belly of a paradox and be spit out on foreign soil. Yet each moment and movement was a great adventure. Some mystics wear out their knees in prayer. Thomas wore out the soles of his sandals and the fabric of his frock from his standing tall and many falls.

While Merton was certainly a prolific writer, he was about more than mere communication. “The deepest level of communication is not communication, but communion,” he wrote in Asian Journal. “It is wordless. It is beyond words, it is beyond speech, it is beyond concept. Not that we discover an older unity. My dear brothers and sisters, we are already one. But we imagine that we are not. And what we have to recover is our original unity.”

Paradox is at the heart of the ministry of the chaplain. Every day we engage in the movement of life and death, loss and new life, scarcity and abundance, blessing and curse, darkness and light. Confrontation with seeming opposites can be exhausting as well as exhilarating. It’s in the dance with paradox that we find redemption. Dance is the ritual of commitment and communication and communion that flows with grace. On Valentine’s Day and throughout Heart Month, may we hear the Spirit call, “Shall we dance?” When we partner with paradox and engage in the dance of delight, even the occasional IV pole may get swept up in the one harmonious movement.

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Every day we engage in the movement of life and death, loss and new life.
The BioPsycho-Spiritual perspective is an ongoing journey, not a final destination

By Frank John Ninivaggi, M.D., FAPA

People have always striven not only for survival but also for quality of life, one with satisfaction and significance. Hence, the vast spectrum of methods and religious traditions aimed toward achieving meaning and alleviating suffering.

Bringing spirituality and psychiatry together in a creative marriage can engender insights and psychological change. And a BioPsychoSpiritual view — the principal aim of this contribution — may allow a richer quality of life, both personally and in the clinical care of patients. This integration is both a relevant development in psychiatry and also a practical tool for any therapist in a caregiving setting.

Traditional psychiatric perspectives have focused on understanding mental processes in highly scientific ways. The standard biopsychosocial approach, for example, considers measurable behaviors, classifiable disorders, and environmental stressors in diagnosis and treatment. The BioPsycho-Spiritual approach, on the other hand, assumes a much wider perspective in understanding and treating the whole person — body, mind, and consciousness. Both perspectives are not only valid but also complementary. The practical tools of this fresh approach toward achieving meaningful survival are the care of the body, emotions, and mind, and integrating the consciousness of spirituality.

I define the BioPsychoSpiritual self as an individual’s entire life spectrum, with three broad dimensions: the physical, the psychological, and the spiritual. I believe that these three aspects reflect different perspectives of one intrinsically unified presence. This approach does not replace standard, mainstream psychiatric theory and practice. Rather, it is a tool that incorporates the cumulative insights of generations, which, I believe, cannot be dismissed entirely as non-scientific.

In the BioPsychoSpiritual perspective, aiming toward — not reaching — an integration of this more complete state of wholeness is foremost. It is a dynamic, ongoing journey rather than a final destination. This cultivation of consciousness, which includes a fuller integration of spirituality into one’s everyday life, constitutes the journey from a split sense of self toward a more unified experiential self-awareness. Ultimately, this BioPsychoSpiritual integration means a simultaneous living in the body, mind, and consciousness with an awareness of their integral connectedness. Cognition becomes imbued with wisdom and compassion.

The spiritual self I take to indicate an individual’s share in the Divine Presence. What man and woman can experience as this spiritual consciousness includes experiential witnessing, self-awareness, and a sense of the sacred. The spiritual dimension of self is imbued with meaning. I regard consciousness in its most intimate, human, and spiritualized action as maintaining an endless love affair with both the body and the mind. Consciousness may be the most under-recognized aspect of being human, and the most undernourished.

Just as there is mental food for thought, so too there can be sacraments and offerings for the spiritual self. Historically, religions have been the primary vehicle for this. I believe, however, that today this spiritual nourishment can also exist outside organized faith traditions and complement what religion continues to offer. I regard humanistic and compassionate psychotherapy as one such form of this nourishment. I believe that it can be experienced as “sacramental” in nature and can enhance one’s sense of unity and immersion in healthy spirituality, thus supporting mental health.

Two fundamental therapy issues are the concepts of splitting and self-integration, and the clinical experiences of loneliness and aloneness. Splitting is the force that keeps things apart, as, for example, idea and idea, idea and emotion, and conscious from unconscious. While normal splitting is healthy, excessive splitting characterized by extremes drives disconnectedness and impaired adaptation. These imbalances underlie the experiential condition of suffering. They are reflected in feelings of fear, anxiety, and estrangement.

Reparative integration of the self is an outcome, I believe, of successful psychotherapy. It brings about creative links between mental and behavioral events. In a way, one might say that increases in self-integration contribute to the healthy buildup of psychological immunity, which enhances emotional resistance to stressors, anxiety, and impaired functioning. I believe that the model of the arrival of the Paraclete, the Holy Spirit, affirmed by Christ, also connotes the inflow of a sanctifying grace that heals, redeems, and restores unity, a unity that ultimately is the experience of an intimate oneness with the Divine.

Emotional suffering is usually accompanied by loneliness — the pain of feeling separate and disconnected. Loneliness, in fact, is a deeply conflicted fear that one’s attachments to others are being pulled and split apart. It reflects a state of bondage and excessive attachment. It is the agonizing sense of feeling incomplete, insecure, and ungrounded. Loneliness is driven by excessive splitting. Envy and greed in everyday life are reflections of inordinate desire and perceived emptiness. Consequently, loneliness results in the feverish clinging to persons and objects — for example, money, property, toys, power, or a moribund ideology. Such temporary attachments prove futile over the long run.

Loneliness especially emerges when one actively pushes away experiences that are perceived as negative or disturbing. But any extreme act of repulsion, in fact, accomplishes its very
Techniques include listening, compassion, patience

Flexible, dynamic therapeutic guidelines support the framework of the BioPsychoSpiritual technique. A rigid, cookbook-like approach harms it. Useful techniques for therapists include:

- An authentic presence that is conscientious and responsive.
- Minimizing expectations that something specific should happen. Only in the present moment can enduring insights and change emerge in an optimal way.
- Receptive listening, and respect for a measure of therapeutic silence.
- Empathy and compassion. This connotes caring and facilitates emergent understandability, which gradually organize and link the patient’s seemingly incongruent communications into meaningful realizations. Understanding—not teaching, pointedly didactic interventions, or reassurances that deny the acuity of suffering—remains the main mechanism of sustainable change.
- The patience to wait and allow ambiguity.
- The therapist and patient’s collaborative identification of conscious and unconscious processes, which includes an ongoing discussion of both innate subliminal feelings and rote thinking patterns.

- Proper attention to the physical body—its needs, strengths, weaknesses, and requirements to restore balance and maintain health.
- Tapping the consciousness of spiritual resources, both internally and in the environment.

In this methodology, the therapist connects with the patient in a profoundly intimate psychological and spiritual way. It is chiefly accomplished by the therapist’s focus on empathy, compassion, and shaping understandability.

By the way, for me the material proper for therapeutic discussion is anything and everything the patient presents, even if by its conspicuous absence. The apparently mundane is the gift-wrap, so to speak, within which one discovers the sublime. The patient’s obvious communication and the hidden “present” are both sublimely meaningful.

Using this approach, the therapist offers the therapeutic partner a perceptual taste of the beauty and power of secure aloneness. This awakening engenders an empowerment, which is driven by a gradually emerging recognition of self-completeness and self-fullness that encompasses the integration of the spiritual into the mind-body matrix. While life’s inevitable pains do not entirely disappear, they are experienced as more manageable.

The BioPsychoSpiritual perspective introduces another lexicon of the language, laws, and insights of generations of truth seekers. What we now recognize as the potential within our nature for self-integration and self-awareness may improve our own quality of life and those we care for.

Frank Ninivaggi is a psychiatrist and an assistant clinical professor at Yale University School of Medicine and chief of the Child and Adolescent Ambulatory Department at Hall-Brooke Hospital, Westport, CT.
A prayer service of reflection for the Lenten season

By the time you receive this issue of *Vision*, Lent will have begun, or it will be very soon upon us. During this period of reflection and preparation, we offer the following prayer service for your use.

**Invitation to Prayer**

God, send me holy courage to respond to people in pain, to take action in time of crisis, to restore the Church where it is crumbling, to affect a world in need, to be a living, breathing, active instrument of God’s peace.

**Meditation**

When I am liberated by silence, when I am no longer involved in the measurement of life, but in the living of it, I can discover a form of prayer in which there is effectively no distraction. My whole life becomes a prayer. My whole silence is full of prayer. The world of silence in which I am immersed contributes to my prayer.

— Thomas Merton

**Scripture**

1 Corinthians 12: 4-11

**Prayer**

Lord, when we pity ourselves and think we make great sacrifices for others, remind us of your life-giving sacrifice on the cross.

Lord, when our patience wears thin and we are ready to give up, speak to us through the example of your endurance on the cross.

Lord, when we get angry and wish to retaliate against our enemies, bring to our remembrance your words to your enemies from the cross.

Lord, when we feel rejected or persecuted for doing what is right and good, sustain us by the knowledge of how you were reviled and rejected on the cross.

Lord, when we suffer pain of body or anguish of mind in this life, keep us near the cross.

Lord, when we are afraid to stand for that which is true and honorable, strengthen us with the courage with which you went to the cross.

Lord, when we feel alone in the world, forsaken and forgotten, comfort us with your love made known on the cross.

Lord, when we come to the time of our own death, uphold us with the assurance that life was not over for you on the cross.

**Closing Meditation**

It is prayer that restores to us the ability to feel, to see, and to appreciate.

— Reuven Hammer

**Things to look for in Lent**

We would credit the author of this reflection, if we knew his or her name. We received it in typescript from a member’s file drawer; it probably had a long life of circulating via photocopier, in the pre-Internet era.

- Green grass
- a robin
- crocuses
- GOD
- a broken well
- poor men and women
- an empty place
- lonely people
- a brown field
- how spring comes after winter
- hospitals
- a wrecked car
- green grass
- Easter
- GOD
- a broken bottle
- something to plant
- tears
- flying kites
- something to make
- someone to put your arm around
- GOD
- silence
- a sunrise
- dogs who wag their tails
- a pregnant woman
- a smile
- an old man’s face
- children without shoes
- a treasured thing to be given away
- fresh bread
- a burning candle
- tadpoles
- the Big Dipper
- little children
- grains in a loaf of bread
- GOD
- a chance to make a journey
- steps going down
- steps going up
- Easter
- a cup full
- blood
- a table with people around it
- a person’s name
- a big chain
- the biggest star
- a cluster
- a person no one talks to
- his or her face when you speak
- clean wash on a line
- Easter
- burning incense
- green grass
- GOD
- A place to sail a small boat
- Boards and nails
- Thunder
- Someone to love
- Radishes
- Someone you don’t love
- Love
- The first time the frog croaks
- Lilies
- sparkles in people’s eyes
- GOD
- a chance to say “thank you”
- wounds on hands
- feet
- Easter
- sad eyes
- reasons for that
- a bright light in the East
- Jesus
- coming
- GOD
Time for conference is drawing nearer

You should have received your registration brochures for the 2005 conference in the mail by now, and we hope you’re making plans to join us. Here are a few important dates to remember.

**Wednesday, March 2:** Last postmark or fax date for Early Bird registrations.

**Wednesday, March 9:** Last guaranteed date to book room reservations at special conference rates.

**Wednesday, March 30:** Last postmark or fax date for registrations. All registrations postmarked or received after this date will be processed according to ON-SITE registration fees.

**Wednesday, March 30:** Last date for receipt of written cancellations that are eligible to receive a refund of registration and meal ticket fees (minus $50 processing fee).

We will offer a **roommate referral service** for this conference. Just e-mail the APC national office (info@professionalchaplains.org) with your name, gender, smoking preference, telephone and e-mail address, and we will send you a list of potential roommates whom you may contact to discuss the suitability of rooming together.

**The Canticle of Brother Sun**

St. Francis of Assisi

Most high, omnipotent, good Lord,
Praise, glory and honor and benediction all are thine.
To thee alone do they belong, most High, and there is no man fit to mention thee.

Praise be to thee, my Lord, with all thy creatures,
Especially to my worshipful brother sun,
The which lights up the day, and through him dost thou brightness give;
And beautiful is he and radiant with splendor great;
Of thee, most High, signification gives.

Praised be my Lord for sister moon and for the stars,
In heaven thou hast formed them clear and precious and fair.
Praised be my Lord for brother wind
And for the air and clouds and fair and every kind of weather,
By the which thou givest to thy creatures nourishment.
Praised be my Lord for sister water,
The which is greatly helpful and humble and precious and pure.

Praised be my Lord for brother fire,
By the which thou lightest up the dark.
And fair is he and gay and mighty and strong.
Praised be my Lord for our sister, mother earth,
The which sustains and keeps us
And brings forth diverse fruits with grass and flowers bright.
Praised be my Lord for those who for thy love forgive
And weakness bear and tribulation.
Blessed those who shall in peace endure,
For by thee, most High, shall they be crowned.
Praised be my Lord for our sister, the bodily death,
From the which no living man can flee.
Woe to them who die in mortal sin;
Blessed those who shall find themselves in thy most holy will,
For the second death shall do them no ill.
Praise ye and bless ye my Lord, and give him thanks,
And be subject unto him with great humility.

Prayers for Healing

If you know of an association member who is ill and needs prayer, please request permission of the person to submit their name, illness, and city and state, and send the information to the Vision editor at the national office. You may also send in a prayer request for yourself. Names may be reposted if there is a continuing need. Also, Linda Colozzi is compiling a book of sacred stories about Sr. Josephine Barrieau. Anyone with a story to contribute may write to Mrs. Colozzi at Elizabeth Seton Residence, 125 Oakland Street, Wellesley Hills, MA 02481.

Sr. Josephine Barrieau, SCN
West Roxbury, MA
ALS (Lou Gehrig’s disease)

Sr. Rose Stewart
Corpus Christi, TX
Breast cancer

Rosemary Marmouget
Springfield, MO
Heart surgery
Responding to Loss: A Resource for Caregivers
By Adolf Hansen; Baywood Publishing Company: Amityville, NY, 2004

Reviewed by Bruce Aguilar

Responding to loss is at the heart of what we as chaplains do every day, and it draws on our values of working with people, within healthcare and with spirituality. This book offers the chaplain a framework for this confusing life experience.

Because of the price ($34.95), the chaplain may want to request it for his or her department, or even the facility, as it can be a useful reference for caregivers in other disciplines.

A more serious challenge may be the format or style. If you appreciate being entertained with a personal story (like format or style. If you anticipate being other disciplines.

Caregivers...
forting us through the written word, but her book is best read in very small pieces. I would not recommend giving it to a patient. However, chaplains might find it helpful as a resource book.

Linda Piotrowski, NACC Cert., is the inter-faith chaplain for Central Vermont Medical Center in Berlin, VT.

**Association needs volunteers to fill spots on panels**

The NACC is seeking willing and qualified volunteers to fill the following openings on standing panels:

**Grievance Panel**

Number of openings: 2

**Major responsibilities:**

- Receives formal complaints involving alleged violations of the NACC Code of Ethics by any member or groups of members of the NACC.
- Reviews all grievances filed.
- Gathers information pertaining to grievance.
- Recommends course of action in regard to grievance.
- Renders a binding disposition of the grievance.
- Communicates disposition in writing to respondent and petitioner, and notifies Board that situation has been addressed.
- Consults with NACC legal advisor on process as necessary.

**Composition:** The Grievance Panel is composed of six active certified chaplains or supervisors of the NACC appointed by the Board of Directors.

**Qualification:** Must be an active certified chaplain or supervisor of the NACC, in good standing.

**Term of assignment:** Each member is appointed to a three-year term, renewable once.

**Time commitment:** Members may ordinarily expect to be available for conference calls and consultations as needed. Due to the affirmation of the common standards, the Grievance Panel members may be called upon to integrate them into NACC’s existing standards and create new processes that are applicable to the “Grievance Policy/Procedures” determined by the revised standards.

**Certification Appeals Panel**

Number of openings: 2

**Major responsibilities:**

- Conducts the certification appeals process as outlined in the NACC Standards No. 640 in an impartial review of all the documentation in a negative certification decision.
- Reports to the NACC the number of appeals and corresponding number of decisions upheld or reversed.
- Occasionally will communicate the type of appeals it is hearing to the NACC National Certification Commission, in order to assist the commissioners in focusing on areas of improvement to incorporate in the ongoing training of interviewers.

**Composition:** The Certification Appeals Panel comprises six supervisors appointed by the NACC Board of Directors.

**Qualification:** Must be an active supervisor of the NACC.

**Term of assignment:** Each member is appointed to a three-year term, renewable once.

**Time commitment:**

- Review written materials submitted in an appeals request.
- Participate in periodic, prearranged conference calls to process the certification appeal with members of the review team.
- Serve periodically as convener of the Appeals Panel conference call.
- Attend an annual meeting of the Appeals Panel, as necessary.

To apply for any of these openings, please send your curriculum vita along with a letter describing your interest, background, and qualifications in a letter by March 31, 2005. Address letter to the attention of the Appeals Panel Opening or Grievance Panel Opening, in care of the National Office, PO Box 070473, Milwaukee, WI 53207.

**Fr. Place resigns as president of CHA**

**St. Louis** – Fr. Michael Place, the president of the Catholic Health Association, has resigned his post.

Place, who led the large and influential association for seven years, told board members in a letter dated Dec. 3 that he will leave as of Feb. 11.

“The women and men who are the Catholic health care ministry are truly remarkable people,” Place said. “Catholic health care is also an essential ministry of the church and an essential contributor to the well-being of our nation. To share in that ministry is a treasured gift.”

According to *National Catholic Reporter*, the St. Louis-based CHA represents more than 600 acute care hospitals, in addition to 1,200 long-term care and other facilities. It is a gathering point for Catholic health care in the United States and a lobbying interface with the U.S. government and federal agencies, with an annual budget of $17 million.
s the 40th Anniversary Committee met, Rev. Richard Tessmer put together some reflections on the history of the NACC. It was to be the last time we spoke with Fr. Tessmer, who died Jan. 9. But although he is now part of our history, one point he made to us was, “Why celebrate history?” According to Fr. Tessmer, it is critical for our association to pause and honor its past leaders, but more importantly, it is critical for us to pause and recall God’s constant presence through the years – his love, wisdom, and strength. “History has much to teach us about the role of tradition, cultural changes, religious development, and the resolution of conflict,” Fr. Tessmer said. “Conflict and a current crisis can be managed by looking back in order to evaluate the leadership style, organizational formation and development processes. The past thus becomes the first step into the future.”

Part of this rich history brings us to the first Advisory Board meeting of our association, March 9, 1965. The early meetings of the Advisory Board considered the structure of a chaplains’ association, curriculum of training courses and the publication of its manual. That first Advisory Board included: Msgr. James G. Wilders, Msgr. John A. Carlin, Rev. Thomas S. Forker, Rev. John W. Mullally, Rev. Walter J. Smith, Rev. Joseph A. O’Brien, Sr. Margaret Eileen, DC, Rev. John J. Flanagan, SJ, Msgr. Paul F. Tanner, Msgr. Harrold A. Murray, and Most Rev. Joseph B. Brunini, Auxiliary Bishop of Natchez-Jackson and Episcopal Advisor. These names will draw some vivid memories from some of you. We would be happy for you to share those memories. And so, as we look at the association’s past, please take some time to reflect on your own history with the NACC. Please send your thoughts to schaw@nacc.org, or mail them to Susanne Chawszczewski, NACC, PO Box 074073, Milwaukee, WI 53207.

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**Positions Available**

**HOSPICE CHAPLAIN**

Marton, NJ – Samaritan Hospice is the preeminent provider of quality hospice care in South Jersey. We have an immediate opportunity for a Roman Catholic spiritual support counselor. This position will be required to plan/coordinate at funerals upon request of the family. Also serve as liaison to the Roman Catholic community and as a member of the interdisciplinary care team. Activities include assessing spiritual/religious needs, spiritual counseling, documenting and coordinating services and referrals with other members of the interdisciplinary team, coordinating services with local clergy, assigning appropriate levels of care and in-home visitation. Masters of Divinity or equivalent pastoral training and one unit of CPE. NJ drivers license and NACC certification preferred. The successful candidate will have three years pastoral experience, hospice experience preferred. Benefits include: health, dental, vision, life insurance, 403b, MFSA, DCA. For more information, visit the “CareerPaths” link on our website: www.samaritanhospice.org or send resume with salary requirements to: Adam Pollack, Manager of Retention/Recruitment, Samaritan Hospice, HR Dept., 5 Eves Dr., Suite 300, Marton, NJ 08053. Email: apollack@samaritanhospice.org; tel. (856) 552-3293; fax (856) 596-7881

**HOSPICE CHAPLAIN**

Boise, ID – PeaceHealth/Sacred Heart Medical Center is seeking a chaplain for its Home Hospice Department. This is a 20-hour-per-week benefited position. Theological education appropriate to level of function as hospital chaplain is required; master’s level preferred. Minimum two units Clinical Pastoral Education (CPE) is required. Active membership with and certification by professional chaplaincy organization is required, i.e. National Association of Catholic Chaplains or Association of Professional Chaplains. Satisfactory completion of one year of chaplaincy experience, preferably in an acute care setting, is required. Experience must demonstrate the ability to share faith and lead worship. Must be able to meet the age-specific needs of the patients served...
by pastoral care services. Prefer experience in end-of-life care issues. To apply for this position, please fill out an application at http://www.peacehealth.org/Oregon/Careers/eugene.html. For more information, please call Jami at 800-365-8990 ext. 2795 or e-mail jfranz2@peacehealth.org.

▼ CHAPLAIN
Corpus Christi, TX – Christus Spohn Health System is currently seeking a certified priest chaplain or a chaplain. Requires 4 units of clinical pastoral education (CPE) at an ACPE- or NACC-accredited CPE center. Master's of divinity or master's in theology and chaplain certification with NACC or APC preferred. We offer competitive salaries and benefits. For full career details, please contact: Christus Spohn Employment Center, 716 Ayers St., Corpus Christi, TX 78404; phone: (361) 881-3135 or (800) 643-2609; fax: (361) 883-6478; e-mail: JaimeL.Tiefel@christushealth.org; Jobline: (361) 881-3752. An Equal Opportunity Employer. www.christusspohn.org

▼ DIRECTOR OF PASTORAL CARE
Rogers, AR - Mercy Health System of Northwest Arkansas (MHS-NWA) has an immediate opening for a director of pastoral care to serve St. Mary's Hospital, Mercy Health Center and the Mercy Medical clinics. Pastoral care is integral to the mission of MHS-NWA. This full-time position is responsible for planning, organizing, directing, supervising, scheduling and evaluating/assessing the activities of the pastoral care department to assure its effectiveness, appropriateness, and focus. The director coordinates pastoral care services with other departments and maintains cooperative relationships with medical staff and co-workers. The director may also function as a part-time chaplain. Qualifications: A bachelor's degree in theology, with a master's degree preferred. Other requirements include four CPE units with NACC or APC certification and experience in management and healthcare services. Experience in a pastoral care ministry in a hospital setting with management experience. Candidates should be able to articulate spiritual care and role of chaplains to hospital and to the public; be a good process person; nurture own spirituality and relate well to the Catholic Diocese. Interested candidates are invited to send a resume to: Mercy Health System, Attn: Vanessa Harper, Recruiter, 1200 W. Walnut, Rogers, AR 72756 or call 479-986-6439 / fax 479-986-6440. You may also apply online at www.mercyjobs.com EOE/ADA. www.mercyhealthnwa.smhs.com

▼ DIRECTOR OF PASTORAL SERVICES AND VALUES EDUCATION
Clinton, MI – Holy Cross Children's Services, a Catholic-oriented, non-profit childcare and family preservation agency, has an opening for a director of pastoral services and values education. The agency conducts residential and community-based programs for adjudicated youth. Our programs incorporate formal education, peer influence, individual attention, family involvement, and staff teamwork. This position supervises a staff of chaplains based at four campuses and oversees the spiritual care of over 500 youth throughout the state of Michigan. Qualifications include a master's degree in divinity, theology or related field, four years management experience, and NACC certification. Interested candidates may forward their resume to Brother Francis Boylan, Holy Cross Children's Services, 8759 Clinton-Macon Rd., Clinton, MI 49236 (Fax 517-423-5442). EOE.

▼ DIRECTOR OF PASTORAL CARE
Jacksonville, FL – St. Vincent’s, a member of Ascension Health, is seeking a Catholic director of chaplain services to lead an ecumenical team of chaplains. Candidates should possess proven professional skills in implementing and improving quality spiritual care. Requirements include a master's degree in theology/pastoral ministry, NACC and/or APC certification; three to five years pastoral care experience in an acute care hospital setting required. Excellent benefits, salary negotiable. For additional information, contact Dona Overstreet, senior recruiter, at doverstr@jaxhealth.com. EOE.

▼ CATHOLIC CHAPLAIN
Pittsburgh, PA – University of Pittsburgh Medical Center, composed of 20 tertiary, specialty, and community hospitals, is nationally recognized as a provider of state-of-the-art, progressive health care services. UPMC is western Pennsylvania’s largest private employer and one of the largest medical centers in the nation. Year after year, UPMC is ranked for excellence in U.S. News & World Report. UPMC Presbyterian, a part of UPMC, has a regular, full-time Catholic chaplain position available with the Patient Relations Department. The staff chaplain will be a member of an interfaith team that provides pastoral care in routine and emergency situations and will lead worship. Ordained Catholic priest in good standing with a master’s degree in theology, divinity, or related counseling field is required. Endorsement by the bishop and/or religious superior and granted faculties by local bishop are a must. Member of National Association of Catholic Chaplains, Association of Professional Chaplains, or a cognate group is preferred. Knowledge of religious values and traditions. Clinical pastoral education preferred (two units). Spiritual maturity, emotional stability, and the ability to work in a multi-cultural setting are essential. Ability to adapt to ongoing change is a must. Apply by e-mailing a resume to colemanml@upmc.edu. EOE.

▼ PART-TIME CHAPLAIN
St. Petersburg, FL – Bon Secours Maria Manor, a 274-bed JCAHO-accredited skilled nursing facility, is seeking a part-time chaplain – five days a week, 20 hours. Chaplain must have three units of CPE. Long-term care experience is preferred. The ministry requires interpersonal and communication skills, ecumenical sensitivity, compassionate presence and an ability to enhance the mission of the Sisters of Bon Secours. Computer skills are required. Benefits are available. Apply in person: Human Resources, Bon Secours-St. Petersburg, 10300 4th Street North, St. Petersburg, FL 33716. Tel: 727-568-1076. EOE M/F/D/V.

▼ CHAPLAIN APPRENTICE
NACC student affiliate seeks part-time position within the Catholic Diocese of Venice, Florida (covering the southwestern Gulf Coast area of Florida), while working on graduate degree requirements towards certification. Qualifications include a B.A. in religious studies, an internship and residency yielding a total of 5 CPE units. Areas of experience include health-care and detention ministry. Please call Mike Fahey at (216) 525-0108.
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President Emeritus
Mercy Medical
Daphne, AL
smew@sa-mercymedical.org

Calendar

March
21 Copy deadline, May Vision
25 Good Friday; national office closed

April
7-10 NACC Certification Commission meeting
8-9 Board of Directors meeting
9-13 NACC and APC joint conference, Albuquerque, NM
9 Supervisor certification interviews
10 Presentation of certificates for newly certified chaplains and supervisors
11 NACC annual business meeting, 40th Anniversary celebration of the Eucharist and banquet
14-16 American Association of Pastoral Counselors annual conference, Fort Worth, TX
25 Copy deadline, June Vision
30-May 1 Chaplain certification interviews in Los Angeles, Milwaukee, St. Louis, Atlanta, and Baltimore

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473

ADDRESS SERVICE REQUESTED