Both the NACC and Star Trek had their beginnings in the mid-60s. Captain Kirk described the mission of the starship Enterprise “to explore strange worlds, to seek out new life and new civilizations — to boldly go where no man has gone before.” The NACC, all men at that time, also boldly stepped out into this developing field of professional spiritual care. The original statement of purpose included “to afford members an opportunity to communicate with each other and become familiar with resources of all health organizations.”

Throughout its explorations, the NACC has always been committed to the discipline of dialogue. As Peter M. Senge writes in Fifth Discipline, “dia” means through. “Logos” means the word, or more broadly, the meaning. To the Greeks, dia-logos meant a free-flowing of meaning through a group, allowing the group to discover insights not attainable individually. The result is a free exploration that brings to the surface the full depth of people’s experience and thought, and yet can move beyond their individual views.

My reflections on this 40-year voyage focus on three particular divas of dialogue, three women who have significantly shaped the lives of countless chaplains and the association as a whole. These women have blessed us with their passion for possibilities, professionalism and partnerships.

Dialogue to Possibilities

My doctoral research in 1977 on spirituality and the CPE movement and process led me to Lutheran General Hospital in Park Ridge, IL. It was there that I was introduced to Flo Smithe, who shared with me the story of a warm summer evening in 1974 when her husband and she found themselves with their nine-year-old son in the emergency room. Tim had been struck in the face with a bat while playing softball, was in a lot of pain, his face badly bruised and bleeding. Throughout his stay in the ER, the pediatrics unit, surgery and recovery, the family encountered chaplains of various denominations who “listened carefully and sensitively, prayed with them, and communicated special warmth and caring.”

Upon further reflection on this strange new world of ecumenical ministry, she states, “my husband and I talked about the new ministers who had been so significant to us during the crisis. My husband suggested that I, as a lay person, could be included.”

Flo, a married mother of seven children, had been an R.N., became a student of CPE, was the first layperson certified by the NACC, became coordinator of Catholic ministry in 1975 and a certified chaplain supervisor with the former United States Catholic Conference in 1980. Here was a kindred spirit, a pioneer in lay professional ministry. As chair of the first Regional Certification Committee in Region VII, I knew we needed a pioneering spirit, and asked Flo to join the committee. I remember driving up to Milwaukee with Flo for our first...
Looking forward on our anniversary

Turn to pages 8-17 for more coverage of the NACC’s 40th anniversary

By Lawrence G. Seidl
Executive Director

Anniversaries give us the opportunity to sit back, share memories, speak of the good old days, and celebrate our accomplishments. Anniversaries also afford us the rich opportunity to ponder the future, not with a guarantee but with a bit of playful imagination. Can (or should) the association of the past 40 years be the same association of the future? What will the NACC look like ten years from now? How will the association change, either by design or default? Will the very nature of association work require fresh and radical new ways of operating? Can we reactively respond to the times, or must we proactively become the architects of our future? These and numerous other questions frame any discussion about the next five years of the national association, as well as the next 40. Believing that more truth lies in a good question that a good answer, venture with me into a series of questions about who we are to be in the next decade.

Designing our future may be more difficult than seen at first glance. Influences beyond our control will certainly exert their muscle, in the shape of a multitude of players: the Church, the healthcare industry, the culture of the country, the reimbursement system, and so much more.

With that in mind, I believe three major factors hold the key to the future of our association: anticipation, collaboration, and accountability.

Anticipation

We have several ways to anticipate the future. One line of thinking suggests, “What goes around comes around.” Stay long enough in one place and you’ll see everything again. Such thinking lulls one into seeing the future as a continuation of the past — a thinking marked by waiting, holding one to one’s current beliefs, and overused strategies.

Anticipation can also take the shape of a “follow the leader” kind of anticipation. This often works if the leaders end up going in the right direction. But considering all the nuisances of ministry, can we have enough faith in our own vision to be a holy pilgrim journeying into the unknown?

The most fruitful kind of anticipation tries to look outside the box, combining thinkers within and beyond our ministry, to probe, through a continuous process of questioning. Significant questions might include: What would you like the future of ministry to look like? Can our ministry find an identity is a wellness model of care rather than a medical model of care? How do changing levels of patient acuity change the way members practice chaplaincy?

Collaboration

Few organizations have the resources to go it alone. Just as corporations have merged to improve efficiencies, necessary partnerships are an everyday occurrence. The question is how the need for partnership will affect the association. Which nonnegotiables do we make a part of any collaborative conversations? How will new images of healing and ministry allow us to embrace new members? What gifts do we have that can fill a void elsewhere? What are our limitations? As a ministry of the Church, how do we reach out to others with similar and dissimilar vocational calls?

Accountability

All organizations will face greater external scrutiny than before. Recent scandals have rocked the public trust of many national companies and organizations, and scrutiny of nonprofit institutions is growing. Therefore, our organization should expect to move beyond the normal audit process. The more transparent our decisions and practices are, the more we gain the trust of our membership and others. But what may shape the future of any association is the scrutiny of its membership. Is the association spending its assets wisely, in a manner that prepares us for the future? Is the association balancing its internal and external needs? Is the association creatively adding a value-added dimension to the ministry of its members and its Church?

Our ongoing openness to processing our own questions and doubts undoubtedly remains the most powerful form of accountability.

Final Thoughts

The most important question of all may be: How will our faith shape our organization’s future? How much do we believe that the providence of God will guide our association? Even seeing God’s guiding hand in the work of the association, are we comfortable with our own frailty? We have all heard of the fundamental question asked by many wisdom figures: Are we human beings with a spiritual existence, or spiritual beings with a brief human existence? Similarly, are we an organization with spiritual connections, or are we a spiritual association trying to live out our human imperfections?

As we enter the next ten years, may the NACC be an occasion of grace for each of its members, its partners and its relationships. As we plan for our future, let us be reminded that whenever we serve those in suffering, we are inviting God to pull up a chair in our own home. We will know where we’re going if we know who we’re following — Christ.

Should you have a perspective or thought on our future direction, please share it with me at lseidl@nacc.org. Push your limits.
How much does it cost for chaplain services?

Fiscal approach actually raises department’s standing

By Dean V. Marek

What is an expense per unit of service?

I didn’t know in 1998, when I had to come up with the answer for the Department of Chaplain Services at Mayo Clinic, Rochester. But I was told that we would have to calculate the cost of each patient and family visit. I protested, “How is that possible? No two visits are alike. No two chaplains are alike!”

“You have no choice in the matter,” our administrator countered. “Every department has done it. Now it’s your turn.” A saving grace came when he said, “We don’t want to tell you what to do. We want you to tell us what you do.”

When I brought the idea to our staff, their initial response was similar to mine. “How can we standardize a spiritual care encounter? We should be exempt from such an unholy process. Imagine, putting a cost on spiritual services! Would charging for pastoral care be next?”

Seven years later, however, we can see how this bottom-line approach benefited our work. We began to think in terms of services provided instead of patients visited. We have a comprehensive list of spiritual care services to share with administrators whose understanding of our ministry sometimes seemed limited to praying with patients or saving souls. And by 2003, we added nine full-time equivalents.

After the initial decree was handed down, we were somewhat relieved when an accountant met with us and showed how the process worked. It was relatively simple. For a period of six months we would have to track the number of minutes it took to complete each patient visit and then divide our budget by those numbers. The result would be our expense per unit of service. Actually, it was a bit more complicated than that, but not beyond Math 101.

And then we learned that our budget would be managed by our expense per unit of service (UOS). We would be expected to meet or beat that expense on a monthly basis. Finally, there was this great incentive; we could add staff to the department if we were able to demonstrate that in doing so we would not raise our expense per UOS.

Gathering Data – the CARE Program

We needed a computer program to record our visits. In consultation with Mayo Information Technology, a Microsoft Access program was written and named CARE (Chaplain Activity Record – Electronic). The program logs our visits and tracks the time spent for each.

Defining What We Do – Service Types

If logging our activities in the CARE Program was to be undertaken with integrity, we first had to name and define each of our visits. We eventually dropped the term “visit” and replaced it with a more accurate descriptor, “service type.” The result was a catalogue of 28 Direct Service Types (see box on page 5) that explain the scope and extent of the spiritual care ministry we provide to patients, families, staff, and institution. The 14 Indirect Service Types track internal departmental activities. We hope this catalogue will eventually contribute to a common dictionary of chaplain-provided spiritual services for our profession.

Each service type is described as...
clearly as possible so that chaplains are able to record with accuracy the services they provide. When a patient or family encounter includes several services, they are recorded separately. The catalogue is reviewed periodically, service types are added as needed, and definitions are refined.

Space prohibits listing the complete catalogue, but you may request one from marek.dean@mayo.edu. For the sake of illustration, here are four service types.

**Anticipated Death**: Spiritual care provided prior to death, which may include guidance with decisions to withdraw treatment, facilitation of anticipatory grief, and prayers of support for loved ones.

**Death**: Spiritual care provided at the time of death. It may include religious rituals, prayers of commendation, facilitation of grief, assistance with the Deceased Patient Protocol, and/or arrangements for loved ones to leave the hospital.

**Pastoral Contact**: An initial patient contact to establish a pastoral relationship, make a religious or spiritual needs assessment, and/or share information about the availability of chaplain services. Also, a short follow-up visit without any other service event.

**Spiritual Care**: A dynamic process wherein the chaplain assists a patient/client as a co-journer to find meaning in the experience of illness. Themes explored include, but are not limited to: life story; relevance of faith and belief in God; meaning of suffering; the effect of anger, resentment, despair, anxiety, shame, guilt, sin, forgiveness, and reconciliation on health/illness/well-being; modalities of healing; means of coping; sources of support; fear of death; life review; and hopes for the future.

### Calculating a Relative Resource Unit (RRU)

After tracking our spiritual care services over a six-month period, even with all the variant patient/family dynamics and chaplain pastoral styles, we found that there is a verifiable average time for every service type. The times in the four examples below approximate our actual minutes but are rounded to the nearest 10 for ease of calculation.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Time (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Death</td>
<td>40</td>
</tr>
<tr>
<td>Death</td>
<td>50</td>
</tr>
<tr>
<td>Pastoral Contact</td>
<td>50</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>30</td>
</tr>
</tbody>
</table>

To assign a relative resource unit (RRU) to each service type, start with the service that requires the least amount of time and degree of competence. That is our Pastoral Contact, which averages 10 minutes. It is our baseline service and is assigned an RRU factor of 1.00. Now divide the minutes it takes to provide every other service type by the baseline service RRU, which is 10. The resultant RRU factors for the four examples are:

- **Anticipated Death** 40 minutes ÷ 10 = RRU factor of 4.0
- **Death** 50 minutes ÷ 10 = RRU factor of 5.0
- **Pastoral Contact** 10 minutes ÷ 10 = RRU factor of 1.0
- **Spiritual Care** 30 minutes ÷ 10 = RRU factor of 3.0

Not surprisingly, there is often a connection between higher competence and the greater amount of time it takes to provide the services.

### Calculating an Expense per Unit of Service (UOS)

What follows is the method for calculating an expense per unit of service (UOS) using a one-month hypothetical budget of $25,000. Of course, an actual expense per UOS would be calculated using an entire year’s budget. Salaries of chaplains, administrative assistants, CPE residents, and all operating expenses, including paper clips, are incorporated.

Here are the final steps in the process, using our four examples.

1. Multiply the number of each service type for the month by its RRU factor:
   - **50 Anticipated Death** x 4.0 = 200 UOS
   - **55 Death** x 5.0 = 275 UOS
   - **120 Pastoral Contact** x 1.0 = 120 UOS
   - **210 Spiritual Care** x 3.0 = 630 UOS

2. Add all UOS for Total Units of Service: 1,225 UOS
3. Divide the budget by the total number of UOS for the month:
   ▼ $25,000 ÷ 1,225 = $20.41. This is the expense per UOS

4. Now multiply the expense per UOS of $20.41 by the RRU factor for each service type. The result is the cost for each service provided:
   ▼ Associated Death $20.41 x 4.0 = $ 81.64
   ▼ Death $20.41 x 5.0 = $102.05
   ▼ Pastoral Contact $20.41 x 1.0 = $ 20.41
   ▼ Spiritual Care cost $20.41 x 3.0 = $ 61.23

If our chaplain services were income-producing, these costs would be billed directly to the patients who are served. However, since we are not income-producing entities, a portion of the cost for chaplain services is included as an indirect charge in all patient bills.

If we chaplains were in business for ourselves, the cost for every spiritual care service would have to be calculated in a similar fashion. If not, we would not be in business very long.

### Conclusion

By now, if you read this far, you might be asking, “What’s this got to do with being a chaplain?”

Management by an expense per unit of service has taught us to be accountable to our institution for the funds provided to our department. We have learned that our services are relatively inexpensive compared to those of other departments. We have learned to value our work. We have learned that increased productivity on our part reduces the cost of spiritual care services to patients.

Developing a catalogue of services has been crucial in reminding us that spiritual care is an added value to the patients, families, and staff who come to our institution for medical care. Our list of services has greatly assisted in explaining the exact nature and breadth of our ministry to our administration. And, wonder of wonders, we chaplains — not known for our love of budgets or the bottom line — can give an exact accounting of the cost for each of our spiritual care interventions.

And believe it or not, we have learned with the CARE Program the value of computers in gathering data that can help us communicate with each other in ministry. The CARE Program is also a treasure chest of information for research and administrative reports. And it can tell us what we have accomplished with the staff we have, and what additional staff it would take to address what always remains to be done.

Finally, the expense per unit of service and the CARE Program provide each chaplain with a daily report of productivity, which is shared with his or her director on a monthly basis. Chaplains probably like this part of CARE the least, until we realize that it is an effort in teamwork, that it contributes to the accountability and financial health of our department, and that it gives us a way to be recognized and thanked for our efforts in ministry.

### Coloss. 3:3

**Our life is hid with Christ in God**

*My* words and thoughts do both express this notion

That *Life* hath with the sun a double motion.

The first *Is* straight, and our diurnal friend,

The other *Hid*, and doth obliquely bend.

One life is wrap *In* flesh, and tends to earth.

The other winds towards *Him*, whose happy birth

Taught me to live here so, *That* still one eye

Should aim and shoot at that which *Is* on high:

Quitting with daily labour all *My* pleasure,

To gain at harvest an eternal *Treasure.*

*George Herbert*  
(1593–1633)
Charting vital to chaplains’ professionalism

By Michelle Lemiesz

Nursing 101, week one, lesson one: “If it isn’t charted, it isn’t done.”

While much from those days is now a blur, that simple statement by one of my instructors was one I never forgot. Obviously, as I moved into chaplaincy, I took to charting like a fish takes to water. I understood the importance of documentation in healthcare, and I knew that if it was important for nurses (and all other ancillary disciplines) to chart, it was the same for chaplains. “If it isn’t charted, it isn’t done” is a mantra that I have internalized. I see charting as indistinguishable from our mission to develop chaplaincy as a vital and valued profession within healthcare. Documentation is a tangible product of the services daily provided by chaplains, and it testifies to the care and the worth that we offer to patients and families.

I must admit that I never quite understand how chaplains can rationalize not charting or resist the movement to chart. Despite the obvious time management issues or the concern about privileged conversations, this issue is a black-and-white one for me; professionals within the healthcare field chart. It is an expectation; it is a tool for continuity of care and accountability, as well as a permanent record of the interventions and care by all the members of the healthcare team.

As I write, my department is in the midst of preparing for that annual frenzy known as the JCAHO (Joint Commission on Accreditation of Health Care Organizations) survey. JCAHO is now using a new system called the tracer methodology, which is radically different from the past. This system chooses a specific patient and traces his or her visit through the hospital, evaluating the areas utilized and the disciplines involved in the person’s care. The surveyor will peruse the chart for evidence of a multidisciplinary approach and care.

The standards clearly state that “the hospital defines in writing the data and information gathered through assessment and re-assessment.” (PC.2.20) This standard applies to all disciplines that care for the patient.

Therefore, if the chaplain does not write in the patient’s chart, it indicates that a visit and an assessment of the person’s spiritual care needs have not been provided according to the standards of JCAHO. As the director of a spiritual care department, it would be extremely hard for me to argue that spiritual care is being provided and is an integral part of our institution if I had no written indicators that it was true. What is the value of chaplaincy, indeed what is the need for spiritual care providers, if no care is documented as being provided? This question makes it all too easy for administrators to discount the value of chaplaincy services, and in my mind opens the door wider for professional spiritual care services to be seen as dispensable.

Many chaplains worry about confidentiality and the potential of charting to violate the sacred trust of the chaplain-patient relationship. However, we must distinguish between the chaplain-patient relationship and the sacramental boundaries of confession between a priest and penitent. The latter relationship maintains strict confidentiality at all times; absolutely nothing may be shared and/or discussed save that an individual has received the sacrament. However, confidentiality is more fluid between a chaplain and a patient.

A good parallel is the bond of confidentiality between physicians and their patients. The American Medical Association’s Code of Medical Ethics states that the information disclosed to a physician during the course of the patient-physician relationship maintains the strictest confidentiality. In addition, physicians are also legally obliged to maintain patient confidentiality. If we read the codes and laws in a purely factual manner, it would be logical to conclude that any information put down by a physician in a chart could be a breach of confidentiality. However, that simply is not true. Medical charting provides a more efficient means of tracking and evaluating what has been done for the patient. Additionally, in these days of litigation, it serves as a black-and-white record of what interventions and care have been provided to the patient in order to facilitate their recovery. Every day, “confidential” material is documented by various members of the patient care team in order to provide a total picture of the patient’s hospitalization and needs. The picture is incomplete if chaplains do not share their very vital area of spiritual care.

The crux of the issue is to write a spiritual assessment that is general enough to protect the patient’s confidentiality, but still addresses the specifics of the patient’s spiritual needs. Here is an example:

5/25/05 1615 Patient’s nurse noted patient is “sullen and appears depressed”; requested visitation by chaplain. Patient is non-practicing Christian, feels abandoned by God. States has limited support system. Emotional support provided to patient. Patient verbalized feelings, requested prayer. Prayer and spiritual support provided. Will provide regular contacts to provide support and allow patient to express concerns. Chaplain Mae West 555-5555 pager

Such an assessment maintains the chaplain/patient confidentiality but also offers a valid spiritual-care standard that defines the patient’s spiritual health and how it relates to their hospitalization.

In this, the JCAHO standards can be helpful. In April of 2005, the Commission stated that a “spiritual assessment should, at a minimum, determine the patient’s denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality on the care/services being provided and will identify if any further assessment is needed.” (“Evaluating your Spiritual Assessment Process,” April 1, 2005, JCAHO FAQ.) Nowhere does it state that an assessment must contain the detailed conversation between a chaplain and the patient.

Here at Mount Carmel East Hospital, our chaplains electronically document their interventions in either HBOC/ Care Manager (for inpatients)
or in HMED (for emergency department patients). The spiritual assessment templates of these programs have been specially developed in conjunction with the system chaplains and can be customized to their needs.

For instance, initially the documentation was for the patients only. As the chaplains began to work with the program, they saw a glaring omission — there was no real place to document interventions with the patient’s family, yet much ministry was provided to them. A task force of system chaplains gathered together and re-evaluated the templates. The result was another template that addressed and documented the ministry provided to families. This process continues even during computer down time. We have developed pre-printed progress notes that enable our chaplains to document their interventions consistently. The notes are a modified version based on the computer templates for spiritual assessments, with boxes to check off as well as topical subjects to allow focus and specificity.

The policy for charting in the Chaplaincy Services department states that documentation of a spiritual assessment must include one or more of the following:

1. Reason for the chaplain’s visit (i.e., referral, patient request, initial visit, crisis, etc.)
2. Assessment of the spiritual/emotional needs of the patient and/or family. The assessment emerges from the chaplain’s evaluation of one or more of the following spiritual care assessments:
   - Concept of God/theological concerns
   - Meaning of the illness/emotional concerns
   - Approach to hoping
   - Support system
   - Family
   - Advance directives
   - Sacraments and religious rites
3. Description of the chaplain’s interventions
4. Outcomes which assess the effectiveness of the chaplain’s interventions
5. Patient care plan
6. Patient education

These elements provide a comprehensive look at the spiritual/emotional status of the patient and/or family without necessarily going into the specifics of the conversations with the chaplain. Thus, anyone looking at the chart can readily see that the chaplain has visited and can see the general care that has been provided (e.g., supportive presence, prayer, religious ritual, etc.) and the result of those interventions (e.g., patient verbalized feelings) as well as the plan of care (e.g., referral, follow-up as needed, etc.). This type of documentation allows for continuity and clearly addresses the JCAHO standard.

This model is only one illustration of the various models that exist within spiritual care, but it does show that spiritual care charting does not need to be nebulous or unable to provide outcomes in order to maintain confidentiality. The language is similar to the style used by the medical team. Therefore it is readily accessible and understandable to the other members of the patient care team who will be accessing the charts.

An assessment by the chaplain often can serve as the missing piece of information needed to complete a puzzle in the plan of care. One example was when a social worker was looking over a patient’s chart for clues as to why he kept coming back to the hospital for the same ailment. Doctors wrote the patient off as non-compliant, but the chaplain noted that the patient was “lonely and lacked support.” This statement gave enough information for the patient care team and the chaplain to put the puzzle together. The patient came back over and over to the hospital because he WAS lonely, and when he was there he received care, support, and attention. The hospital was a “home” to him, one he didn’t have when he was well, so he did everything to make sure he wasn’t well. WOW! What an insight! This information allowed the social worker to make arrangements for him for daycare in addition to other social service offerings, and within a few months his admissions drastically decreased.

Examples such as this illustrate how chaplains share in the work of the interdisciplinary team. The personal dimension of our ministry enables us to bring in the important (and often neglected) perspective of how a person’s spirituality, support system, ability to cope, etc., informs and participates in their wholeness and healing.

Documentation allows the entire healthcare team to see a much fuller picture of the patient’s total situation and sets in clear focus the role and importance of the chaplain in the provision of healthcare.

It also sends the clear message to administration that only professional chaplains, not volunteers or other watered-down providers, can provide spiritual care services that benefit the patient, family and the healthcare institution — and that we are a necessary and very valuable member of the team in the delivery of holistic healthcare.

Michelle Lemiesz, M.Div., NACC Cert., is Director of the Mount Carmel East Chaplaincy Services Department and a registered nurse in the state of Ohio.
Dear Members of the National Association of Catholic Chaplains,

On behalf of my brother Bishops, I am extending to you our heartfelt congratulations on the 40th anniversary of your existence as a Catholic organization of chaplains.

For 40 years, you have brought God’s healing, reconciling, and caring presence to the patients, families, and hospital staff in healthcare institutions throughout the United States. You are present to those whose well-being and wholeness have been diminished through sickness.

Animated by the Gospel imperative to further the caring and healing mission of Jesus, you as chaplains have committed yourselves to transform relationships, structures, and services, to create a stronger, unified voice for justice in order to enhance the health and well-being of individuals, families, and communities. Your presence at the bedside of patients has witnessed to the inherent dignity of the human person and the equality of men and women.

Everyone who stops alongside the suffering of another person, in the words of Pope John Paul II, is a “Good Samaritan.” As chaplains, you follow the model of the Good Samaritan who “binds up their wounds” through expressions of genuine care and compassion, offering healing through active listening and prayer, whether verbally or non-verbally. You help those suffering find meaning in their suffering in union with the suffering of Christ in his act of redemption.

Since 1965, you have endeavored to raise the standards of your ministry. As the Bishops wrote in our 1981 pastoral letter, *Health and Health Care*, “We recognize the valuable programs that exist in Catholic educational institutions that include nursing and medical schools, as well as basic and special programs for other health professions.” We are grateful for your excellent Clinical Pastoral Education Programs administered by NACC CPE supervisors that so competently prepare chaplains and lay ecclesial health care ministers to tend to the emotional, social, and spiritual suffering of those who are ill and dying. Many of your students bring what they have learned outside the walls of healthcare institutions into many other areas of care for the aged and outcasts of society.

These programs have inspired, educated, and trained interns to adopt physically, emotionally, and spiritually healthy lifestyles, and prepared them to participate in caring and healing ministries, sometimes even moving beyond the walls of health care institutions into the community. Your programs have taught others how to bring comfort and hope to those in pain, and to accompany them as they move from suffering to peace. They have promoted ecumenism and interfaith dialogue, established cooperative relationships with colleagues of other churches and faith traditions, and collaborated in projects of mutual concern.

All of our people are blessed because of your service in and outside healthcare ministry. Once again, congratulations on your 40th anniversary of the National Association of Catholic Chaplains.

Sincerely yours in the Lord,

Most Reverend William S. Skylstad
Bishop of Spokane
President
Happy Birthday
Continued from page 1.

Certification Committee meeting, stopping to purchase wine, crackers and cheese to create the setting for dialogue with the new certification interviewers. Bringing the newly adopted NACC standards to life meant certification would no longer be a paper review, but a professional dialogue among peers. With Flo Smithe, the NACC has been blessed with a diva of dialogue who continues to integrate her passion for possibilities in her ministry, her writings, her public speaking, and her reflections on living with cancer.

Dialogue to Professionalism
I remember hearing of Sr. Anita Lapeyre in relation to the Board of Examiners in Washington D.C., where we sent our certification materials to be processed. The first time I remember meeting her was as a faculty member at a CPE supervisors Workshop in Chicago. Here was a woman of many skills as chaplain, department director, CPE Supervisor, and educator. She was clear and direct as well as compassionate and engaging. Her leadership has been consistently tapped by the NACC, as editor of the regional newsletter and Coordinator of the USCC Commission on Certification and Accreditation.

1988 was a very special year in the history of our profession when we held our first joint conference on pastoral care in Minneapolis. At Dialogue '88, COMISS (Congress on Ministry in Specialized Settings) was newly incorporated. And it was at Dialogue ’88 that the NACC bestowed on Tita the Distinguished Service Award.

Since that time, Tita has continued to pour forth her talents for the ongoing professional development of pastoral care. She became a dually certified CPE Supervisor by both ACPE and NACC, became the Director of Ministry for Episcopal Community Service and a leading force behind the creation of the Center for Urban Ministry and serves as its director. She has been active in the Pacific region of ACPE, serving on the accreditation commission and the CPE supervisory group of San Diego Health and Faith Alliance. Tita continues to serve as the chair of the NACC Certification Commission. With Sr. Tita Lapeyre, the NACC has been blessed with a diva of dialogue who continues to integrate her passion for professionalism in her ministry, her public speaking, and her service to ACPE and NACC.

Dialogue to Partnerships
As a Rochester Franciscan, with her order’s history of partnering with Dr. William Worrall Mayo to establish St. Mary’s Hospital, Sr. Helen Hayes knew the importance of partnerships. As a clinician, a psychiatric nurse, she understood well the power of effective partnerships. In 1986, when St. Mary’s Hospital, Rochester Methodist Hospital and the Mayo Clinic formalized under a common governance and management structure, a vital component of that integration was a sponsorship agreement between the Sisters of Saint Francis, St. Mary’s Hospital, and the Mayo Clinic. Sr. Helen brought great wisdom and understanding of governance and sponsorship to the profession of pastoral care.

Many people remember Sr. Helen for her overwhelming gifts to the NACC. But what I most cherish were the times we would regularly get together for lunch, not to talk business, but to dialogue about our families. Sr. Helen had moved to Milwaukee to care for her dying sister and afterwards became guardian to her teenage niece. Every couple of months I would pick up Helen at the national office for lunch at a Polish restaurant down South Lake Drive. Helen was truly interested in my three sons, as was I in her sharing with me the challenges and joys of parenting her niece and nephews. I especially remember talking about her niece’s confirmation preparation and service project. And who could be a better service mentor than Sr. Helen Hayes! She embodied the spirit of dialogue, where meaning would surface and insights flow from the commitment to partnership. With Sr. Helen Hayes, the NACC was blessed with a diva of dialogue who integrated her passion for partnership in her ministry, her writings, her public speaking, and her living through her process of dying.

The NACC has certainly explored some strange new worlds, and discovered new life over these past 40 years. And we’ve learned so much about dialogue to possibilities, professionalism and partnerships along the way. Our passion for dialogue has led us not only to profound levels of communication, but ultimately to communion. As Thomas Merton once said, “The deepest level of communication is not communication, but communion. It is wordless. It is beyond words, and it is beyond speech, and 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.”

As I conclude these reflections, the image that comes to mind is the letter “V” — not as a sign of victory, nor as a secret sign from the DaVinci Code, but as the simple Star Trek Vulcan greeting to the NACC on its 40th anniversary, “Live long and prosper!”

Rod Accardi, NACC Cert., is Director of Spiritual Care Resources at Central DuPage Hospital in Winfield, IL, and has served the NACC in a great many capacities.
Give thanks for miracles through NACC

The following homily was delivered at the Mass to celebrate the NACC’s 40th anniversary in Albuquerque, NM.

By Rev. Forrest P. Hanser

Happy Anniversary to us!

As we make our journey through the desert, what a beautiful place it is to be. In gathering to pray, we sang “Lord, rain down, rain down your love, God of life.” We have come together in faith and hope to this Eucharist to celebrate the call given to us. We celebrate that God rains down love — right here and right now. We experience this as we pray.

Our God calls us to be a source of peace … hope … mercy … love. Our God, the Creator of all life, calls us to bring the water, the food, the light, the hope, the love — to those who are ill and in the need of God’s gentle healing touch. God uses us, you and me.

Our God is a mighty God who hears our cry. We rejoice and shout Alleluia. Glory to God. May I hear an ALLELUIA!

We give thanks to our God for the marvelous works done in our midst, and through the members of NACC over the past 40 years. Haven’t you seen miracles? Like rainbows they come as God showers love. Think of the miracles you have witnessed — the newborn, the peaceful deaths, the coming of angels, and the coming of Jesus. Just today I experienced a miracle. During a workshop I attended, a participant slipped and fell during the presentation. As people rushed to her aid, the leader of the workshop sat down at her harp and played. The entire room was lifted to a place of calm and peace. The presenter commented that this was the first time she ever had a live example for showing what the power music can have to bring peace and calm.

Two other miracles I can share relate to the deaths of my mother and my sister. Both of these women taught me in their dying about peace that comes through faith. We praise God who comes into our midst as we celebrate the Eucharist, and we are grateful that this gift gives us life to share, hope to strengthen, and peace to calm.

Yes, we stand on the cornerstone, on the foundation, Jesus the Christ. Alleluia.

As the Lord blesses us each day, we are to be a blessing, using the gifts given to each of us.

In John 13:12-17, Jesus asks, “Do you understand what I just did for you? …What I just did was to give you an example.” Dear colleagues, we are the disciples today; we are the messengers. We remember that messengers do not outrank the one who sent them. Jesus tells us that once we know this, that we are sent, blest will we be as we put our gifts into practice. As we use our hands, our eyes, our voices, our hearts, we do only what Jesus calls us to do, following His example. Yes, our God is a faithful God who entrusts gifts to us to be given away, to be spent, so that healing can take place.

James wrote in his Epistle that if anyone is suffering hardship, they must pray. If in good spirits — they are to sing a hymn of praise. When one is sick — they are to call for prayers. When we pray with the sick, we anoint with oil in the name of the Lord. We also anoint with our presence. Our prayers uttered in faith will reclaim and restore. Sisters and brothers, pray for one another — that we may find healing in our own lives, that we may be instruments of God’s healing in the lives of others. The strength we have comes from the Pan de Vida — Cuerpo del Senor. Though we are fragile and wounded and weak, we are the Body of Christ, called to be the compassion of God. According to John, the Lord teaches us to do as He did. We are called to be servants. As we celebrate our 40th anniversary, we celebrate our call to be the compassion of God for those who are ill.

With the prophet, we sometimes ask, “With what shall I come before the Lord?” Micah tells us that we have been told what is good, what the Lord requires: Only to do right, to love goodness, to walk humbly with God. We are...
Supervisor offered vision and toughness to trainees

By Sr. Farroel Richardson, SNJM

My experience with the NACC began when I met Dr. Leo Stanford at Seattle University in 1979. Leo had established a program in St. Louis and subsequently moved it to Seattle. Its purpose was to prepare ministers and chaplains, particularly the laity, for service in the church. My place in this program was with about 25 other men and women, about half in the hospital chaplaincy section and the others in parish work. I joined the group fully intending to participate in the parish section, but Leo convinced me that what I learned in CPE would be useful in whatever ministry I chose at the end of the program. So I was off and running with my group.

Leo was able to arrange great placements for our CPE; mine was at Harborview Trauma Center, known then to the local physicians as the "briar patch." That signified the type of patients we had at the time. Most came from the downtown area — homeless, abused, dysfunctional. The hospital saw 300 sexually assaulted persons per month. Our chaplains’ meeting room was adjoining the dropoff point for those picked up from "skid row." I spent the whole year on the rehabilitation floor, where many of the patients had had motorcycle accidents. This is where I learned that if you could get to the parking lot, you could use your wheelchair battery to jump-start your car to get away!

Other students were placed in hospitals in the Seattle area, and some even went to Tacoma for their clinical experience. To my great chagrin, one of Leo’s concerns was that our supervisor was not demanding enough of us in our work, interpersonal, and supervisory meetings! The group felt that we were going way beyond what would ever be required. (Little did we know.) Our supervisor and Leo had many discussions about the merits of our supervisor’s “pastoral approach” as opposed to Leo’s “get tough” policies. Of course, these conversations were passed on to us in group sessions, and we found much good humor amid the trials and tribulations of our very intense experiences.

Leo was a man of vision and concerned about our theological updating and perspectives. We had a great range of speakers who presented on current issues and engaged us in spirited discussions on Church, Scripture, the person of Jesus, the role of the Holy Spirit, ethics, and especially on reading and understanding the "signs of the times." One of Leo’s aims was that each of us would become a catalyst for peace and justice wherever we served.

Dr. Stanford is rarely mentioned among the early greats of our organization, probably because he was a very humble man who did not put himself forward. Instead, he gave each of us a way of relating to the poor, sick, injured and dying that has stayed with us. He also ensured that each of us was fully prepared for certification: reviewing our applications and paper work, making suggestions, and leading us to discover places where we had missed a cue or needed to reconsider a point of view.

I had not quite completed the required hours at the end of my year at Harborview and was required to stay on a couple of weeks after the final quarter to finish my clinical work even though my group was long gone! This included being the only one on overnight call for two weeks.

Leo died quite suddenly some years ago, but his memory and influence continues to live in those of us in the great northwest who were blessed to work with him.

Sr. Farroel Richardson, SNJM, NACC Cert., is a chaplain emerita in Portland, OR.

What We Keep

By Deborah Cooper

As instructed by my grandmother at ninety-eight, hoarder of small things, scraps and baubles filling drawers…

“They’ll come in handy someday” she would say…

I save things too, the way a child tucks found treasures in her pockets.

Last night, I chose the soft lavender ring around the moon, today, the call of loons across the bay…

the great blue heron rising in the slough.

Deborah Cooper, NACC Cert., is a chaplain emerita in Duluth, MN.
NACC stretches, challenges members

By Sr. Mary Anne DiVincenzo, CSJ

I am very grateful for the 20-plus years I have been a part of the NACC. It seems that from the very beginning I have been stretched and challenged. From the time in 1987 that I did not pass my first try at certification until this very day, I am grateful. Even though it was quite demanding and stressful at times, I appreciate the stimulation and stretching that was a result of many situations.

Through the invitation of Patricia Murphy, I became involved in the inner workings of the organization on the local level in 1995. It was a new experience for me and taught me to tap into the talents I had and use them for this organization. As I moved up from the local level, I was afforded the opportunity to serve on the National Board from 1997-2000. I learned so much about the inner workings of the national office as the challenges continued.

It was awesome to me to know that I was part of a group that was of service to all chaplains in the country, along with several others who were called as I was to the service of NACC. Despite some very difficult times questioning the governmental structure and the coming together of the cognate groups, I truly cherish my fond memories of the guidance of Monica Lucas, Steve Ryan and Suzanne Donovan, who were a constant source of supervision and support throughout the process of change.

I would be remiss if I did not mention the regional boards with whom I worked. They were wonderful and invaluable resources, coming up with creative ways to reach out and meet our members as well as to serve the needs of our region.

My most recent experience was working with APC on a joint national conference in Albuquerque. It was yet another challenge with a very rewarding outcome.

I continue to be stretched as I sit on interview teams to help oversee and evaluate those who wish to be certified chaplains in NACC. Since I am currently not in a chaplain position, it is a way I can keep in tune with what’s going on and how to stay on top of happenings in NACC.

I am blessed and have grown during my time in NACC and hope that that growth will continue for many more years.

Sr. Mary Anne DiVincenzo, CSJ, NACC Cert, is a chaplain in Fresno, CA.

Anniversary Quotes

“The past thus becomes the first step into the future.”
— Rev. Richard Tessmer
NACC Grandparent, deceased 2005.

“Had we not had such notable and committed individuals at critical times in our history, the NACC’s level of professionalism and its unique identity might not exist today.”
— Sister Julie Houser, CSJ
NACC Grandparent

“A particular moment of grace I experienced as a leader was the acceptance of members of religious communities of women and laywomen as members of the NACC.”
— Msgr. Harrold A. Murray
Advisory Board Chair 1965-1966

“I am grateful for knowing special people who contributed so much to the spirit of the association.”
— Sr. Cyrilla Zarek, OP
NACC Grandparent

“We all did it for the same reason, the only reason for the NACC to exist: ‘When did we meet you, Lord?’ ‘I was sick and you ministered to me.’”
— Rev. Timothy Toohey
Executive Director 1980-1984

“For people rooted in faith, risk is not a threat but an opportunity.”
— Sister Maryanna Coyle, SC,
NACC Board Member

“Participating in what was going on at the ground level was exciting, exhilarating and energizing.”
— Rev. Eugene McGlothlin, OSB
President 1995-1997

“The next sowers will continue their own planting of new seeds, hopes, and ideas, caring for those not fully grown into maturity, risking to uproot seeds of no consequence, and rethinking seeds perhaps planted too early.”
— Sister Monica Ann Lucas, SC
President 1997-1999

“But in the end the characters are still the same: this man Jesus, this community called the Church keeping the story alive, and the new narration in each of us who walk where he walks and talk what he talks.”
— Rev. Joseph J. Driscoll
Executive Director 1992-2001
President and CEO 2001-2004
WELSPRINGS OF OUR JOURNEY

Members of the former National Leadership Council hold candles at the Eucharistic Liturgy of Installation in 1993.

The NACC’s newsletter has gone through many changes in appearance and technology in the past 30-plus years, as this 1987 issue of Camillian (the predecessor to Vision) suggests.

Taking a break from the serious stuff, chaplains enjoy the dance floor in Charlotte, NC at the 2000 conference.

Chaplains bless the water at the center of their table at the national conference in Chicago in 1993, whose theme was “Come to the Water.”

Eileen Grimaldi and Sr. Elaine Frank, OSF, admire a Noah’s Ark poster for sale at the 1997 national conference in Corpus Christi, TX.

Mary Lou O’Gorman, Sr. Monica Ann Lucas, SC, and Rev. Daniel Gatti, SJ, light candles on the NACC’s official 40th birthday cake in Albuquerque, NM.
A prayer service for our anniversary

This year marks the 40th anniversary of the National Association of Catholic Chaplains. In reflecting upon and remembering your journey with the NACC, we are including a sample prayer service in this issue of Vision for your use. We hope that you will utilize this service in your own setting to honor your involvement with the NACC.

We are interested in helping you make your own prayer services meaningful, both to your setting and to your population. While we have listed certain readings, prayers, and songs, we encourage you to personalize your own prayer service, using our suggestions as a guide, especially should you have an interfaith service.

Please let us know if you are going to be hosting an anniversary gathering. You can contact Susanne Chawyczczewski at schaw@nacc.org with the information.

Musical Interlude*

Gathering Prayer

Remember not the events of the past, the things of long ago consider not; See, I am doing something new! Now it springs forth, do you not perceive it? In the desert I make a way, in the wasteland, rivers.

Reading I
Isaiah 65: 17-25

Lo, I am about to create new heavens and a new earth; The things of the past shall not be remembered or come to mind.
Instead, there shall always be rejoicing and happiness in what I create;
For I create Jerusalem to be a joy and its people to be a delight;
I will rejoice in Jerusalem and exult in my people.
No longer shall the sound of weeping be heard there, or the sound of crying;
No longer shall there be in it an infant who lives but a few days,
or an old man who does not round out his full lifetime; He dies a mere youth who reaches but a hundred years, and he who fails of a hundred shall be thought accursed.
They shall live in the houses they build, and eat the fruit of the vineyards they plant;
They shall not build houses for others to live in, or plant for others to eat.
As the years of a tree, so the years of my people; and my chosen ones shall long enjoy the produce of their hands.
They shall not toil in vain, nor beget children for sudden destruction;
For a race blessed by the Lord are they and their offspring.
Before they call, I will answer; while they are yet speaking, I will hearken to them.
The wolf and the lamb shall graze alike, and the lion shall eat hay like the ox ... None shall hurt or destroy on all my holy mountain, says the Lord.

Psalm 90: 9-17
RESPONSE: Shepherd me, O God, beyond my wants, beyond my fears, from death into life.

Our life ebbs away under your wrath; our years end like a sigh. Seventy is the sum of our years, or eighty, if we are strong; Most of them are sorrow and toil; they pass quickly, we are all but gone.
RESPONSE

Who comprehends your terrible anger? Your wrath matches the fear it inspires. Teach us to count our days aright, that we may gain wisdom of heart.
RESPONSE

Relent, O Lord! How long? Have pity on your servants! Fill us at daybreak with your love, that all our days we may sing for joy.
RESPONSE

Make us glad as many days as you humbled us, for as many years as we have seen trouble. Show your deeds to your servants, your glory to their children.
RESPONSE

May the favor of the Lord our God be ours. Prosper the work of our hands! Prosper the work of our hands!
RESPONSE

Reading II
Genesis 12: 1-3

The Lord said to Abram: “Go forth from the land of your kinsfolk and from your father’s house to a land that I will show you. I will make of you a great nation, and I will bless you; I will make your name great, so that you will be a blessing. I will bless those who bless you and curse those who curse you. All the communities of the earth shall find blessing in you.”

Reading III
Hebrews 11: 1-3, 39-40
Faith is the realization of what is hoped for and evidence of things not seen. Because of it the ancients were well attested. By faith we understand that the universe was ordered by the word of God so that what is visible came into being through the invisible. ... Yet all these, though approved because of their faith, did not receive what had been promised. God had foreseen something better for us, so that without us they should not be made perfect.

Shared Reflections
Those present in the Lord are invited to share their own personal reflections on the scripture meanings and on their journey with the National Association of Catholic Chaplains.

Prayers of the Faithful
It would be appropriate here to develop prayers of the faithful that are most meaningful to your setting and population.

Closing Prayer
As the Spirit has filled you during this prayer service, allow the Spirit to guide you in your closing prayer.

Musical Interlude* 
*Some suggestions for the musical interlude include:
Instrumental music
Taped music
Specific songs including: “Come to the Water,” “Rain Down,” “Here I Am, Lord,” “Be Not Afraid”

Our thanks to Rev. Richard M. Leliaert, Ph.D., NACC President and Chair of the Board, 2000-2003, for working on this special service for our members.

An anniversary is also a time to remember those who have journeyed before and with us and who have made our own journeys better. Please take some time to remember those who are no longer with our association. Give thanks for our legacy and commit to future growth.

Grace to you and peace from God our Father and the Lord Jesus Christ. I give thanks to my God at every remembrance of you, praying always with joy in my every prayer for all of you, because of your partnership for the gospel from the first day until now. I am confident of this, that the one who began a good work in you will continue to complete it until the day of Christ Jesus. It is right that I should think this way about all of you, because I hold you in my heart, you who are all partners with me in grace, both in my imprisonment and in the defense and confirmation of the gospel. For God is my witness, how I long for all of you with the affection of Christ Jesus. And this is my prayer: that your love may increase ever more and more in knowledge and every kind of perception, to discern what is of value, so that you may be pure and blameless for the day of Christ, filled with the fruit of righteousness that comes through Jesus Christ for the glory and praise of God.

Philippians 1: 2-11
Taking many pathways on a universal journey

By Rev. Kevin F. Tripp

When I was growing up, my parents never described life as a journey. There were guiding principles and structures, but no sitting down and looking forward with a vision and a plan. There was no discussion of the fact that people would enter and leave my life; that indeed my life itself might, in its course, take different directions.

Recently I’ve been reflecting on my life more. Perhaps it’s a result of aging – getting closer to Social Security and Medicare! Certainly it is mirrored by my ministry as a hospice chaplain, working daily with individuals and families facing death. I am much more cognizant of my own mortality. Anyway, I have been reflecting that life is a journey made up of many pathways, including our physical life process; our psychosocial dimensions and how they are integrated into our lives; and our spiritual path. Over the years, I have experienced profound changes in each of these.

Of course there are other pathways as well. Take the career path, for example. In the past when a person began life’s work, it was not unusual to be employed by the same company, in the same location – perhaps even the same job – for a whole career. Even in the diocesan priesthood, one was assigned to parish ministry and moved around in that work for all the years of service. Not so anymore! Little did I think, when I was ordained, that I would spend the majority of my years of service in healthcare, let alone in three distinct locations of our country!

The theme of our NACC 40th anniversary year is Wellsprings of Our Journey. From my reflections on journeys, I am realizing that if we can appreciate that, the experiences of those pathways can serve as a wellspring of spiritual growth for us.

It’s probably good that I was not aware of the journey my life would take – like parents awaiting the birth of a child. When they choose not to find out the sex of the child before birth, the mystery, awe and surprise of birth are enhanced. If I had known my life’s journey in my early years, I probably would not have experienced life’s mystery, awe and surprise. Of course I might have been able to anticipate and avoid some of life’s pain, but for me that is part of the mystery.

At times, life’s pathways are easily navigated; at other times they are crooked and rocky. Sometimes they point in a clear direction, but at other times fog impairs vision. Pathways can also be like labyrinths – spiritual paths leading to a sacred center. When one completes the labyrinthine path, there is a feeling of spiritual peace and tranquility. But pathways can also be like mazes in which one becomes ensnared with no escape apparent. There’s a sign at the bottom of the short country road on which I live: “Not a through road.” Sometimes the pathways of life’s journey feel like dead ends.

The journey of Jesus’ life and ministry on earth was certainly convoluted and challenging. Of course Jesus had a clear mission in his life. “I came that they might have life and have it to the full,” he states in John’s Gospel (10:10b) But to accomplish that mission he traveled many paths. He was led into the desert by the Spirit to be tempted by the devil. After the devil tried three times to tempt him, Jesus dismissed him abruptly. At the beginning of his ministry he climbed the mountainside to teach his disciples the beatitudes. As he traveled, people stopped him with requests for healing and new life. Realizing that people had been following him for several days and that they had not eaten, he stopped and fed the crowds. With specially chosen apostles he ascended a mountain and was transfigured in their presence. The ultimate pathway that Jesus took was his triumphal entry into Jerusalem. That, of course, culminated in the crucifixion, the event which saved the world.

As with all chaplains, my current ministry is a joining of journeys – mine to the patient’s and family’s. It’s so very important that we chaplains join the spiritual journey of the patient and not expect patients and families to join ours. There is a special dimension to my ministry, however; I am a hospice chaplain, on the road every day visiting patients in their homes, in skilled nursing facilities and in hospitals. The travel is truly sacred. At times I feel as though my work is a continuous retreat. My car is the retreat house! When I leave the office I get settled into my car and then spend some time reflecting on the patient/family with whom I will soon be present. I pray for God’s help that I may serve these people well. Then it’s off to the visit. What I appreciate a lot about hospice chaplaincy visits is that we can take our time. Some of my visits are only a few minutes, but the average is about an hour. Returning to the car, I pause for reflection. Then it’s on to the next patient.

Another blessing of chaplaincy is the diversity of the people with whom we minister. Some patients and families are closely connected with their congregation or faith community; often
my role in these cases is to contact the person’s religious leader and ask for support and consultation. At times I work in tandem with the patient’s religious leader providing support and consultation.

Most often, I find some alienation in the religious history of the patient and family. At one time in their lives they may have been closely affiliated with a religious tradition; now, for one reason or another, they are not – because of attrition, estrangement, woundedness, etc. Frequently these people will decline chaplain visits on admission to hospice. However, when they become more comfortable physically and psychologically, spiritual issues come to the surface and they ask for a chaplain. The accent on ministry in this setting is on open ears and heart, closed mouth. I listen actively not only to what the patient says but also to what the patient does not say. All of that content may be a focus of ministry.

Some patients and families have never had any religious or spiritual affiliation. These visits often hold a particular challenge – it can be difficult to achieve spiritual peace for a person with no spiritual history. Unfortunately, I sometimes find that these are the people who do not die peacefully, no matter how hard the doctor and case manager work. They are often fearful, guilty and have a difficult time letting go.

With a patient caseload that averages 30, I am traveling many pathways and journeys with them. This blessing gives me pause to reflect on my own journey even more deeply – and to benefit spiritually from the encounters with patients and families. It’s a very powerful process which has many results. It garners lots of information and provides an opportunity to sort it out, to tell one’s story, to be healed of wounds, to experience forgiveness and reconciliation– in a word, to deepen one’s life. I recommend this process to us individually and as an association – not because we are coming to the end of our lives, but because I think it’s a good tool to strengthen our lives. Reflection takes us to a deeper place in life and may result in even more and stronger life as well. Ad multos annos!

My work gives me pause to reflect on my own journey more deeply

Rev. Kevin F. Tripp, NACC Cert., is a chaplain at Sutter VNA and Hospice in Santa Rosa, CA, and was President of the NACC from 1993-1995.
Editor’s note: The Journal of Pastoral Care and Counseling is a quarterly publication devoted to pastoral care research, written and edited by pastoral caregivers. The NACC is offering this subscription information to our members; if you are interested, please fill out the form and mail it to the address below.

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**Ethics book moves closer to Catholic positions**


By Rev. James Buryska

To those who are familiar with the first edition of *Bioethics: a Primer for Christians,* Professor Meilaender considerately identifies in the preface to the second edition how it differs from the first. Apart from updated technical and statistical information throughout the book, he notes that the significant differences are a change in his view about when the human being comes into existence; updated discussion of the concept of brain death and organ donation; and an entirely new chapter pertaining to research on human embryos.

In his chapter on abortion, Meilaender now identifies fertilization as the point at which human life begins, and after which it deserves protection. In the earlier book he allowed for the “individuation” argument: that Day 14 — the point after which twinning does not take place — marked the beginning of life. Today, in his own words, that argument “is likely to seem increasingly arbitrary.” This iteration moves Meilaender much closer to a position held by Roman Catholic teaching, and by many others as well.

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I found Professor Meilaender’s discussion of organ donation substantially unchanged from the earlier edition; he once again takes a cautionary stance, offering a sharp critique of our overwhelming societal drive to secure new sources of transplantable organs. The following comment reveals his profoundly incarnational perspective: “Only by supporting organ transplantation in ways that do not lose the meaning of the body as the place of our personal presence, and in ways that do not imply that staying alive as long as possible always has moral trump, can we become people who give thanks for medical progress without worshipping it.”

Chapter Eleven, discussing embryo and stem cell research, is completely new, but its contents come as no surprise to anyone familiar with Meilaender’s thinking: he is opposed to any research that requires the destruction of embryos. In this, he opposes not only the cloning of embryos for research purposes — a position shared by many others — but also the use of “leftover” frozen embryos from IVF. His argument against use of IVF embryos is striking: “It is quite true that … these embryos are destined to die. … It is one thing for us to acquiesce in their death; it is quite another for us to embrace that death as our aim, to seize upon it as an advantageous opportunity to use them yet again for our purposes.”

Taken as a whole, the book offers a clear and succinct Christian perspective on many current bioethical issues. Most Roman Catholic readers and many others will find it helpful and congenial precisely because of its unflinchingly Christian anthropological presuppositions. Its brevity and clarity make it a helpful addition to anyone’s library.

Rev. James Buryska, NACC Cert., is an NACC and ACPE supervisor at the Mayo Medical Center in Rochester, MN.
PRIEST CHAPLAIN
Racine, WI – All Saints Health Care has a chaplain opening. Position requires bachelor’s degree in theology, pastoral studies or other related degree or related field minimum requirement. Master’s degree in theology, pastoral studies or other related degree preferred. Certification or eligibility for certification with NACC or APC preferred. Valid driver’s license and proof of insurance required. Clinical pastoral education preferred. Responsibilities include assisting the director of spiritual care with meeting expectations for Catholic identity and Wheaton sponsorship. Also includes assisting the director and maintaining own relationship with the Milwaukee Archdiocese and local Catholic community. Also provides sacramental ministry for All Saints Healthcare. Apply to Rebecca Miller, 3801 Spring Street, Racine, WI 53405; e-mail rmiller@allsaintshealthcare.org; or apply online: www.allsaintshealth.com. Phone: (262) 687-4432; fax: (262) 687-4133

HOSPICE CHAPLAIN
Bradenton, FL – Hospice of Southwest Florida, serving over 800 patients in Manatee, Sarasota, Charlotte and Desoto counties, is seeking a qualified priest chaplain to join our team of staff chaplains. BA/BS and M.Div required. Certification in NACC/APC is preferred, but a minimum of two units of CPE (with commitment to obtain sufficient CPE units to complete certification) is acceptable. Denominational endorsement required. Hospice experience preferred. Candidates should e-mail cover letter and resume to Mary Harris, Recruiter, mharris@hospe-cswf.org, fax (941) 552-5990; or mail: 6310 Capital Dr. Ste. 100, Bradenton, FL 34202. Competitive compensation and excellent benefit package for full-time.

Positions Available

We are happy to announce preliminary information for our National Association of Catholic Chaplains 2006 Conference
March 11-14, 2006 Columbus, Ohio

Please check upcoming issues of Vision for updated information

Directive available in simple language

L a Habra, Calif. – A California-based non-profit organization is making available an easy-to-use document that allows individuals to make their personal healthcare wishes known in advance of a serious illness or injury. This document, called an advance directive, is available in both English and Spanish.

The document was created in order to assist the 90 million American adults who are unable to read above a fifth-grade level, many of whom struggle to understand the complex legal documents that are typically used to direct their healthcare if they become very sick. The easy-to-use advance healthcare directive was developed by Rebecca Sudore, M.D., a physician at the University of California at San Francisco, in cooperation with the San Francisco General Hospital and the San Francisco Department of Public Health.

The Institute for Healthcare Advancement (IHA) is distributing the form through its Web site at www.iha4health.org. The document, “California Advance Health Care Directive,” may be downloaded for free in PDF format and printed for personal use. They may also be ordered in bulk from the publisher by contacting Mahat Papartasee at mahat@pm-creative.com.

According to Dr. Sudore, the form was developed after extensive testing with adults of all ages and ethnic backgrounds. It is a very simple, fill-in-the-blank document that is written in “bullet-point” style and accompanied by illustrations. The form is divided into three parts: (1) Choose a healthcare agent who can make medical decisions for you if you are too sick to make them yourself; (2) Make your own healthcare choices now so those who care for you won’t have to guess what you want if you are too sick to tell them yourself; and (3) Necessary signatures that make the document legally binding.
DIRECTOR OF PASTORAL CARE
Huntington, WV – St. Mary's Medical Center, a 440-bed Catholic tertiary care teaching facility with medical school affiliation, has an immediate opening for a director of pastoral care. Must be a Roman Catholic and certified by the National Association of Catholic Chaplains or the Association of Professional Chaplains and hold a master's degree in a field compatible with the responsibilities in Pastoral Care. The director will have overall responsibility for managing the department, for developing goals, policies and procedures; providing supervision for chaplains and pastoral care volunteers; and will assist in providing pastoral care to patients, families and employees. A minimum of five (5) years hospital experience or its equivalent is required. Please send application/resume to Human Resources Department, St. Mary's Medical Center, 2900 First Avenue, Huntington, WV 25702 or fax to (304) 526-8956. EOE

PRIEST CHAPLAIN
Williamsport, PA – Susquehanna Health System is a three-hospital system made up of two Roman Catholic hospitals and a community hospital located in North Central Pennsylvania. If you are called into hospital ministry, we are looking for a full-time ordained Catholic Priest — a shepherd for those in need of healing, compassionate listening, providing sacramental needs to patients, families, staff and sisters. Work as a team member in the Pastoral Care Department as well as with local area priests. The successful candidate must be approved ecclesiastically by the Bishop of the Scranton Diocese. Hospital experience, or a minimum of one unit of CPE, is preferred. Susquehanna Health System values those who receive our care and those who provide our care and we have recently been designated Employer of Choice — first in the state of Pennsylvania. We offer a competitive salary, health and dental benefits, and housing within close proximity to the hospitals. If you would like to learn more about Susquehanna Health, or apply online, please visit our website at shscares.org. For additional information on being a member of our healing ministry, please contact Rev. Ken R. Hayden, 777 Rural Avenue, Williamsport, PA. Phone: (570) 321-2215 or e-mail: khayden@shscares.org. EOE/AAE

FULL-TIME PRIEST CHAPLAIN
Hoffman Estates, IL – St. Alexius Medical Center, an expanding, 346-bed facility in the Alexian Brothers Hospital Network, seeks a full-time priest chaplain to plan, organize and implement pastoral care with ecumenical perspective. Through an interdisciplinary team approach, you will assess spiritual needs and offer support to patients, families and staff of all faiths. Also responsible for leading worship services, coordinating sacramental and liturgical needs, contributing to staff education and mentoring CPE and clinical students. Qualified candidates will have pastoral care experience in a health care setting; knowledge of diversity in religious practices; master's degree in theology or religious studies; three to four units of CPE; certification (or eligibility) and ecclesiastical endorsement. Experience for yourself why St. Alexius Medical Center is nationally ranked in the top 5% for employee satisfaction. Mail your resume with cover letter to: Alexian Brothers Hospital Network, 3040 Salt Creek Lane, Arlington Heights, IL 60005, Attn: Stan Kedzior, Director of Mission Integration, e-mail: stanley.kedzior@abhh.net. Equal Opportunity Employer M/F/D/V.

HOSPICE STAFF CHAPLAIN
Albuquerque, NM – Presbyterian Healthcare Services (PHS) has an immediate opening for a board certified chaplain (APC or NACC) to join the Department of Chaplaincy Services as the Hospice staff chaplain. PHS has a faith-based legacy and is the largest not-for-profit, community-owned healthcare system in New Mexico. The successful applicant will: minister to the PHS Hospice patients, families and staff; serve as a liaison with area faith communities; mentor and partner with a CPE resident in coordinating chaplaincy services to Hospice. Qualifications include a master’s degree in theology from an ATS-accredited theological institution, ordination or commissioning in a recognized faith group, APC or NACC certification, and three or more years experience in Hospice chaplaincy. PHS is an equal opportunity employer. Interested applicants may do one of the following: go to the PHS home page (http://www.phs.org/) and click on “Careers;” fax their resume (505-923-8759); mail their resume to Veronica Gonzalez (505-923-8763), Professional Recruiter, Presbyterian Healthcare Services, Human Resources Department, P.O. Box 26666, Albuquerque, NM 87125-6666.

CHAPLAIN
Springfield, OH – A thriving medical complex, a 324-bed acute care facility serving persons in all stages of life, seeks a certified chaplain to work collaboratively with a clinical and support staff providing spiritual/ emotional support to patients, families and staff. At least 2 years experience in critical care units, open heart surgery, palliative care, and supporting others in applying their own values to end-of-life decisions is vital. Please visit Community Mercy Health Partners (CMHP) website (www.Community-Mercy.org) for a description of our mission and core values. The Community Hospital is a part of Catholic Healthcare Partners (CHP), the largest not-for-profit system in Ohio, and one of the largest in the nation. Excellent opportunities within a diverse staff. Apply to Jennifer Borden (jennifer.borden@health-partners.org), The Community Hospital, Human Resources Dept., 2616 E. High St., Springfield, OH 45504. (937) 328-9226, fax (937) 328-9895.

CLINICAL PASTORAL EDUCATION MANAGER
San Francisco, CA – St. Mary’s Medical Center is San Francisco’s longest continually operating hospital, providing groundbreaking healing and healthcare since 1857. This legacy, combined with a continually renewed commitment to the people we serve, places St. Mary’s Medical Center as an important member of San Francisco’s exceptional hospital community. St. Mary’s is a not-for-profit organization sponsored by the Sisters of Mercy, and part of Catholic Healthcare West. This is a 40 hpw, day shift position. Position requirements: Master of divinity; board certified with the Association of Professional Chaplains or National Association of Catholic Chaplains; certification as an Associate Supervisor or Supervisor with the ACPE or NACC; three years in hospital chaplaincy with previous managerial or supervisory experience is required; experience working in clinical specialty areas, addressing pastoral and ethical issues is required. 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.
Positions Available

▼ DIRECTOR OF PASTORAL CARE

Belleville, IL – Apartment Community of Our Lady of the Snows, a Catholic retirement community, seeks a Director of Pastoral Care. Provides leadership, wisdom and a collaborative style to endeavors which enrich the lives of others. Touches the lives of our patients, residents, families and employees. Comforts and heals and speaks comfortably about the message of Jesus Christ. Prefer someone who has recovered from a great personal loss, someone who knows who they are and whose they are. Experience as a director preferred. CPE or/and master’s in pastoral studies. Apply to Apartment Community of Our Lady of the Snows, 726 Community Drive, Belleville, IL 62223; bob.mccardle@apartmentcommunity.org; www.apartmentcommunity.org

▼ CERTIFIED CHAPLAIN

Redding, CA – At Mercy Medical Center, we’ll offer you exceptional career opportunities, a supportive environment and a balanced lifestyle, providing you with the time you need to enjoy all our community offers. Must be NACC or NACC eligible. Chaplains will possess a master’s degree in divinity or theology or related field and will have an endorsement by a leader in their faith tradition. We offer a competitive salary and a complete benefit package. Contact: Alyssa Call, Staff Recruiter at (530) 225-6042 or aacall@chw.edu for details. Send resume to: Human Resources Dept., PO Box 496009, Redding, CA 96049-6009. Fax (530) 242-5287. AA/EOE/M/F/D/V

▼ CHAPLAIN

Richmond, VA – Bon Secours Richmond Health System is seeking a full-time chaplain (lay, vowed, or ordained) to join our pastoral care team in delivering high quality, compassionate care to the patients, staff, and families of our multisite system. Candidates for the position must have master’s degree, with four units of clinical pastoral education, and board-certified according to the Universal Standards for the Certification of Chaplains (NACC, APC, et al.). Consideration will be given to outstanding candidates with two units of CPE, with commitment to complete additional two units within two years. Ideal candidate will be committed to an ecumenical, interdisciplinary approach to ministry, have a thorough understanding of Catholic health care, and board-certified according to the Universal Standards for the Certification of Chaplains (NACC, APC, et al). Familiarity with Bon Secours and/or Franciscan spirituality preferred. Position requires on-call flexibility on a rotating basis. Please apply through our website at www.bonsecours.com or contact Chaplain Donovan (804) 764-6109 for more information.

▼ MANAGER OF PASTORAL CARE

Woodbury, NY – Hospice Care Network (HCN) is a proud member of the North Shore-LIJ Health System and a 501c(3) not-for-profit organization serving terminally ill patients and their families in Nassau, Suffolk and Queens Counties. We have been providing expert care, tempered with compassion and dignity, since 1988. Take a leading role with our interdisciplinary team. Discover an impactful and often uplifting professional experience leading a team of pastoral care counselors/chaplains. You will focus on the provision of spiritual care to patients with advanced illness and making every day count for them. Your contributions and compassion will enable the pastoral care staff to help patients to live in peace and dignity, surrounded by loved ones, and also help those loved ones feel supported. To qualify to work for our nationally recognized, expanding hospice organization, it is preferred that you have a M.Div. degree or equivalent, be an active member in good standing of a denominational/ectesiological body, and completed 2 quarters of clinical pastoral education or equivalent; a minimum of 5 years experience in the field including 2 years experience in a health care setting in a supervisory capacity; a high level of administrative ability in the areas of planning, organization, coordination, supervision and personnel motivation; a knowledge, ability, and understanding of the dying experience; a knowledge, ability, and understanding of the dying experience up to 8 years; a knowledge, ability, and understanding of the dying experience.

▼ CHAPLAIN

Merrill, WI – The chaplain is responsible for ministering to the spiritual needs of patients and their families, facilitating support groups, making regular patient rounds including the social service activities and functions in response to patient needs, answering codes and responding to death. They assist the Discharge Planner in the identification of medically related social service needs of patients and pursue the provision of these services. Qualifications for the position include: B.A. or B.S. in theology, pastoral studies, social sciences, healthcare administration, human services or related field; one year experience in a health-related field is required; conversant with Catholicism and with experience in Catholic health care, knowledge of social work theories, therapies and techniques of casework process, principles of public welfare acquired through education and/or work experience. This is a full-time position and GSHC will be offering an excellent benefit package and competitive compensation based on experience. If you are interested in this opportunity, please apply in person or contact: Good Samaritan Health Center Human Resources Department, 601 South Center Avenue, Merrill, WI 54452, (715) 539-2130; e-mail: mhorn@gshc.org. Equal Opportunity Employer.

▼ MANAGER OF CHAPLAINCY SERVICES

Chula Vista, CA – Scripps Mercy Hospital-Chula Vista is presently seeking a Coordinator of Chaplaincy Services. This is a full-time position in a hospital with a 114-year history of Catholic identity. The coordinator’s responsibilities are to organize, implement and oversee a comprehensive program of spiritual care for patients, families and staff, and to provide a continuum of spiritual care in a multicultural environment of diverse traditions. Oversight of professional staff chaplains is included as well as volunteer spiritual care providers and members of the community clergy. Master’s degree in theology/behavioral sciences or M.Div. Minimum of 4 units of Clinical Pastoral Education. Current NACC/APC certification. Endorsement of ecclesiastical authority, faith community or religious community. Training and/or experience in theology and/or spirituality, psychology/pastoral care, and clinical pastoral education. A minimum of two years experience in pastoral ministry in a healthcare setting. Must be comfortable with Roman Catholic tradition as well as other denominations, faith traditions and belief systems. E-mail resume to smyth.joseph@scrippshealth.org or go to www.scripps.org

▼ MANAGER OF PASTORAL CARE

Woodbury, NY – Hospice Care Network (HCN) is a proud member of the North Shore-LIJ Health System and a 501c(3) not-for-profit organization serving terminally ill patients and their families in Nassau, Suffolk and Queens Counties. We have been providing expert care, tempered with compassion and dignity, since 1988. Take a leading role with our interdisciplinary team. Discover an impactful and often uplifting professional experience leading a team of pastoral care counselors/chaplains. You will focus on the provision of spiritual care to patients with advanced illness and making every day count for them. Your contributions and compassion will enable the pastoral care staff to help patients to live in peace and dignity, surrounded by loved ones, and also help those loved ones feel supported. To qualify to work for our nationally recognized, expanding hospice organization, it is preferred that you have a M.Div. degree or equivalent, be an active member in good standing of a denominational/ectesiological body, and completed 2 quarters of clinical pastoral education or equivalent; a minimum of 5 years experience in the field including 2 years experience in a health care setting in a supervisory capacity; a high level of administrative ability in the areas of planning, organization, coordination, supervision and personnel motivation; a knowledge, ability, and understanding of the dying experience; a knowledge, ability, and understanding of the dying experience up to 8 years; a knowledge, ability, and understanding of the dying experience.
and death process in relationship to the patient and family; training and/or experience in working with families facing serious illness and loss; top-notch communication and listening skills and a courteous and professional manner. Send resume to Elise Ross, 99 Sunnyside Boulevard, Woodbury, NY 11797; fax (516) 794-5591; e-mail: erross@hospice-carenetwork.org. HCN offers a competitive salary and comprehensive benefits including medical, dental, life and long-term disability insurance, an employee assistance program, as well as a 403(b), the non-profit version of the 401(k). Equal Opportunity Employer.

**MANAGER, SPIRITUAL CARE SERVICES**

**Michigan City, IN** – Connect your experience and drive with a name synonymous with superior healthcare: St. Anthony Memorial. In this role, you will be responsible for planning, managing and directing the activities of the Spiritual Care Services. This will encompass planning the operational and strategic activities of the dept., preparing departmental operating and capital budgets; and providing families with resources and information in regards to spiritual counseling. Qualified candidates must possess a master’s degree in theology and be a certified chaplain by the National Association of Catholic Chaplains or Association of Professional Chaplains with 4 completed quarters of C.P.E. Three-plus years’ related work experience is a must. In return, we offer a competitive salary and benefits package. Interested candidates may forward resumes to: St. Anthony Memorial, Attn: HR Dept., 301 W. Homer St., Michigan City, IN 46360; fax (219) 877-1684, or e-mail: cheryl.hickman@ssfhs.org. For more information, visit our website: www.sarnhc.org EOE

**STAFF CHAPLAIN**

**South Bend, IN** – The Center for Spiritual Care is searching for a Chaplain II who is either certified or eligible for certification through NACC, ACPE, or NAJC, to work a full time evening/night shift for Saint Joseph Regional Medical Center (SJRMC). The qualified candidate must have the ability to prioritize and manage concurrent crises, relate to staff, provide ministry to family birth place and neonatal intensive care units, and work independently. Proficiency in Spanish is highly preferred. Located near the University of Notre Dame and Saint Mary’s College, SJRMC offers an attractive benefits package and a mission-centered atmosphere where you can make a difference. Send application materials and salary requirements by e-mail: hicksj@sjrmc.com; fax: 574-237-6833; or mail SJRMC, 801 E. LaSalle Avenue, South Bend, IN 46617. EOE

**CHAPLAIN**

**Amarillo, TX** – Baptist St. Anthony’s Health System, rated a Top Hospital by U.S. News and World Report, is seeking a full-time chaplain to work dayshift with rotating call. Join an ecumenical team of seven chaplains in a 450-plus-bed, 2,800-employee facility that is committed to providing quality healthcare in Christian love, service and dignity. Candidate must have a master’s degree from an accredited seminary in theology, pastoral ministry, counseling or related field; four units of accredited CPE completed or in progress; and denominational endorsement, with a minimum of two years parish and/or general hospital experience preferred. The successful candidate will provide compassionate, skilled pastoral care to patients, family and staff in the ob/gyn, neonatal and pediatric units. Stimulating work environment, competitive wages and excellent benefits. Qualified applicants can contact Human Resources at (806) 212-5379; fax resume to (806) 212-2853 or mail to 1600 Wallace Blvd., Amarillo, TX, 79106. Applications available online at www.bsahs.org.

**CHAPLAIN**

**Long Beach, CA** – St. Mary Medical Center seeks chaplain to provide spiritual and emotional care for patients, families and staff as part of the professional pastoral care team. Certification and active membership in the National Association of Catholic Chaplains, the Association for Professional Chaplains, or other recognized certifying body for specialized ministry in health care setting. Minimum completion of CPE clinical training, educational requirements and ecclesiastical endorsement with aim of certification within one year of hire. Proficiency in languages of the community we serve; complementary healing modalities of music, imagery, art, healing touch, etc preferred. Undergraduate and graduate degree completion that reflects the current certification requirements of the chaplains’ certifying organization. Master’s degree in theology, pastoral ministry, divinity or pastoral studies from an accredited theological education organization preferred. Send resume to smlbresumes@chw.edu.

**STAFF CHAPLAIN**

**Catonsville, MD** – Spring Grove Hospital Center, located in the suburbs of Baltimore, is a 450-bed state psychiatric hospital, seeking a full-time Catholic psychiatric chaplain, priest preferred. Work week is 40 hours Sunday through Thursday. Master’s degree with at least four clinical pastoral education units required. Preference will be given to those who have had experience with psychiatric patients. Good standing with faith tradition and ecclesiastical endorsement required. Chaplain will be expected to work toward board certification with APC or NACC. Chaplain will assess spiritual needs of new patients, provide group and individual support to patients, as well as assist staff and patients in times of crisis. Understanding of various denominations, faith groups and cultures required. Staff chaplain will report to the director of pastoral care and will work closely with staff and volunteer chaplains to provide meaningful spiritual life for the hospital community. This position is state-funded with excellent benefits. Send or fax resume to: Human Resources, Spring Grove Hospital Center, 55 Wade Ave., Catonsville, MD 21228; fax (410) 402-7983. Inquiries may be made to Chaplain Dennis Dupont, (410) 402-7072.
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Calendar

August

29 Copy deadline, October Vision

September

1 Supervisor certification materials due at NACC office
5 Labor Day; national office closed