Albuquerque conference sets many hearts on fire

By Rod Accardi and Karen Pugliese

When we gathered for the opening liturgy at the NACC and APC’s annual conference in April, we heard anew the good news that the dejected disciples recognized Jesus in the breaking of the bread and returned to their homeland with hearts aflame. Though we might have arrived in Albuquerque a bit anemic from a long winter of compassion fatigue, here we were in the midst of the Sangre de Cristo Mountains, receiving nourishment and strength from the Cuerpo de Cristo. Stirred by the Spirit, we leapt to our feet and clapped our hands to the rousing music. Enriched and fortified, we began our journey of learning and celebrating.

Are you on fire, burning within? With fires of passion the journey begins.

As chaplains, we are accustomed to working with life-giving friction when we attend to the “divine spark” in ourselves and in those we serve. When we gathered as a community of kindred spirits around the banquet table, reuniting with old friends and initiating new friendships, it was like getting together around the hearth for old home week. During the members’ luncheon, all those assembled acknowledged Kathy Eldridge for her leadership and service to the association for more than half its existence. In blessing Kathy, we shed light on the symbol of the bear. Symbolically on the ancient Native American medicine wheel, the bear is the bearer of gifts of strength, introspection, and the great and mysterious inner power of the soul. The gift of a clock carved in the shape of a bear provided a symbol that honored the gift Kathy is to our organization.

It was like getting together around the hearth for old home week

Later during that same luncheon, our new Executive Director, Larry Seidl, shared the story of a teacher instructing her young students how to form with their tiny hands the church, the steeple, and doors to welcome the people. Because of a disability, one of the children in the class had the use

The Meditation Garden set up at the Albuquerque Convention Center provided a place to sit, talk, and reflect.
of only one hand. A classmate slowly walked across the room and joined one of her hands with the disabled child’s hand. “Look,” exclaimed the child as their kindred spirits joined as one, “we’re building Church together!”

Larry challenged and encouraged each of us to reach out a hand to join with the Board of Directors as well as with one another as we form Church. We left the luncheon united in spirit to attend numerous ecumenical workshops with our brothers and sisters of various faith traditions. Together we learned from one another about pastoral implications for Catholics and Protestants, Muslims and Jews, Sufis and Native Americans, Buddhists and Hindus. A spirit of enthusiasm and commitment spread among us once again when we reconvened at our business meeting, hearing the Board’s commitment to the members and individual members’ personal commitments to “join hands” in building church together as an association.

Through the kindling the flame quickly spreads. Kindred spirits unite and are led To places unknown where seeds of faith are sown. It’s in the hearing of the Word that we are fed.

When the Native American and Mexican dancers performed for us in the outdoor plaza, the winds created quite a stir! Throughout the next couple of days of plenary sessions and workshops, it was as if our collective inner flames would dance in delight, fanned by the breath of the spirit. When we gathered once again around the table of the Lord, and the banquet table to celebrate 40 years as an association, the heat of emotion reached its height. Rejoicing in the new, we acknowledged, blessed and missioned the greatest number of newly certified chaplains in our history. Honoring the past, we heard story after story of the wisdom and courage of our founding mothers and fathers. After basking in the glow of the 40th Anniversary slide show put together for us by the national office staff, our feast was complete.

Watch the flames perform their dance of delight. Feel the heat of emotion reach its height. Hearing stories of old with today’s events retold This feast completes its sanctifying rite.

Sometimes what is most inspirational comes at the end. As the conference was winding down, with the lights dim like the afterglow of a rousing campfire, 1,300 sets of eyes focused on our final plenary speaker. Dr. Clarissa Pinkola Estés, an internationally best-selling author and Jungian analyst, stood tall before us, wearing the symbols of the Sacred Heart and Our Lady of Guadalupe on her dress. She spoke of the nurturing arms of the nuns in black, and the prophetic strength of the diminutive Dorothy Day, who charged her high school classmates to “fill the jails” in protest of the Vietnam war.

This soft-spoken woman held us spellbound, occasionally punctuating her story with chanting and a stomp of her foot. She wove wisdom stories handed down from her grandmothers, and ancient stories of spiritual transformation. She tapped into our rich tradition of compassionate care as well as passion for social justice. And she reintroduced to us the symbol of the bear.

Clarissa spoke to our hopes and our fears, drawing us into the paradox of being the hunter as well as the hunted, needing to eat what is most distasteful for nourishment and strength. She challenged us to be leaders who, like this archetypal bear with pechos and cojones, hold both masculine and feminine qualities. In the end, the enchanting harmonies of her sacred stories reverberated in the stillness of our hearts.

Glowing embers have cauterized our fears. Amidst darkness your radiance appears. In silence we’re returning, our open hearts are burning With a new song resounding in our ears.

Like the disciples returning to Jerusalem with hearts burning within, we were sent forth with a fire in our bellies, not merely carrying the ashes of this conference, but bearing its flames in our hearts.

Are you on fire, burning within? With fires of passion the journey begins.

Rod Accardi and Karen Pugliese are chaplains at Central DuPage Hospital in Winfield, IL. Karen is a member of the NACC Board of Directors and Rod is Vice-Chair of the NACC Certification Commission. Words in italics are a song Rod wrote titled “Inflame Our Hearts.”
Stories connect our association

By Lawrence G. Seidl
Executive Director

This past weekend offered me the opportunity to catch up on a couple of movies which have eluded my viewing for months. One of them was “Finding Neverland,” about the life of J.M. Barrie, the author of “Peter Pan.” As a want-to-be storyteller, I value how stories connect us to each other — but the lack of stories can rob us of our identity. As a child I remember with a strange curiosity how Peter Pan defined Neverland, as a place where people go who have no stories. And it was Wendy’s ministry to fly away from home with a wealth of stories to free the occupants of Neverland from their longings.

The NACC is certainly a membership with stories, profound tales of life and death, which not only grant us our professional identity but also our personal ministry.

The telling of our stories happened everywhere in Albuquerque. Stories occupied our common mealtimes, the hallway and lounges of the hotel and conference center, and those last smiles as we fell asleep. Aside from the remembrances, a whole other set of stories unfolded on a presentation created by the staff of your national office. It was the big-screen version of our first 40 years. In the video, images of the past and quotes from past leaders unfolded to the rhythm of high-energy music. Members watched and applauded as tender images of our past flashed across the big screen.

Tears stained our faces as images of members, some still active, others retired, and others who reside in the arms of God, generated profound feelings of attachment and pride. And while I do not have the space to name each past president who attended the conference, at least 12 presidents representing over half of our association’s life traveled to New Mexico for the celebration. As each face appeared in the video, with fondness, each was greeted with a thank you and a heartfelt appreciation for stepping forward to serve the association.

For those leaders not able to be present, their images generated a strong “we miss you and we love you.”

One round of applause, just by its thunderous sound, cannot be left unmentioned. It was the wild applause for the picture of Fr. Joe Driscoll, the immediate past leader of the association. The applause was more than a rich, loving affirmation. It was a recognition of Joe’s talents and contribution. It was a point of closure. Joe is well and is currently director of mission services with Bon Secours Health System in Marriottsville, MD.

Much of what we came to celebrate in Albuquerque was the vision and hard work of the first and second generation of NACC leaders, committees, boards, and task forces. It is time to ponder how and whom we will celebrate as the next generation. It is time to ask each of you to step forward in service to your association.

An old adage suggests, “I’ll believe it when I see it.” Perhaps the adage for our future is, “I’ll see it when I believe it.” What are you committed to believing about the future? What are you willing to believe into existence? Close your eyes, try hard, and remember how Tinker Bell became alive again because people believed it could happen.
Busy conference offers renewal, new meetings

By David Lewellen
Vision editor

Thirteen hundred participants gathered in Albuquerque, NM, in April to refresh and renew themselves.

The annual conference, which the National Association of Catholic Chaplains and the Association of Professional Chaplains held jointly, offered members a chance to do more widespread networking and get different perspectives on chaplaincy. Through workshops, plenary sessions, banquets, the meditation garden at the convention center, and amid the backdrop of mountains and desert, members left agreeing that they had seen an oasis. More than 500 NACC members attended the conference.

New NACC Executive Director Lawrence G. Seidl made his first appearance before the association at the membership luncheon. He spoke of his hopes for the future and of the membership’s vital role in sustaining the association.

Board Chair Joan Bumpus presented Kathy Eldridge, the NACC’s Director of Operations, with a gift to thank her for her 16-month tenure as acting director while the association hunted for a successor to Rev. Joseph Driscoll.

▼ A record number of chaplains received their certificates at the conference, and many said the experience meant more to them because they made the effort to do it in person.

“I feel more honored than I would have to receive it in the mail,” said Rev. Gerald Onuoha of Apple Valley, CA.

Eighty-five newly certified NACC chaplains received the tangible proof of their accomplishment at a ceremony following Sunday evening’s Grand Banquet, more than have come to any previous conference.

The newly certified chaplains lined up in alphabetical order, interspersed with APC members, and filed across the stage to shake hands with association officials and receive their certificates, just like a graduation ceremony. Audience members cheered as the names of people they knew were called.

“It’s a big thrill. I have family and friends here,” said Aoife Lee of Chicago. Earning her certification, she said, was “hard for someone with a Ph.D. in procrastination.”

“I would never miss this. My wife came,” said Robert Shuford of Evanston, IL. “I feel a great sense of accomplishment. It’s been a long haul, but I feel joyful to do the work that I do and to have this leg of the journey complete.”

“It was a dream come true, with lots of work and challenge and excitement,” said Sr. Angela Spence, OSF, of Milwaukee. “I worked so hard for two years. This is more important than the other master’s I’ll receive in a year.”

▼ The conference was the subject of a 450-word story in The Albuquerque Journal on Thursday, April 14. The article focused on the Monday workshop “Beliefs and Practices in Professional Chaplaincy,” led by Rev. Steven Spidell of APC, but it also touched on chaplains’ role in health-care institutions and on ethics committees. It quoted Sr. Mary Anne DiVincenzo, CSJ, on the increased visibility the Terri Schiavo case has given chaplains, and it described the training required to be a chaplain.

▼ The Board of Directors outlined their commitments to membership at the NACC business meeting, and asked members for commitments of their own.

Chair Joan Bumpus was applauded when she announced that the board is committed to exploring some new form of regional activity that would “re-connect the NACC with its members.” She added that the association will also seek educational programs to allow chaplains to become leaders in their institutions.

Executive Director Lawrence Seidl said that the association will seek new collaborations and partnerships, and be a resource center for chaplains. But at present, he said, “we do not have a very good profile of who we are or what we’re doing.” Foundations expect a lot of data from grant applicants, he said, and the NACC will work to develop more information about itself. It will also ask members about their salaries, reporting structures, and other conditions of work, and share the results of those surveys with health-care systems. The NACC also plans to track the careers of new chaplains.

During the question period, members raised many other issues, and some committed to working on them. Topics included making CPE accessible in rural areas with extension programs for supervisor training. Sr. Anita Lapeyre, RSCJ, chair of the Certification Commission, announced that she would help develop
a pilot project to train supervisors in rural areas.

Several members discussed financial support and the response of U.S. Catholic bishops. Bumpus said that the bishops have generously supported the NACC’s Annual Appeal; so far this year, 23 bishops have contributed half of the $24,000 raised. But, she said, “they don’t wake up every morning thinking about the NACC.”

John Izzo, who has made a career of encouraging spirit in the workplace, told an audience of chaplains that work exists for the people who do it, as much as the reverse — people need to fulfill a sense of calling. Great workplaces, the plenary speaker said, see a happy workforce as an end in itself, not just a means to retention or service.

Dr. Izzo told his audience that he sees them as leaders — which he defines as “anyone who by the way they show up in the world creates a more positive influence around them. … Spirit is contagious; every one of us carries that virus.”

Soul in the workplace, he said, begins when people remember why they’re there. He encouraged his listeners to try to recognize some moment every day that reminds them of why they took their job — “and when you have one of those moments, stand in awe for a moment.”

Business language, Izzo said, often fences out matters of soul; businesses should try talking about “legacies” instead of “outcomes.”

He encouraged his audience to develop helpful rituals, such as beginning meetings with celebrations or stories, and remembering to find good things that happened that day.

At the first plenary session, Dr. Joan Guntzelman spoke about “the huge significance of you the person and the seriousness of our being in the world.”

She urged the audience to break apart their habitual patterns of thinking and wake up their consciousness; people spend 95 percent of their time on autopilot, she said. “We powerfully program ourselves with our thoughts.”

Everyone likes to talk about being reborn, she said, but few people recognize that that also entails re-dying. But the downward side of the cycle is just as real and important as the upward side. Working from the parable of the grain of wheat that must die, she imagined the grain saying, “You want me to what? But aren’t I fine the way I am?” The United States, she said, is “the most death-defying society anywhere,” but it needs to acknowledge the reality.

Audience members leaving the final plenary talk by Clarissa Pinkola Estés were asked to contribute to the designated conference charity, Enlace Comunitario, which works to prevent domestic violence among Albuquerque’s Spanish-speaking population. The appeal collected $2,888.60.

Estés offers stories and symbols to listeners

It wasn’t just what Clarissa Pinkola Estés said, it was how she said it — frowning thoughtfully down at her microphone, intoning husky, accented vocal lines, gazeding into the distance under her flood of dark hair.

Estés, the final plenary speaker of the conference, had four grandmothers, a result of being adopted in America after her Mexican migrant parents were deported. Her adoptive family was Hungarian, also immigrant, illiterate, Catholic, and fond of spicy food and dancing. At 16, she was meant to quit school and work in the fields — but she resisted because of the nuns at her school, whom she affectionately called “the original girl gang leaders.” She watched with admiration as they “talked to men without flirting with them” and brought the radical socialist Dorothy Day to the school to speak. When parents objected, Estés learned that “you’re not going to be loved by everyone. It’s a lesson all of us learn if we have any integrity to our calling.”

As an adult, Estés became a poet, Jungian psychoanalyst, and author of many books, including “Women Who Run with the Wolves.” She told a long, metaphorical story of a hunter and a bear, in which the bear is a necessary, unconscious part of ourselves that must be exploited in order to change and grow, even if the path to it is long and dangerous. “People on the journey have to be known by their scars,” she said. “Everyone has to be the bear,” to take in an idea that both nourishes and repulses.

The title of her talk, “The River Beneath the River,” came from her assertion that the real, pure nature of things is hidden. “No matter how damaged or polluted my thoughts or your thoughts become,” she said, “underground it’s artesian and pure and clear.”

A passage of Scripture she had never liked, she said, is the parable of the workers in the vineyard, who all got the same wage even though they worked different lengths of time. But once she dreamed that she understood it: “If you don’t hunt for the bear until you’re on your deathbed, you get the same reward as if you started when you were 10. Time is not relevant.” The point is the generosity of the vineyard owner: “It rewards whenever we show up. It’s right that we have another chance.”

Chaplains, she said, live by example. “Why would you be in this profession if you weren’t living it? I don’t care what they say about gratitude, it’s hard work.”
Conference participants bloom and rejoice

By Susanne Chawszczewski, Ph.D.

Approximately 1,300 people converged in Albuquerque, NM, for the joint conference of the Association of Professional Chaplains and National Association of Catholic Chaplains, April 9-13, 2005. While so many activities and opportunities overflowed each day of the conference, I would like to reflect on a few pieces that stand out in my mind — which have helped me to feel that I am part of something larger.

Environment — “The desert and the parched land will exult; the steppe will rejoice and bloom.”

The city of Albuquerque rejoiced and bloomed as we landed there. We experienced four seasons in one day in Albuquerque — the sun, the rain, the wind, the snow. As I walked each day from the hotel to the convention center, I always looked at the large open civic plaza — where on some days, the fountain was spouting toward the sky. Our spiritual needs chair, Brother Edward M. Smink, OH, did a fantastic job of helping us to feel our surroundings. I learned many things from him — and am committed to continuing this feeling for all of our NACC events. Perhaps the highlight for me was the meditation garden at the convention center. I saw attendees sitting and reflecting or sitting and sharing, and I had a deep satisfaction that we had done something phenomenal.

“The use of art and environmental displays (fountains/plants) was an excellent addition — especially wonderful to hear the water prior to plenary sessions.”

Liturgy — “They will bloom with abundant flowers, and rejoice with joyful song.”

And rejoice with joyful song we did! The music, vibrant and alive as well as multicultural, brought me to a sacred space during those short hours. Our music coordinator, Steve Herrera, did an excellent job along with his group of musicians in capturing the essence of our celebrations. Our liturgy chair, Fr. Kevin Tripp, along with his committee of Mary Trudell, Michael Burns, SDS, and Fr. Rich Bartoszek, did a fantastic job of helping us to feel our identity. Several non-NACC members who attended some of the liturgies expressed how grateful they were to be part of such a spiritual experience. The music and the homilies and the sense of peace I felt as I attended each liturgy — knowing that I had many hours left in the day — left me with a renewed sense of energy for our members and our association.

“Liturgy is the heart of the conference. Thank you. I feel fed.”

“Celebration of the Eucharist was GREAT! Each day I could hardly wait to be there.”

Community — “Streams will burst forth in the desert, and rivers in the steppe.”

Our community of members burst forth in Albuquerque, in both body and spirit. It gave me such a boost to see new members interact with seasoned members — to see old friends spending time together. One such experience was sitting before liturgy at a table with Sr. Rosemary Abramovich, OP, Fr. Pat Hanser, and Fr. Rich Augustyn as they exchanged business cards, making sure to have the correct phone numbers and e-mails of one another before they left the conference. The joy and renewal on their faces as they shared this moment was priceless — they probably didn’t know I was watching them so closely. They helped me feel our community.

“This was my first NACC conference. I finally feel I belong to something bigger than a few chaplains back home.”

And in that brief moment, I also found myself being thankful for the countless hours of volunteer work from our members before the conference, during the conference, and in the many other ways they contribute to our association. I particularly want to thank Sr. Mary Anne DiVincenzo, CSJ, conference co-chair, and Phyllis...
Bowling and Sr. Norma Gutierrez, MCDP, who both served as co-chairs of local arrangements and Speakers.

“As a volunteer I offered my assistance everywhere I felt it was needed. I was well received.”

Education — “The burning sands will become pools, and the thirsty ground, springs of water.”

I see our members as “the thirsty ground” — thirsty for spiritual growth, companionship, and education. Education is so near and dear to my background and to my role for you at the National Office. Our five plenary speakers, Dr. Robert J. Wicks, Dr. Joan Guntzelman, Dr. John Izzo, Rev. Richard Rohr, OFM, and Dr. Clarissa Pinkola Estés, gave of themselves as they helped to transform our attendees. Many remarked that the flow of speakers from beginning to end helped to tie the theme of the conference together for our attendees, who went from thirst to being full with the water of knowledge. With over 60 workshops and 26 pre-conference workshops, attendees had a variety of information available. These educational opportunities helped me to feel the wisdom and understanding of our members, who have so many gifts and so much of their own knowledge to bring to the association — to truly see our community of learners.

“I found all speakers to be for me an affirmation of transformation…stretching us to go deeper.”

We always report on the conference after it has occurred each year, but we need to remind ourselves that that is just one piece of our association, our community. So in highlighting these areas, I hope you also will reflect on how you can bring them to life in your own setting as an active member of the NACC — not just at the national conference each year.

How can we feel our surroundings, our identity, the wisdom of our members, and our NACC community each and every day?

Susanne Chawszczewski, Ph.D. is the NACC’s Director of Education and Professional Practice. Comments in italics are from the evaluation forms of NACC members who attended the 2005 conference.

Wicks tells chaplains to tend inner resources

For every chaplain who officially feels burned out, a dozen are on the edge of it.

Self-care and avoiding burnout were themes of Dr. Robert Wicks’ plenary speech to celebrate the NACC’s 40th anniversary. “The opposite of detachment is not compassion, it’s seduction,” he said — the seduction of trying to do too much and be too much.

“If you give away your energy and act like a martyr, you’ll be one,” he said. Many acquaintances and onlookers may see the chaplain’s job as so dreadful and draining that only a martyr could take it on — but “we should get on our knees every morning and thank God for giving us the ministry to do this work.”

“It’s not the amount of darkness in the world that matters, or the amount in ourselves — it’s how we stand in that darkness. … When it will end is the wrong question. It’s what can we learn from it.”

Chaplains need to share their peace, Wicks said, but we can’t share what we don’t have. A clear, kind presence is easy for children, but is “available at every stage of life.” He cited the Lutheran minister who said grace in a restaurant in a booming, public voice. “If you wish peace, you can have it — if that is all you want.”

Wicks described a process of finding oneself. First, he suggested, find a word that expresses yourself most deeply, even though that “can take most of our lives.” Second, he said, reach into the shadow to find a second word to buff the first — for him, it was “passion” and then “gentleness.” Third, reverse the positions of the two words in your life, so the second is at the center and the first is the complement.

“We’re not just speaking about self-imagery or growth,” he said. “We are speaking about transcendence. We need to be empty. We need to let go. … We don’t know we’re slaves. We don’t know how to discern crosses.”

Wicks also gave his audience questions to ask themselves. “What preoccupied you when you went to bed last night? That’s your god.” What causes problems? He offered some possible answers: Arrogance, which is projection; you give away blame and give away power. Or self-doubt, or anger.

How do we empty ourselves of difficulties? By attacking inner resistance from the flank, not head-on; and by realizing that other people won’t care if you change and that peace is disorienting. What is it that satisfies us? “Be open to hearing God’s word from a number of vantage points,” he said.

He concluded, “I want to thank you for your nobility, for doing such wonderful work. You have no idea, even in your most insightful moments, how much good you’re doing.”
Rohr praises transformational power of suffering

Authority in religion comes from within, from transformed suffering, Fr. Richard Rohr, OFM, told the conference attendees.

Rohr, a Franciscan priest and noted author who lives 10 minutes from the convention center in Albuquerque, said that organized religion doesn't help people trust their spiritual intuition; instead, it offers “answers to questions that people haven't struggled with,” and “transformation is not the issue, but attendance.”

Everyone has pain, Rohr said, and they either transform it or transmit it. “It’s no surprise that the Christian logo became a naked, bleeding, suffering man,” as an example of transformed pain.

Pain, he said, is the only thing that can destabilize the ego and its defenses. “I believe there is a God,” he said rhetorically. “So what? Is this a giant SAT test? It simply creates offensive and defensive egos, everyone defending their petty image of God.” It’s identical, he said, to the Biblical accounts of the disciples arguing over who was greatest. They wanted “miters and crosiers and lovely vestments, authority without suffering.”

Jesus almost never answered questions directly, Rohr said, but his indirection led people into a space for transformation. “Whenever you try to hold together the collision of opposites, you will be crucified.” But chaplains stand next to the beds where people are suffering, “where you can't make sense of it. That’s where the miracle occurs,” where people find growth and transformation.

Egos attempt to fix or control or understand, but so much can’t be understood, Rohr said. Faith is “to hold the contraries, to be the paradox,” until on some level it makes sense. “Dualistic either-or thinking will never get you there.

… We see it from left to right in American religion today. There are loads of opinions, but few open hearts.” But people need to learn to live with opposites, particularly in midlife. “The two nailed hands are the two sides of almost every question.”

The first part of life, he said, is about “creating a container” — you need an ego to let go of your ego. People begin from absolutes; he cited himself, growing up in Kansas in the 1940s. “We were the best nation, America, and the best church, Catholic, and I was the best gender, male,” he said.

“You can transform people to the degree you’ve been transformed,” Rohr said. Healing comes through wounding, and “it’s all about what you do with the wound. … Don't get rid of the pain until you’ve learned its lessons.”

Very early Christian tombs had no crosses, Rohr said, because the idea was still “too scandalous, humiliating, defeating.” Instead, the carvings featured the story of Jonah — a man in the belly of the beast, in a situation he couldn't fix or control, left in the hands of God.

Twelve-step programs, Rohr said, produce an unusual and healthy spirituality; everyone is a priest, everyone helps heal everyone else, and the requirement for entry is unworthiness: the admission that you can’t do it alone. “You’re not worthy. Even John Paul isn’t worthy,” Rohr said. “We’re all saved by grace. God doesn't love you because you’re good; God loves you because God is good.” For himself, he said, “I have to pray for one humiliation a day” to keep his ego in check. The truly worthy part of a person “comes as a total gift and has nothing to do with you,” and must promptly be given away to everyone else.

Feelings of self-worth come from ego, Rohr said, and ego positions itself on the top and others on the bottom, projecting evil elsewhere. “Healthy religion is all about you,” he said. “It’s not to change other people or convert other people — I’m the problem.”

Chaplains, he said, are lucky to be able to walk with others in their suffering, transformative journey, because that has the effect of transforming the chaplain, too. Similarly, wealthy nations can learn from churches in developing countries, which struggle to practice their faith amid adversity. “There’s the mystery,” he said. “We come to God not by doing it right but by doing it wrong. The poor are used to being wrong.”
Dear brothers and sisters in Christ, it is a joy to welcome the National Association of Catholic Chaplains to the Archdiocese of Santa Fe and to celebrate Mass with all of you this morning. You come from many parts of the country, and we are proud to host your gathering.

We have just witnessed an important piece of history in seeing the illness and death of Pope John Paul II. We experienced the outpouring of love for him during his funeral at St. Peter’s in Rome. You who are Catholic chaplains care for the elderly, sick and dying, and you must have been impressed with the way the Holy Father taught the world about sickness, suffering and death. His last homily was really teaching us how to accept the reality of illness and to offer it in union with the sufferings of Christ. He taught us how to live and how to die. I hope that you draw upon his teaching as Catholic chaplains in your ministry to the sick and dying and their families. We mourn the loss of this great Pope and we pray for the cardinals who must now elect his successor.

The 24th chapter of Luke’s gospel today gives us the well-known Emmaus story. The gospel tells the story of three men on the road to Emmaus. It is expressed in a beautiful painting, one of my favorites. The painting shows three robed figures, walking along the dusty road, with shafts of sun breaking through trees and clouds in a mysterious way. The man in the middle, hand upraised as he talks, seems to fascinate the other two and holds them spellbound. Off in the hazy distance is a town, probably Emmaus. They are walking away from Jerusalem. We observe the travelers from behind. It is my favorite artists’ rendition of the Gospel text we have heard today.

But at first there were two men only. They seemed in a situation of unbelief, leaving their community, deep in confusion. They seem to think everything is over. Their hopes were dashed by the crucifixion of Jesus, whom they had hoped would be the Messiah. They had lost faith. Then three things happened: 1) They are joined by Jesus on the road; 2) They tell him their story; and 3) He tells his story. It is a paradox of lack of faith and faith, of distance and closeness. Finally they knew him in the breaking of the bread.

The story plays out in our lives often. People whom you serve as a chaplain may feel distant from God, wondering if he is there. They are crushed by terrible cancer and other illnesses. They are shattered by the death of a loved one. They feel perhaps the same disillusion that the disciples on the way to Emmaus felt before Jesus came along. Then they are at Mass believing with all their hearts. Somehow, despite their sadness, they come to know Jesus in the breaking of the bread at Mass.

You who are chaplains are also extraordinary ministers of the Eucharist, taking Holy Communion to the bedside of the sick the elderly and the dying. You can through your ministry help those to whom you minister seek that personal encounter with Jesus Christ as you give them the Eucharist. You can help them know the Lord in the breaking of the bread. This is the Year of the Eucharist, as John Paul II has declared. Let your hearts burn within you as you minister to those whom you serve.

May the Lord bless you in your ministry as Catholic chaplains and bless your time together. May the peace that Jesus gives us in the breaking of the bread be yours now and always!
God’s healing doesn’t come in ways we expect

The following homily was delivered at the Celebration of the Eucharist and Anointing of the Sick at the 2005 Conference.

By Rev. James Sheets

A couple of weeks ago, I was getting into the elevator to go from the lobby to the chaplains’ office on the seventh floor of Sutter Memorial Hospital in Sacramento, where I hold the position of staff chaplain. A man and woman, whom I guessed to be in their 60s, got in too, and there was still room for a hospital tech with a huge machine with all kinds of lights and alarms and buttons and levers. As we started to ascend, I could just sense the wheels turning in the woman’s head as she tried to imagine what that machine might be used for. Finally she said, “Well, I’m glad I’m not hooked up to that thing,” to which the tech replied, “So am I, because it’s what I use to clean the carpets.”

Now, that little story has absolutely nothing to do with the rest of my homily.

“Streams in the Desert,” the first phrase in the title of our conference this year, reminds me of some of the verses of Psalm 23: “You are my shepherd, O God, You call me to lie down in green pastures, beside restful waters, you refresh my soul.” I hope we all have felt some refreshment from the workshops, plenary sessions, table gatherings, liturgies, and just being here together in one of the jewels of our American Southwest.

As we gather to celebrate our final Eucharist for this year’s conference and as we come together to pray for and to anoint our own members who feel the weakness of life’s burdens, I once again bring to our attention the three objectives of this year’s conference: 1) to heed the call of the Creator to seek restoration and renewal; 2) to affirm our ministry to the suffering as advocates for healing; and 3) to discover how our ministry nurtures transformation. I offer a synthesis of these objectives: to seek restoration, to minister to the suffering, to advocate for healing, and to discover transformation. I would guess that the majority of the patients/clients we meet in our everyday ministries are hoping that they themselves will achieve two of these objectives: restoration and transformation. And I would think that we, chaplains and other healthcare providers, are always hoping to achieve the other two: to minister to the suffering and to advocate for healing.

Our first reading from the Hebrew Scriptures speaks of a man who was healed, but in a way different than he expected. Naaman expected the prophet Elisha to come out of his house to meet him and to personally touch him in blessing. But the Scriptures tell us that was not the plan. However, Naaman was not only healed of his leprosy, but he gained a new insight into who God was. The Gospel reading talks about asking and receiving, seeking and finding, knocking and having the way opened. But when have the times been when we have asked and have not received, when we have sought and have not found, when we have knocked and felt left outside an unopened door? When have we personally experienced what our patients/clients experience every day? When have we felt that our prayers were not answered, or at least, not in the way we had originally wanted? When did the miracles we were banking on not materialize and we had to go searching for the miracles that had already happened in a different place?

We are in the Easter season — the season of miracles. If Mary Magdalene and the other women had stayed in the empty tomb mourning Jesus’ disappearance, the apostles might never have known about the resurrection. If the two disciples on their way to Emmaus had not invited the stranger to stay the night, they would never have recognized the risen Jesus in the breaking of bread. Wasn’t it wonderful that Mary Magdalene, her companions, and the two disciples on the road were open to a miracle! Are we open to God’s miracles, even though they may happen when and where we do not expect?

In our gathering rite a little while ago, we sang: “Jesus, you are the healing, you came to make us whole again. Jesus, you are the freedom, you break the chains that bind us. Jesus, you are the power, you triumph over sin and death. Jesus, the resurrection, you raise us to eternal life. Come show us how to live. Come show us how to live.” We sing the words, but do we believe? Of course we believe it, but sometimes it’s so hard to feel it.

Just about a year ago I found myself doing a treadmill prescribed by my doctor because of some intermittent chest pain. I was feeling good. I was walking and running and coming to the end of the test, when all of a sudden the doctor monitoring me shut the treadmill off and told me to lie down on a table next to the treadmill. Four days later I found myself on another table in the heart cath lab having an angiogram.

In the end, everything was okay. But that was an awakening experience. Now, because I went through it, I can understand what other patients go through in similar circumstances — the anxiety, the fear, the wonder, the embarrassment, being humbled when life tosses us a surprise with no time to prepare for it.

Some of us are no doubt dealing with one or more of these experiences right now. This is exactly why we have this annual Mass with the Anointing of the Sick. Even though some of us continue in ministry, we also bear the burden of becoming the patient/client like so many of those we serve. And it is so difficult to have our feet straddle those two worlds — the world of the minister and the world of the ministered-to. And, even though I did not agree with everything he did and said, I sense that John Paul was an admirable example of straddling the
two worlds of being the minister and the ministered-to, particularly in the last few weeks when he refused to be private in his sickness. He openly shared his weakness and voiceless frustration with the world. He continued to be the minister to the end. At the same time he humbly accepted the prayers, good wishes, and blessings of the world, as he became the one ministered-to to the very end.

Before long, during the anointing, we will sing a 160-year-old tune with newer words: Healing river of the Spirit,

Bathe the wounds that living brings. Plunge our pain, our sin, our sadness Down to your saving springs. Weary from the restless searching That has lured us from your side, We discover in your presence A peace the world cannot provide.

Those verses: “Healing river, Bathe the wounds, Deep within your saving springs, We discover peace” are like a sequel to those of Psalm 23: “You call me to lie down in green pastures, beside restful waters, you refresh my soul.”

Like Naaman, we ask for healing but must be open to receiving it in a different place than we expected. Jesus said: “Ask and you shall receive, seek and you shall find, knock and it shall be opened to you.” But in faith, we must realize that we may receive, and find, and encounter an opening in a different place than we expected.

Finally, we go back to the beginning — to the synthesis of our conference objectives: to seek restoration, to minister to the suffering, to advocate for healing, and to discover transformation; and to realize that whether we are the ministers, the ministered-to, or both, all these can happen in so many different ways.

Streams in the Desert — a good place to begin and a good place to end!

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Workshop slated on death and donation

The San Diego Eye Bank Nurses’ Advisory Board will sponsor an educational symposium for nurses, chaplains and social workers on October 7, 2005, from 8:00 a.m. to 4:00 p.m. at the San Diego Marriott Hotel, Mission Valley. The title of the program will be “Cultural and Religious Views on Death, Dying and Donation.” For more information contact: Nancy Biagioni at 858-694-0444 or e-mail nancyb@sdeb.org.

NACC member publishes book of poems

NACC member Josie Rodriguez, a chaplain in San Diego, CA, has published Waiting Rooms of the Heart: Poems of a Healthcare Chaplain. The book is available in paperback or print-on-demand format at Amazon.com or Iuniverse.com.

The poems were written while Rodriguez worked as a clinical chaplain in both an acute care inner city hospital and home health hospice. They were a way to remember and to pay tribute to the many patients and families she met along the way.

Fr. Barry Martinson, SJ, said of the book, “The poems are very deep and moving, inspirational and positive. They give an insight into suffering, encouraging hope, and could certainly be of benefit to others who are in pain. A collection like this could be placed in hospitals, hospices, churches or waiting rooms in doctors’ offices.”
Conference Quotes

“We have a rich heritage. It will continue if we practice what Jesus taught us to do.”
— Rev. Forrest “Pat” Hanser, past President of the NACC, celebrating the 40th Anniversary Eucharist

“I would never miss this. It’s been a long haul, but I feel joyful to do the work that I do and to have this leg of the journey complete.”
— Newly certified Chaplain Robert Shuford of Evanston, IL

“I want to thank you for your nobility, for doing such wonderful work. You have no idea, even in your most insightful moments, how much good you’re doing.”
— Plenary speaker Robert Wicks

“They’re out there. They’re just not here.”
— Sr. Norma Gutierrez, MC, on minority chaplains and the NACC

“Nostalgia is setting in. The feeling of joie de vivre I sensed 20 years ago, I sense tonight.”
— Rev. Daniel J. Gatti, SJ, past President of the NACC, at the 40th anniversary banquet

“The vision is alive. We are alive. This is a wonderful celebration for the NACC.”
— Sr. Rosemary Abromovich, OP, past President of the NACC

“Look! We’re building Church together!”
— New NACC Executive Director Lawrence G. Seidl

Board moves forward on standards

The NACC Board of Directors met prior to the conference in Albuquerque, NM on April 8-9, 2005. The following is a summary of actions of the Board.

The Board passed the following motions:

▼ To approve the roles and responsibilities of the Standards Committee, whose initial responsibility is to integrate the Common Standards with the NACC Standards. Going forward, the Standards Committee will be responsible for performing an annual review of the Standards, in addition to reviewing and recommending Standards changes to the Board of Directors.

▼ To establish a Governance Committee to create a board profile and a decision-making matrix for the association.

▼ To appoint Mr. Alan E. Bowman; Ms. Mary Lou O’Gorman; Ms. Mary T. O’Neill; Ms. Linda Piotrowski; and Dr. Jane W. Smith to the Standards Committee.

▼ To approve the Confidentiality Agreement and Gift Policy Disclosure Statement as NACC policy.

▼ To authorize the creation of a membership task force to review and develop appropriate levels of membership and levels of certification.

▼ To adopt the Bylaws as amended.

▼ To empower the Council on Collaboration to pursue the development of a consensus CPE document.

The next meeting of the Board of Directors is scheduled for June 24, 2005 by conference call.

Thank you to conference sponsors

Please join us in thanking these corporate sponsors of our conference, whose generosity to the cause of chaplaincy helped make it possible for the NACC and APC to present a successful conference in Albuquerque, NM.

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Lawrence G. Seidl, the new Executive Director of the NACC, congratulates Patrick Bliss at the ceremony presenting certificates to newly certified chaplains.

Eighty-five newly certified chaplains smile for the camera at the Albuquerque Convention Center. The class of new certifications was the largest in the association’s history.

Board members (from left) Sr. Mary Eileen Wilhelm, RSM, Sr. Maryanna Coyle, SC, and Paul Marceau applaud at the banquet to celebrate the NACC’s 40th anniversary.

Congregation members sing at the Sunday Mass.

A stream of water tumbles into the pool on the plaza outside the Albuquerque Convention Center.
Chaplains must strive to be part of team

By Linda Piotrowski

Often I find great wisdom in the comics. In one “Peanuts” cartoon, Peppermint Patty says to Charlie Brown, “Guess what, Chuck. The first day of school and I got sent to the principal’s office. It was your fault, Chuck.” Poor Charlie Brown says, “My fault? How could it be my fault? Why do you say everything is my fault?” Peppermint Patty said, “You’re my friend, aren’t you, Chuck? You should have been a better influence on me!”

Peppermint Patty was trying to pass the buck, yet in a way she was right. We should be a good influence on others, personally and professionally. We can have an influence for good or for bad — but only if we are present. That’s why being seen as an integral member of the interdisciplinary healthcare team has been one of my goals since beginning my ministry as a chaplain many years ago. Shortly after I began the pastoral care program at Central Vermont Medical Center, the co-chair of the palliative care committee took a job elsewhere. I jumped at the opportunity to serve. The committee saw my enthusiasm and willingness and selected me, and I’ve co-chaired it for the past three years, along with our nursing director of critical care.

Thus, I receive mailings about palliative care programs and conferences. Last November I got an e-mail about the Assembly of the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association Conference in New Orleans in January. They were seeking innovative clinical workshop proposals.

Most of the time, you won’t find chaplains listed as prospective attendees at clinical conferences. Unfortunately, we are not usually thought of as clinical team members. Bristling at the thought that chaplaincy had once again been left off the list, I was all the more determined to participate in the conference.

In addition to clinical presentations, proposals were being sought for The Healing Space, which is dedicated to lifting up the role and power of the arts in healing. I submitted a proposal for a workshop about our comfort shawls and their role in our Partners in Palliative Care program. If my proposal was accepted, I could attend the conference. I’d get to experience a clinical conference while interacting and learning with doctors and nurses from around the country.

Weeks later, I received a letter inviting me to present a workshop in The Healing Space on the third afternoon of the conference. I accepted!

The Healing Space, designed, prepared and maintained by a committee of physicians and nurses, is a respite of calm in a busy, highly clinical conference. The lighting is low. Candlelight and padded room dividers covered with lovely artwork, accompanied by poetry and prose written by doctors and nurses, make the large room feel more intimate, creating several smaller spaces out of one huge conference room. A soothing fountain bubbles while quiet music plays. At one end of the room is space for workshops on meditation, hospice caring, collage, and other self-care practices. The other end offers chair massages, reiki and other complementary therapies. I participated in a collage workshop conducted by a doctor. In my workshop I included music, meditation, and storytelling. I provided detailed directions for making comfort shawls.

Wanting to take advantage of every learning opportunity I could, I also took a pre-conference poetry-writing workshop led by three doctors. I met twelve other doctors wanting to write poetry to explore the spiritual dimensions of their work. After an initial didactic and a guided meditation, we each wrote a poem, then read it aloud, respectful of the risk each person was taking in exposing very powerful and deeply felt emotions and experiences.

The conference workshops, however, were overwhelmingly clinical. In “The Ethics of Lamentation: Giving Voice to Patients and Their Doctors,” the two physician presenters described several situations where I recognized that early chaplain interventions would have significantly improved patient care. In one situation, the patient had been in the hospital in the intensive care unit for over two weeks. Death was imminent, and the family was having difficulty dealing with it. When the death occurred, the family “fell apart.” The physicians described themselves as entering the room, expressing their condolences, and then “beating a hasty retreat,” leaving one nurse alone to comfort the family. Why weren’t chaplains involved in this family’s grieving process, I asked? Who tended to the broken spirits of the nurse and the doctors? I was answered with a shrug and told that chaplains might be called in at the time of death, but most of the time no one thought to involve them.

In the workshop “Palliative Care Consultation in the ICU: What Can You Expect?,” the speaker, a nurse practitioner, spoke of the many members of the interdisciplinary team she involved in smoothing the transition of palliative care patients from ICU to a
I hope the articles in this issue of Vision are able to convey to you the transforming experience of partnering with our colleagues from APC, learning innovative spiritual care practices, participating with our brothers and sisters in faith in interfaith prayer services and being fed through the Word and the Eucharist in our liturgies. The conference reminded us of the treasures and gifts we chaplains bring to the care of patients and staff.

I celebrate and appreciate the hard work that went into making our Albuquerque conference educational, powerful and spirit-filled. It is important that we gather to listen to new techniques, to network with other pastoral care providers, to stretch ourselves by learning about other faith traditions and cultures, and to find new resources. It is important to be together to celebrate our mission and our ministries.

Yet, thinking of Peppermint Patty, recalling my experience in New Orleans and the absence of a chaplain on a panel presentation on grief and ethics, I could not help but recall the words of Jesus: “You are the salt of the earth; but if the salt has lost its taste, how shall its saltiness be restored? You are the light of the world. A city set on a hill cannot be hid... Let your light so shine before men, that they may see your good works and give glory to your Father who is in heaven.” Matthew 5:13-16

If we gather only with other chaplains, how can we get our message out? How can we be a good influence on behalf of our discipline of spiritual care? How can we be salt for the earth and light for the world? How can we be seen as an integral part of the interdisciplinary team with something unique to contribute to patient care?

I’m determined to make a change in my corner of the world. I have renewed my personal commitment to influence others to see me as an integral, visible, engaged member of the interdisciplinary team. I attend patient care rounds and chart in patient progress notes. I will continue to do so. I will continue to give presentations at our weekly physician continuing medical education luncheons.

Beyond that, I’ve decided to step outside of my comfort zone. In addition to my NACC membership, I am now a card-carrying member of AAHPI. I receive their clinical journal, which includes articles that challenge me to consider clinical issues and how they affect my spiritual care. Reading clinical journal articles provides me with an opportunity to talk with doctors. I ask questions about clinical aspects of care that I don’t understand. I ask about the article’s implications for patient care. I call physicians and speak with nurses to discuss patient care.

At least once a year, I plan to attend a conference that addresses clinical issues. I realize that if I want to influence others to include chaplains when they plan patient care, I need to step up to the table and claim my place. Being present, I can translate the language of faith into something the language of science can learn from and value.

I’m stepping up! Will you step up, too? What do you plan to do to bring NACC and the role of the chaplain front and center in the world of clinical care?

Linda F. Piotrowski, NACC Cert., is Interfaith Chaplain and Co-chair of CVMC’s Partners in Palliative Care Program for Central Vermont Medical Center in Berlin, VT. Contact her at Linda.piotrowski@hitchcock.org.
Ethicists address end-of-life decisions

Church teaching leaves room for solution to vary with individuals

By David Lewellen

Vision editor

Chaplains who help facilitate families’ difficult end-of-life decisions may feel under siege this year, but the task remains the same. In the shouting over the Terri Schiavo case and its fallout, many members of the public may have forgotten that every medical situation is different. But several prominent Catholic ethicists say that chaplains can help families decide on treatment for the dying by representing the broadness of Catholic tradition.

Catholic moral teaching emphasizes that “every decision has to be made in context,” said Br. Daniel Sulmasy, OFM, M.D., director of ethics at St. Vincent Hospital in Manhattan and New York Medical College. Any treatment, from a ventilator to an antibiotic, may be ordinary or extraordinary depending on the circumstances of the person receiving it.

“It’s always linked to the goals of treatment,” said Nancy Bancroft, Ph.D., director of ethics at Trinity Health System in Novi, MI. “That’s the place to start.” A treatment unlikely to meet the goal could be deemed disproportionate; it depends on the burden or benefit to the patient and the community.

Another uncomfortable but very real part of health-care ethics is the economics of treatment, said Gerard Magill, Ph.D., director of the Center for Healthcare Ethics at St. Louis University. “Chaplains focus on an individual patient’s autonomy and dignity, and they should,” he said. But “Catholic ethics has always taught that delivery of health care is a social function, part of the social fabric. Everyone has a right to health care, but it’s also dependent on social capacity — not everything can be funded. … Not everyone has a right to a heart transplant.”

In Catholic teaching, Sulmasy said, ordinary and extraordinary treatment is “permissive, not prescriptive.” An extraordinary or heroic measure is not wrong, it’s just optional — it might vary based on a patient’s tolerance for pain, for instance. The differences are “not because [truth] is subjective, but because people are objectively different.”

Pope John Paul II’s statement a year ago about the requirement for nutrition and hydration has caused confusion, all of the ethicists agreed. “People think everyone has to die with a feeding tube, and that’s not true,” Sulmasy said, pointing out that even the pope didn’t have one at the end. The presumption is in favor of a tube — unless that treatment is costly, burdensome, complicating, or violates another grave moral obligation. “Even in a persistent vegetative state, it could be rebuttable,” Sulmasy said.

“People of good will have very different views,” Bancroft said. If a doctor foresees the necessity of a tube, it’s best to discuss it with the patient — as the pope’s doctors presumably did. “Food and water are basic care — if you can swallow,” Magill said. Otherwise, it’s a medical treatment, and subject to the usual benefit-burden balance. But, he conceded, Catholicism sees “a pretty strong presumption for feeding.”

The pope’s statement was “not broadly representative of theological tradition,” said Fr. Andrew Nelson, former rector of St. Francis Seminary in Milwaukee. He pointed out that the pope made a more moderate speech a month later.

“I’ve heard so many interpretations of the pope’s statement,” Bancroft said. “In this country, it is the bishops that interpret church tradition and law,” through the Ethical and Religious Directives for health care. If families raise the issue, “assure them that the rules in the Catholic tradition have not changed, (hospitals) are still expected to uphold the Ethical and Religious Directives.”

The USCCB’s Ethical and Religious Directives for Catholic Healthcare Services state, “There should be a presumption in favor of providing nutrition and hydration to all patients, including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.” But the previous page also states that “hydration and nutrition are not morally obligatory either when they bring no comfort to a person who is imminently dying or when they cannot be assimilated by a person’s body.”

When families disagree about courses of treatment, chaplains can provide valuable counseling. Sulmasy said that they can clarify church teachings — for instance, if a family member had misinterpreted what Pope John Paul II said. But they should “make sure they actually know church teachings, and don’t make pronouncements without being sure in their knowledge. That’s a plug for continuing education.”

Or the chaplain can point out that “not making a decision is making a decision — the default is to keep going,” Sulmasy said. “There’s no innate moral difference between withholding and withdrawing,” although it is emotionally much more difficult to stop a treatment than to not start it. Nelson agreed, “When a benefit [of treatment] is no longer apparent, it
needs to be revisited."

In consultations with families, Nelson said, “regardless of personal persuasion, [chaplains] should represent the broad approach allowed in our tradition. … You do have a wide span of possibilities. If it’s an ultra-conservative family that wants to keep going, trying to impose any other option would be very difficult.”

Chaplains can’t confuse praying “with an expectation on the family’s part of a miracle cure,” Sulmasy said. It may be denial or unwillingness to let go, he said, but a skilled chaplain can see denial “even if it’s expressed in religious terms.”

As a director of ethics, Bancroft is often called in to moderate difficult cases, whether within the family or between the family and the medical team. “I try to clarify issues and create a safe environment for everyone to say why they feel the way they do,” she said. “What is it they want?” Often, family members “value a physical presence as long as possible,” and doctors “think that they’re here to help those who can be helped.” A chaplain can “rephrase clinical terms into more caring terms. … They can see how close the parties are, even if they’re looking at different parts of the elephant. The goal is what’s best for the patient.”

Bancroft spoke of the necessity to challenge family members to look clearly at their own motives. “You have to look at their openness to hearing it,” she said. “If you’re seen as the evil one trying to convince them, it’s not going to work. If you’ve had a chance to build a relationship with them over the course of treatment, it’s better.”

In the midst of a dispute, “listen aggressively,” Magill said. “Hear what people are trying to say. Help each side ascertain what their goals are, and see that they’re either unrealistic or not that far apart. … It typically does work.” Chaplains, he said, “are looking beyond the clinical mindset to spiritual issues. They have antennae that physicians don’t have. … They’re well suited to try to bring harmony. And it takes patience and time, time that physicians don’t often have.”

Framing the issue in terms of goals, Magill said, often helps families see things more clearly. “It dawns on them that their daughter’s going to be dead in three weeks,” he said, and they can think about what they want in the time remaining. “It takes a period of time to do that gently.” Often, chaplains are in the best position to do that. “The ethicist is always coming in to put out a fire,” he said. “Chaplains are the bedside pilgrim.”

Nelson said that chaplains have to avoid taking sides in disputes, and “don’t let [the family] put you in the position of being the final arbiter. That’s shirking their own responsibilities.”

Chaplains need to “know their own bias,” Bancroft said, “and own it, and push it aside. There’s usually more than enough opinions in the mix without ours.” But if asked, chaplains need to provide information on church teaching, she added.

It is easier for everyone if patients write down their directives, which may be one helpful byproduct of the Schiavo case. When a patient is unconscious, “then it gets difficult,” Bancroft said. Detailed living wills are “not really very effective,” Magill said, because medical technology keeps evolving and it’s hard to anticipate every future possibility. Instead, people should designate someone to make decisions. “That demands great trust, to interpret what I would have wanted,” Magill said.

The designated spokesperson must understand “the roles and responsibilities and limits of authority,” Bancroft said, and the patient must choose carefully. She cited one nurse who designated a close friend to be her decision-maker, because “even though I love my husband, I know he wouldn’t respect my decisions.”

In the ’60s and ’70s, Sulmasy said, doctors commonly wanted to do everything possible to prolong life in every case, and the movement toward living wills was part of a “consumer reaction” to that attitude. “Those doctors are still around, in significant numbers,” he said. “But now there’s a large cadre of cases where the patient is dying, the family is in denial, the choice is up to the patient, and it’s very difficult for doctors. … And there are also doctors who want to stop too early, so it’s all over the map now.”

Doctors are much more consultative now than a generation ago, Nelson said. “They are much more willing, and find it necessary, to converse with the family and the patient. … People have the right to be well-informed.”

“There’s no one way to make decisions,” Sulmasy said. “In very similar situations, different people come to different decisions. Part of the wisdom of the tradition is to allow latitude in those choices. … Church teaching allows that diversity and always has.”

That kind of diversity and flexibility may seem unusual in a church known for firm stands on many issues. But Nelson said the Catholic approach to medical decisions acknowledges that they apply to “unique situations of particular persons in unrepeatable circumstances.”

“We haven’t got all the answers,” Nelson said. “It’s a constant process of discernment.”
Continuing ed requirement stands at 50 hours

The national office has received questions and concerns regarding the newly affirmed Common Standards for Professional Chaplaincy—in particular, the requirement that chaplains document 50 hours of continuing education every year.

Some of you may remember that in years past, the NACC had also required 50 hours of annual continuing education, or 250 hours over a five-year period, to meet standards for renewal of certification. However, in more recent years that was reduced to 30 hours. With the affirmation of the Common Standards last November, in agreement with five other chaplaincy organizations, the NACC has agreed to the requirement of 50 hours a year.

For members already a year or more into their process for renewal of certification, the change became effective January 1, 2005. All NACC members accumulating continuing education hours must submit no less than 30 hours annually through 2004. The requirement of 50 hours annually is effective this year and in the future.

Sr. Mary R. Skopal, SSJ, Certification Commissioner, and Susanne Chawszczewski, Ph.D., Director of Education and Professional Practice, will be looking at the opportunities for renewal of certification, as well as all the forms and documents, in order to make this process easier for you, the membership. Please watch future Visions for additional information.

A terminology change

The Board of Directors of the United States Conference of Catholic Bishops Commission on Certification and Accreditation (USCCB/CCA) reviewed the NACC’s 2004 annual report during their spring Board meeting. The Board recommended that the NACC’s term “recertification” be replaced with “renewal of certification.”

The USCCB/CCA has determined that this terminology more accurately distinguishes initial certification from renewal of certification in our current certification process.

In Memoriam

Please remember in your prayers:

- **Deacon Walter J. Stanecki**, who died recently at age 87. He was ordained as a permanent deacon in 1975 and certified as a chaplain in 1978. He worked at many hospitals in New Jersey. Through the Archdiocese of Newark, he trained dozens of deacons, sisters, and laypeople in hospital care, including many who became certified chaplains.

- **Deacon John D. Kelly**, who died in 2004 at age 80. He was ordained in 1983 and joined NACC in 1985. He worked at Providence Hospital in Washington, DC.

- **Sister Jane Marie Lamb**, OSF, who died March 8 at age 68. She was among the first women to join NACC in 1974. She was a nurse before becoming a chaplain at hospitals in Decatur and Springfield, IL. Through the 1980s, she specialized in ministering to bereaved parents, and she was director of lay associates at St. Francis Convent in Springfield.

Prayers for Healing

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

Rev. Howard R. Stunek, OFM
Milan, MI
Heart surgery

Susan Bays
Quincy, IL
Stroke
‘Peace in Storm’ reminds us of others’ pain

Peace in the Storm: Meditations on Chronic Pain and Illness
By Maureen Pratt; Galilee Books, 2005

Reviewed by Dennis McCann

If you were one of the fortunate chaplains to have attended the annual meeting in Albuquerque, you received a free copy of Peace in the Storm: Meditations on Chronic Pain and Illness with your materials. This book is a wonderful gift in many ways.

As chaplains working in the front lines of healthcare, we can develop a subtle insensitivity to much of the pain of our patients — not so much to the empirical pain as to the psychological and emotional challenges in living with a chronic illness that many of our patients carry. This book is a fine remedy for keeping us in touch with that pain.

To read just a couple of chapters at the start of a day is enough to resensitize us to the daily plight of many of those we serve. Each chapter, a meditation, is only a couple of pages long. Each meditation is a wise and heartfelt description of the plight of chronic illness, which Pratt places between a scriptural passage and a poetic reflection. We get an insider’s view of the daily experience of the pain, the angst, the hope and the eventual insight that the experience of suffering can bring. In a myriad of ways the chronically ill struggle for physical, emotional and psychological survival. Pratt, writing from years of experience with her own chronic illness, takes us to the very heart of the struggle in the otherwise ordinary rhythm of daily life.

As physical and cerebral as the medical profession can be, Peace in the Storm draws us into the heart and the spirit. It is Pratt’s authority of experience that makes this book so powerful. It is best read as a meditation, a chapter at a time. It is at once unnerving and inspiring, instructive and homiletic. Just when the pain can seem too much to bear, the chapter waxes into a spiritual insight that both edifies and uplifts the suffering.

This book is equally useful for those who are chronically ill or cope with chronic pain. It is especially useful for all chaplains who work with them, especially those who have been in the field for several years. This book can help to inform our spiritual assessment, awaken our empathy, focus our questions, and enhance our theological reflection. It has the power to bring us to the silence of deep empathy.

Finally, Peace in the Storm is a prayer book. It would not be out of place on a chaplain’s desk next to Praying the Psalms or any of the hundreds of books on daily meditations. It can reenergize our commitment and revitalize our spiritual life.

I intend to share this with doctors, nurses, and other healthcare workers for whom the Christian belief is comfortable and chronically ill patients are familiar. I am grateful to the APC/NACC planners for giving us this gift.

Dennis McCann, NACC Cert., is Director of Pastoral Care at St. Vincent’s Medical Center in Bridgeport, CT.
Positions Available

a Providence Ministry-sponsored organization offering excellent benefits in a values-supported community environment. Bachelor’s Degree (master’s of divinity preferred) in theology or pastoral ministry required. Maintains chaplain certification, with NACC preferred. Four units of CPE necessary. Supplemental position requires bachelor’s degree (master’s preferred) in theology or pastoral ministry. Certified chaplain or seeking certification with 3 units CPE (NACC preferred). If not certified, ecclesiastical endorsement required. Apply online www.holy-family.org

▼ CHAPLAIN
San Diego, CA – Full-time position at Scripps Mercy Hospital, with a 114-year history of Catholic identity. Scripps Mercy Hospital is San Diego’s premier metropolitan hospital with 520 acute care licensed beds and a Level I Trauma Center. A dynamic and flexible person with openness towards religious, cultural and lifestyle experiences is being sought. Collaboration with other health care professionals and members of the community clergy is essential, as well as a willingness to participate in rotation of night and weekend call. The position requires a master’s degree in theology/behavioral science or M.Div. or its equivalency. Spanish speaking skills would be an advantage. Requires NACC/APC certification and ecclesiastical endorsement. One year of experience in pastoral ministry in a health care facility is expected, along with good verbal and written communications skills. Apply online at www.scripps.org, e-mail resume to haden.ben@scrippshealth.org, or fax to 619-686-3420.

▼ SPIRITUAL CARE DIRECTOR
Beaumont/Port Arthur, TX – CHRISTUS St. Elizabeth & St. Mary Hospitals, a two-campus Catholic healthcare system, seeks a director of spiritual care. Master’s degree in theology or related field required. Must be a member of the Roman Catholic Church (ERD, #22) in good standing with NACC with active membership. Contact Brenda Dixon, employment manager, at 409-899-7165 ext. 4558, or e-mail your resume to Brenda.Dixon@christushealth.org, or fax to 409-899-7697.

▼ DIRECTOR OF SPIRITUAL CARE
Wilmington, DE – St. Francis Hospital (a member of CHE) has an immediate opening for a Director of Spiritual Care who will be responsible for the directing and supervising of the spiritual care team. This includes evaluating and assessing the needs of spiritual care in a hospital setting. The director also functions as a chaplain. Qualifications: NACC chaplain certification required, with knowledge of the Ethical and Religious Directives. A minimum of three years management experience is required. Interested candidates please send resume to St. Francis Hospital, Attn: Joan Feldpush, Human Resources Department, 7th and Clayton Streets, Wilmington, DE 19805; fax (302) 421-4265. www.sf francishealthcare.org

▼ CATHOLIC PRIEST CHAPLAIN
Wilmington, DE – St. Francis Hospital (a member of CHE) is seeking a Catholic priest chaplain to provide spiritual care to family members and staff, which includes an ecumenical focus through a mission-based initiative. Qualifications: CPE is preferred. Ministerial experience in a hospital setting and a working knowledge of the Ethical and Religious Directives for healthcare are required. Interested candidates please send resume to: St. Francis Hospital, Attn: Joan Feldpush, Human Resources Department, 7th and Clayton Streets, Wilmington, DE 19805; fax (302) 421-4265. www.sf francishealthcare.org

▼ ROMAN CATHOLIC PRIEST CHAPLAIN
Paterson, NJ – St. Joseph’s Regional Medical Center is a Roman Catholic health care institution, part of the St. Joseph’s Healthcare System, sponsored by the Sisters of Charity of St. Elizabeth, and is a 700-plus-bed acute care Level II trauma center. We are currently seeking a priest chaplain who has knowledge and respect for religious/cultural diversity to provide sacramental, liturgical, and pastoral ministry to patients, their families and staff. Certification as chaplain by NACC or APC strongly preferred, as is 3-plus years of previous experience in ministry and ecclesiastical endorsement. Competitive salary and benefits package. Interested? Please fax (973) 754-3273, email: rooneym@sjhmc.org; or send your resume to: Rev. Martin D. Rooney, Director, Mission Services, St. Joseph’s Regional Medical Center, 703 Main St, Paterson, NJ 07503. EOE M/F/D/V

▼ HOSPICE CHAPLAIN
Everett, WA – Providence Hospice & Home Care of Snohomish County seeks a full-time Hospice Chaplain to provide spiritual and emotional support and guidance to patients, their families, guests, volunteers, employees and physicians. Candidates must be certified by NACC, APC and/or NAJC and have current endorsement of the sponsoring denomination or faith community. A master’s degree in theology or related field with evidence of understanding and application of current theology is required. Knowledge of medical moral issues and previous experience working with ill and/or dying patients and their families is a must. Send resume to: Jo Reid, Human Resource Manager, Providence Hospice & Home Care of Snohomish County; phone (425) 261-4740; fax (425) 261-4850; e-mail jo.reid@providence.org.

▼ CHAPLAIN
Pittsburgh, PA – Jefferson Regional Medical Center is seeking a chaplain to provide pastoral care for patients, family and staff. Bachelor’s degree and two units of clinical pastoral education at an accredited training center is required. Certified in Association of Professional Chaplains or National Association of Catholic Chaplains. Must be in good standing with faith community and endorsed by an appropriate denominational authority to function in Health Care. Two-plus years in pastoral counseling or a related field is required. Apply online at www.jeffersonregional.com.

▼ POOL CHAPLAINS, ON-CALL CHAPLAINS
Milwaukee, WI – Covenant Healthcare, one of the largest integrated regional health care delivery systems in Wisconsin, is seeking qualified candidates for pool chaplains and on-call chaplains. Qualified candidates will facilitate spiritual well-being by assisting patients, families, staff and the wider community to cope and identify sources of meaning and hope in their experience of life transitions, inclusive of suffering, loss, and grief, by drawing upon their values and beliefs in the context of their life story. Requirements include a master’s degree in theology, pastoral studies or related
field; 1-3 years of related experience; NACC, APC or NAJC
board certification or eligibility; proof of auto insurance; and four
units of clinical pastoral education. Must have the flexi-
bility to work at all sites within Covenant and ability to work
nights and weekends. We invite you to learn more about our
organization and the impact you can have through this
opportunity. Please visit us online at www.covhealth.org and
search for requisition number CHS6359. EOE.

▼ STAFF CHAPLAIN
Cumberland, MD – Western Maryland Health System
seeks a staff chaplain to join our pastoral care department.
Will work collaboratively with hospital staff and eccumenical
pastoral care team and provide pastoral support to patients,
families and staff of all faith traditions. Will also participate in
interdisciplinary plan of care meetings and share on-call
rotation and unit assignments. WMHS is seeking a staff
chaplain who will project a compassionate presence, work
well under pressure, and possess a high energy level. NACC
or APC certification or two units of CPE and willingness to
seek certification (WMHS has its own CPE program). At
least one year of hospital experience is preferred. Visit us
online at www.wmhs.com and click on “careers” to apply.
You may also send your cover letter and resume to Denise
Kiraly, Human Resources, WMHS, PO Box 539,
Cumberland, MD or via e-mail to dkiraly@wmhs.com.

▼ CHAPLAIN
Daly City, CA – The beautiful Bay Area beckons! Seton
Medical Center is seeking a full-time chaplain, with on-call
rotation, to be part of a seven-member team. Our prospective
candidate will be energetic with excellent interpersonal
and computer skills. A compassionate spiritual presence
embracing and enhancing our Catholic identity, mission and
values. Position requirements: Advanced studies related to
theology, faith endorsement, national chaplaincy certification
or eligibility with experience in a healthcare setting. Visit
Seton at www.SetonMedicalCenter.org. A competitive salary
and excellent benefits package is offered. Resume and cor-
respondence to Fr Rory Murphy@dochs.org; fax 650-991-
6561

▼ PRIEST CHAPLAIN
Pasco, WA – Lourdes Health Network, a member of
Ascension Health, together with the Sisters of St. Joseph of
Carondolet, is seeking a Roman Catholic priest to join our
pastoral care team. Composed of Lourdes Medical Center,
a 25-bed critical access acute care hospital, and Lourdes
Counseling Center, a 32-bed inpatient psychiatric hospital
for children and adults as well as outpatient services for
community mental health. We serve a culturally and eco-
nomically diverse population. Responsibilities include:
providing pastoral support to patients, families, and staff, sacra-
mental ministry, including liturgy, and ethics consultations.
Position requires ecclesiastical endorsement, minimum of
one unit of CPE. Preference will be given to NACC-certified,
bilingual (Spanish-English) chaplains. Interested persons are
encouraged to visit www.lourdeshealth.net and contact us
by calling Human Resources at (800) 383-7515 or e-mail to
lkent@lourdesonline.org, or call the pastoral care department
at (509) 546-2259 or e-mail the pastoral care director at:
wmnich@lourdesonline.org.

▼ CHAPLAIN
Greenwich, CT – Greenwich Chaplaincy Services seeks
certified or certification-eligible chaplain responsible for the
delivery of pastoral/spiritual care to the residents, their fami-
lies, and staff members in Greenwich area nursing homes
and special care facilities. Full-time position requires experi-
ence and competencies in interdisciplinary and interfaith
chaplaincy services, effective communication abilities, and
maintenance of positive relationship with leaders/members
from many different faith communities. Salary/benefits will be
commensurate with qualifications and experience. Apply to:
Judi Mastoloni, Greenwich Chaplaincy Services, 70
Parsonage Rd, Greenwich, CT 06830, or Rev. Robert Culp,
pastor@roundhillcommunitychurch.org or (203) 869-1091.

▼ CPE RESIDENCY
Temple, TX – Scott & White Pastoral Care Dept. is recruit-
ing for the 2005-06 residency program. Scott & White is one
of the largest medical specialty clinics in the U.S., and is
affiliated with the Texas A&M University Health Science
Center. Scott & White recognizes the importance of the
mind-body-spirit connection and therefore provides a sup-
portive environment for pastoral ministry. Our innovative pro-
gram offers 3 units of CPE in a calendar year. By providing
longer breaks between units, we provide students with more
time for development of relationships with doctors and staff,
integration of learning with practice, and opportunities for
specialization in clinical areas. Competitive stipends and
benefits. $25 application fee. Send applications, or contact
for more information: CPE Supervisor Marty Aden, Dept. of
Pastoral Care, Scott & White Memorial Hospital, 2401 S.
31st St., Temple, TX 76508. Phone (254) 724-5280 or e-
mail maden@swmail.sw.org.

▼ CPE AND SPIRITUAL CARE MANAGER
Burbank, CA – Providence Saint Joseph Medical Center is
a 427-bed acute care facility, providing high-quality premier
health care in the San Fernando Valley for over 50 years. We
have the wonderful opportunity of CPE and Spiritual Care
Manager available. In this key role, you will be responsible
for developing and implementing a new CPE program to
complement and enhance an already diverse interfaith staff
of chaplains. This position will also include the management
of the department to meet the needs of patients, families
and employees. Successful candidate will need two years’
supervisory experience and have demonstrated success at
budget planning, supervisory skills, staffing planning, team
development and communication skills. A master’s degree in
divinity or equivalent degree is required, as well as supervi-
sor or supervisor-in-training status by NACC or ACPE. We
offer an excellent compensation and benefits package,
including a tax-deferred 403(b) and employer-funded retire-
ment plan. Please send resume to: Providence Saint Joseph
Medical Center, 501 South Buena Vista, Burbank, CA,
91505, Attn: Human Resources; Fax: (818) 847-3693; or e-
mтом scott.karas@providence.org. Visit: www.experience-
providence.org for more information. We are an equal
opportunity employer. Providence Health System: A Caring
Difference You Can Feel.

NACC-certified chaplain is seeking full- or part-time position
as a staff chaplain in the Philadelphia area or suburbs,
preferably in a hospital or long-term care facility. Please con-
act Sr. Phyllis Ann DiRenzo, IHM, at phyldihm@yahoo.com
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Calendar

July

1  Chaplain certification materials due at NACC office

4  Independence Day; national office closed

11 Copy deadline, August-September Vision (diversity theme)

14-17 National Certification Commission meeting in Milwaukee

August

29 Copy deadline, October Vision

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