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# Talking about grief

*Support groups offer kind ear, practical help*

**By Sr. Frances Baker, CSJ**

“I just got broadsided, out of the blue. Grief just overtook me. Is this normal?”

“Holidays are coming. Should I just sit them out at home and hide until they are over?”

“Is everyone else so vulnerable at church? The hymns just reduce me to tears.”

For about seven years I have facilitated a grief group for hospice families and others in the area. We cover issues that are part of the grief process — normal grief, timetables, holidays, children and grief. Some clients wait months or years to begin to deal with anger or forgiveness. A few have attended for anticipatory grief issues, such as pending loss of a family member, decline of personal health, diagnosis of disease, and treatment.

The series combines sharing and information. Sharing always takes the priority, but at times handouts can offer a theme or topic for some sharing. A retired family therapist has assisted with the group for the past four years.

People from a 50-mile radius are

invited. We have had as many as 23 in a group, but 10 to 15 is better. We offer six-week classes two or three times a year, meeting for a two-hour session each week. About eight pastors have attended. Each person has a personal journey through grief, yet we share many universal aspects of grief. It takes a real commitment to heal from loss.

Some questions arise in each new series: “Is there any way we can anticipate some of the feelings, or will it always be a jumble of emotions?” Usually someone in the group who has more experience with their grief can offer that it does subside to some degree, but is always with you. Practical questions also emerge. “How do I cook for one?” “What do I do about car maintenance?” “Can someone get me started on banking issues?” “What about home security and being safe in my car?” “Can we discuss social and sexual needs?”

Every group assumes its own personality, dynamics and history. Bonding

We offer support, but do not give solutions or use “you should”

*See [Grief](#) on page 2.*



*Former participants in the grief support group in Fort Smith, AR gather at a volunteer's house for a holiday party. Sr. Frances Baker is seated in the center.*

## Grief

*Continued from page 1.*

occurs at different levels and then influences the honesty, sharing and trust. Often individuals can begin to share goals they hope to achieve and then receive support. Some goals I have heard in the past include: getting through the week and getting here next week; attending church again; cleaning out the closet; writing an ongoing letter to loved ones to share feelings; not visiting the cemetery twice a day; resuming hobbies; taking a trip; deciding whether to sell the house; telling my children how I really feel; and even organizing a family reunion. During the sessions, informal reports on progress, victories, and new issues give cause for joy and surprise.

In our groups we offer support, but do not give solutions or use “you should” to one another. Participants begin to accept the responsibility for their healing by first accepting the reality of loss, then finding inner strength/resilience/grit to use what works for them — sharing what and when they can, and adjusting to life without the loved one. Personal sharing is always the richest part of the group. We learn from each other and build on what has been said. Some come back the next week and quote what was shared that gave them strength or insight. We unlock our greatest treasures and our deepest pain to one another.

One lady had to combine two households when first her mother died, and then her husband. However, at one class she announced, “I’ve enrolled at the University of Arkansas. Anyone over 60 years can attend classes for free. I plan to get a doctorate.” And this May she will receive her well-deserved doctorate.

Another lady, Dottie, lost six more members of her family in the space of two weeks while attending the series. “I couldn’t have made it without this group to help me.”

One man who left work to attend and then returned to his workday said he had always handled things himself; now it wasn’t working. The gentle, loving support of the group members helped him recover from his loss. He admitted feeling

insecure about sharing his feelings and needing others to support him. He drank far too much coffee and came to realize it was affecting his sleep. Sometimes small changes can make a world of difference.

Some choose to fill every waking moment with activity, so there is no time for thinking about loss or feeling the pain. Mary lost her husband through suicide. She filled her days with activities for a year, until her daughter asked her to find a grief group and find a way to get on with her life.

She came to the group angry and bitter. It took a lot of understanding and support to bring her beyond her first comments to the group: “I’m so angry. I’ve been cheated by life. How dare he leave me with the bills and worries. He would never let me touch the checkbook.” But today she is happily remarried.

Don said, “I feel bitter at the medical community. They let my wife down.” He wanted to take legal action and bring back some level of control in his life. Friends supported him for being assertive and courageous in his grief. But finally he was able to cry in group and let down barriers — and recognize the uselessness of legal action. He admitted, “Nothing will bring her back.” He was looking for something living to bring meaning to his life, and he found it in a puppy.

We ask for confidentiality, letting each person arrive at a solution that works for them, allowing time for all to share, and not sharing too many losses at a time. Sudden losses are especially difficult for the individual and the group. Raw anger can surface, and usually some weeks later the individual apologizes to the group and speaks of replacing the anger with forgiveness. We all know this is a tough journey.

Handouts may seem unnecessary at first glance. However, participants tell me that they read them over late at night when especially sad or lonely and unable to sleep. “It helps to recall the group, the victories and growth I saw.”

Emotional boundaries are stressed so no one takes on the grief of another. Some choose to spiritualize their grief, before adjusting to the pain of loss. Some local churches seem to push the spiritual before a normal time of healing can take

place. Just how to suggest professional counseling for some individuals can be awkward. Hurts from pastors, church members and the medical community are also difficult to work with in group.

Some participants suffer multiple losses. This presents a challenge to me as facilitator — first the emotional impact the person is suffering, then which loss to concentrate on, and not to allow the losses to overwhelm the group. We have learned to interview participants beforehand in order to know them better and their issues.

A challenge that I face is being the only chaplain and therefore the one to organize and conduct the meetings. At times I both anticipate and dread them. Yet I always come away in awe of the growth and strength of participants. Grace is very evident in the grief process. We begin and end each session with prayer. Those attending want this prayer period and tell me this is their solace and support. While in our group we are one, in spite of the many faiths represented.

Toward the end of the series we point participants toward the future. A year after loss, they can become hospice volunteers. At present, at least eight have done so, in order to give back and to help others. A few have even taken the additional training to be bereavement volunteers.

I am the first to admit that six weeks of grief support is not enough — but as the sole chaplain in a rural area, it is what is possible. But we now help participants follow up with each other. An address list, with phone numbers and e-mail addresses, has helped participants stay connected. A monthly luncheon at various local restaurants brings us together again.

At the end of each session, the family therapist and I debrief, stressing what went well, who needs help, and how we feel about our own issues. The reality remains, that we too mourn, continue to love, and be surprised at the resilience of the human spirit.

“You, O God, are near at hand, close to the brokenhearted.” Psalm 119.

*Sr. Frances Baker, CSJ, NACC Cert., is Chaplain and Bereavement Facilitator at Mercy Hospice in Fort Smith, AR.*

## vision

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

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# Remembering Dick Tessmer

*Supervisor, colleague, and most of all, friend*

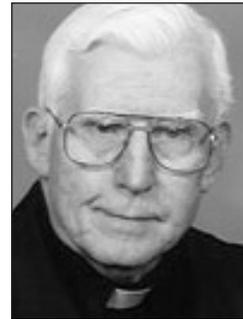
By Sr. Cyrilla Zarek, OP

Fr. Richard Tessmer, widely known in the NACC as a supervisor and colleague, is dead. Or is he? For some of us, this reality is hard to grasp, even though we were present for his wake and funeral. His death seemed so sudden, and it was. At his wake, Dick's nephew kept repeating, "He's still with us. He's still with us," and I choose to believe he is.

Dick absolutely loved life. He lived it well. He traveled. He enjoyed the theater, movies, plays, light opera. He delighted in eating out, always finishing a meal with, "What about dessert?" Dick loved what he did — ministry — and he did that well, especially the ministry of pastoral education. Dick had a passion for seeing chaplains and ministers of care becoming professionally competent, even if they were already personally compassionate.

Through the NACC we came together and shared our strong belief in the CPE process. Our first collaborative effort came about in the early '70s. We were invited to make a presentation at an NACC supervisors' workshop in Atlanta on "The Spirituality of the Supervisor." We accepted the invitation knowing that our getting together presented a challenge. Dick lived in Elk Grove Village, a northwest suburb, and I lived on Chicago's south side. However, it was worth it. It was in this planning that we experienced how well we complemented each other and how well we worked together. And it was fun. It was the beginning of other pastoral education programs we created and initiated. And they were fun. Hard work, but fun! I enjoyed it because of Dick's special sense of humor, and because it was fun and life-giving to be with Dick.

Life-giving relationships with family and friends abounded for Dick, as many attested at his wake and funeral. Dick cared long and lovingly for us. He also knew the value of self-care. I believe this enhanced the quality of his life and of his ministry, which were so well integrated. He had a woman spiritual director whom he saw regularly. He attended Retreats



Fr. Richard Tessmer

International. He had a massage therapist. He did aquacise and was into tai chi or kung fu. He said he had great doctors. He once told me, "I have a doctor for every

organ in my body. If I ever got them all together, I'd have to hire the United Center."

Dick never stopped going and he never stopped growing. He served on many NACC commissions and committees. He actively participated in every convention — taking notes, making comments, asking questions, buying tapes. In talking about Dick, Pat Doerr, our first woman president, said, "No one ever worked harder for the NACC than Dick." I added, "Nor longer." Others worked hard and long, but eventually petered out, myself included. Not Dick! As part of the 40th Anniversary Committee, I believe he will be celebrating with us in Albuquerque. The miracle of friendship lives on.

"The Miracle of Friendship" is the title of a poem beautifully matted, framed and hanging in our living room — a Christmas gift from Dick several years ago. It reads:

*There's a "Miracle called  
Friendship"  
that dwells within the heart,  
and you don't know how it happens  
or where it gets its start...  
But the happiness it brings you  
always gives a special lift  
and you realize that  
"FRIENDSHIP"  
is God's most precious gift.*

Thank you, God.  
Thank you, Dick.

Sr. Cyrilla Zarek, OP, NACC Cert., is an inactive NACC supervisor and former chaplain at Loyola Medical Center.

Seeking,  Finding

## Spring reminds us to cultivate our internal garden

By Karen Pugliese



**M**arch is a mettlesome month in the Midwest. While traces of winter loiter on our streets and sidewalks, warm spring breezes tease and tantalize

us. Beneath the frozen soil, crocuses and snowdrops stir. March is a study in contrasts, much like the Irish Isles that gave us the legendary Saint Fiacre, patron saint of gardeners. The cult of Fiacre flourished from the seventh century through the Middle Ages. Many blessings were attributed to Fiacre, who

cleared the rugged land surrounding his hermitage, harvesting extraordinary vegetables and flowers. He grew every species of plant useful for healing as well as nourishment. Fiacre ministered to countless sick and the poor. But hearing what burdened the hearts of those who sought his counsel and lifting their needs compassionately in prayer was what endeared

him to his people.

In the Chicago suburbs where I live, winter's grip is long and tenacious – and not very endearing. By mid-March, I brave blinding wind, rain and snowstorms to forage for provisions in my local market. Not for bread or milk or fresh vegetables, but a handful of yellow daffodils to satisfy my soul's hunger. Every year, along with bulb and seed catalogs, I reflectively re-read *The Secret Garden* by Frances Hodgson Burnett. The story serves as a symbol of hope and a metaphor for the transformation I long to effect in my spiritual life and ministry.

The hidden garden in the book's title is a bridegroom's wedding gift.

Consumed by grief when his beloved dies in childbirth, he walls in and locks up her garden, buries the key, and spends his days wandering in the desert of his grief. Neglected for years, their garden is wild and overgrown, and their child is a reclusive, sickly invalid.

Burnett's protagonist is the man's niece — a small English girl, Mary Lennox, orphaned in India by a cholera epidemic. She unlocks and tends the garden, healing her grief as the garden is restored. She discovers and attends her invalid cousin, and in the process, the boy is healed and the relationship between father, son and mother's garden is reconciled.

The “call of stories” of grief, loss, and reconciliation is at the heart of our vocation as chaplains. We companion those entrusted to our care on their spiritual journeys. We elicit their stories. In his book *The Call of Stories*, Robert Coles describes the power and usefulness of stories, not to solve or resolve our struggles, but to broaden and heighten them. What calls people in stories of disaster, whether an “act of God” or of human origin, is their mythic quality. The tsunami wall of water becomes a screen upon which patients, families, physicians and healthcare co-workers project the stories of their own spiritual struggles and theological dilemmas. We link their narratives with scripture and other mythic stories. We weave the fabric of meaningful ritual from the threads of our prayer, sacramental ministry and dialogue. And we find ourselves sharing in graced moments when, as Nelle Morton so eloquently phrases it, we “hear each other into speech.”

With these gifts and graces come challenges of vulnerability and sustainability. Wave after wave of tragic loss and heart-wrenching grief can wear away our resilience. We're tempted to

wall ourselves in. We long for an early warning system to protect us, not from external disaster, but from the soul-searing tsunami within. How do we persist in penetrating the forest of our shadowy illusions, deepen our exploration into unrecognized judgments and expectations, unmask the disguises we hide in, confess our sinfulness, welcome healing and invite reconciliation? How do we nourish and nurture a spirit to enliven and restore resilience to our own souls, within the complex “community” of our body, mind and spirit, and in outward communities of spiritual support?

In the same way that the call of stories seems to be at the heart of my vocation, the call to contemplation seems to be at the heart of my spiritual life. Parker J. Palmer describes contemplation not as an esoteric skill, but as a “way of penetrating illusion and touching reality.” In my ministry, literature, myth and the therapeutic power of nature often transcend cultural and religious differences, and offer archetypal patterns that support living with encouragement and hope. These resources complement my personal religious and spiritual practices, offering another lens to penetrate mystery and discern significance in the seasons of my interior life as well.

At the center of every myth, many scholars believe, is a hero. We hunger for heroes, persons who incarnate compassion and conviction of heart. The hero's journey furnishes us with a comforting and challenging metaphor, and a reassuring philosophical truth. The hero perseveres. Everyday heroes, like *The Secret Garden's* Mary Lennox and a host of hospital patients I encounter, call forth the best from us and offer lessons about transformation of life and consciousness: Pregnant women with blood incompatibilities who willingly endure weekly transfusions to bring their babies into the world safe and healthy; dads

*The Secret Garden* serves as a symbol of hope and a metaphor for transformation

who work all day and keep vigil throughout the night for months in the neonatal intensive care unit; breast cancer survivors who strengthen others' spirits as Reach for Recovery volunteers. The world may not recognize them as heroes; they may not miraculously drive snakes from the land, but they persevere. Their focus may be simple, but they give their lives over to it.

Burnett surrounds her heroine's journey with the equally rich myth and metaphor of the garden. *The Secret Garden* recalls the story of the Garden of Eden and other creation myths. Adam and Eve recognize their creatureliness, their sinfulness and loss of innocence, and enter into exile. The story is recreated over and over in all the separations and losses of our lives. As Christians, we identify with Christ in the Garden of Gethsemane; his abandonment by those he loved mirrors our own encounters with abandonment and betrayal. Reflecting on these stories helps me get in touch with and articulate what is neglected in my own story.

Mary's journey reminds me that living contemplatively in the world is more than a personal pursuit. Three companions (two young boys and a spirited robin) touch her life in significant and powerful ways. I too need to give and receive support on my solitary journey. I serve on a ministry team of six male and female, full- and part-time chaplains. We attend one another as companions and guides on our spiritual journey at work, calling forth and bearing witness to each person's inner wisdom and truth. As colleagues, we share monthly in spiritual and ministry reflection. We continue the practice we learned as CPE students writing verbatims and ministry reports. In telling the stories, we break open our lives, with joys and sorrows, with one another.

Like a hidden garden, my life contains patches of dryness, weeds of neglect, and the overgrowth that comes from excessive activity and distraction. Recognition of my gifts of ministry

sometimes leads to over-commitment. Yet, like Mary, buried in my weakness are valuable strengths and gifts. Once she discovers the key to the garden, Mary's characteristic stubbornness helps her find the door. Attentiveness to physical activity and self-care grows Mary's capacity for concentration and awareness, and roots her gently in the reality of the present moment. This focus guides her to the gate; her stubbornness manifests as the virtue of perseverance.

Over time, I've been blessed and gifted with a collection of keys to spiritual development. The ongoing challenge is to use them for behavioral changes to integrate, emotion, body and spirit. Fatigue results in alienation from my physical nature. As a woman, so much of my life revolves around physical changes and cycles of life and growth. My life passages are inextricably linked to my physical being and the care I take, or don't take, of my body. "Planting" my attention on breath and body awareness fosters resilience.

Like Mary, I long to restore my inner garden to its original goodness and wholeness. In the midst of bleak, pre-spring chaos and deadness, Mary discovers clumps of sharp, pale little green points in the earth, and recognizes the potential for new life. Shortly after discovering the garden, Mary meets the character Dickon, who symbolizes the healthy integration of animus and anima (masculine and feminine). She risks bringing him to the garden where "everything looks dead." He opens her heart to see what Saint-Exupery's Little Prince discovered: "What is essential is invisible to the eye." They explore every bush and tree. Dickon is strong and clever with his pruning knife, knows how to cut away the dry, dead wood and shows Mary when an apparently unpromising bough or twig still has green life in it. "If you look deep you'll see it still has a green heart," he tells her. Once the debris is cleared away, the deadwood cut back and the overgrowth

removed, they attend to releasing the life energy, the life force — the "green heart" in the garden that had been blocked for years.

Mary's intrigue with the notion of a secret garden fostered her determination to find and restore it. My fascination with creative journaling and writing inspired my participation in an online writers' workshop as a spiritual practice. I am full of wonder and awe at the power of our stories in this amazing experiment. One of the best ways to prune away my deadwood and explore my soul for its green heart is to write my reality in ways that break through conscious and unconscious resistances. Once exposed, the tender green heart of new awareness is fragile and vulnerable, and needs careful tending to be sustained, much less grow strong. The discipline of contemplative practice yields "greening power," a force more powerful than the tsunami which altered the course of the earth last year.

An ancient proverb suggests that if we keep a green bough in our hearts, a singing bird will come. My Easter prayer for each of us is that we hear the voice of the Beloved, calling to us from within the hidden garden:

*See, the winter is past,  
The rains are over and gone.  
Flowers appear on the earth.  
And the song of the singing bird is  
heard in our land.*

Song of Songs 2:11-12

*Karen Pugliese, NAACC Cert., is a certified chaplain at Central DuPage Health, a network of healthcare organizations and services. She maintains a small spiritual direction practice and provides retreats, seminars and presentations nationally, including Secret Garden retreats and workshops.*

Like Mary, I long to restore my inner garden to its original goodness and wholeness

# Jewish chaplains offer lesson in welcoming

By Sr. Jane Connolly, IHM

On Sunday, January 9, I had the privilege of representing NACC at the sixteenth annual conference of the National Association of Jewish Chaplains in Philadelphia. In the name of our Board of Directors and our membership, I extended the greetings of NACC and affirmed both our organizations for the opportunities we have seized to work together, focusing on the gifts we have in common without losing sight of what makes each of us unique.

The conference theme was "Do not cast me off in the time of old age; do not forsake me when my strength fails. . . . Rise up before the aged" (Psalm 71:9, Leviticus 19:32). Chaplain Sheila Segal presented a focus group titled "A Time to Love, A Time to Die." She explored how the chaplain can help create an environment where death is acknowledged as a sacred passage.

Dr. Walter Smith, SJ, presented the opening plenary titled "Wherever You Go, I Shall Go" (Ruth 1:16-18). He reflected on the dialogue between Naomi and Ruth to frame his remarks about the choices and challenges facing pastoral care professionals in the coming years.

But often it is the unexpected learning that strikes us most deeply and calls us to reflection. And so it was for me. The offer-

ing on the program following my chosen focus group was Minha/Ma'ariv. What was that? I didn't have a clue, but I wanted to go. While clearly anxious to take advantage of this unique opportunity without being intrusive, I inquired of the rabbi sitting next to me.

"Of course, you're welcome! Come along with me!" she exclaimed. On the way she said that we were going to evening prayer, warned me that I would not likely understand since it would be in Hebrew, and suggested that I simply do whatever she did. That part was simple!

The learning came from finding myself in such an unfamiliar environment. It prompted me to wonder just how folks unfamiliar with our Catholic culture feel when they work in our facilities. Do we reach out as readily as my Jewish counterparts reached out to me? Are we sensitive to language that might be strange to others? Do we take the time to explain the meaning of the feasts that mark our calendar?

I was touched when Rabbi Sandy turned to me and whispered "You doing okay?" Now I need to take that same welcoming spirit to those with whom I minister.

*Sr. Jane Connolly, IHM, NACC Cert., is chaplain at Tilton Terrace in Wilmington and Franciscan Care Center in Hockessin, DE.*

## Educational Opportunities

Albany Medical College and Union University will sponsor a conference on "The Ethics of Bioethics" April 7-9 in Albany and Schenectady, NY. The conference will address "the crisis of confidence in bioethics" and consider a code of ethics for the field. The fee is \$395 for two days and \$225 for one day. For more information, visit <http://ethics.bioethics.net>.

The Catholic Health Association of the United States will offer a "Canon Law/Sponsorship Institute" in Dallas from April 13 through 15. Participants will examine the theological foundations of sponsorship, discuss the role of canon law in the service of ministry and discuss the new structures of accountability. The fee is \$425; registration deadline is March 23. For more information, visit [www.chausa.org/sponsor/2005canonlaw.pdf](http://www.chausa.org/sponsor/2005canonlaw.pdf).

## In Memoriam

Please remember in your prayers:

▼ **Rev. John E. Ranallo**, of Palm Springs, CA, who died suddenly of a heart attack Dec. 19 at age 59. He served as a chaplain at hospitals in northern California for many years, and retired as head of the hospital ministry program for the Diocese of Oakland.

▼ **Deacon Richard J. Gordus**, of North Riverside, IL, who died Jan. 22 at age 70. He joined NACC in 1990. He was certified in 1994 and served as a chaplain at St. Elizabeth Hospital in Chicago.

## Pastoral Care Week rep sought

NACC member Eileen Perkins, a five-year veteran of the Pastoral Care Week Committee, will chair the committee as it plans this year's observance for Oct. 23-29. This year's theme is "Healing Wisdom."

"I was the most logical one because I have the most tenure on the committee," Perkins said. Her first meeting was in December 1999.

This year will be her last on the committee, and the NACC is looking for a representative to take her place for a three-year term, beginning at the December meeting.

Members are expected to attend a half-day meeting before the COMISS meeting (normally the first Saturday of December in Arlington, VA). Assignments are carried out individually throughout the year and coordinated by telephone and e-mail.

The committee is responsible for promotion and publicity: choosing themes, refining the logo, updating the website and coordinating with the producer of special products for the yearly celebration.

Anyone who is interested in the post should write to Sandra Charlton at the NACC national office or e-mail [scharlton@nacc.org](mailto:scharlton@nacc.org).



April 9-13, 2005 ▾ Albuquerque, New Mexico

## Thirst, Unquenchable Thirst

We hope that all of our members have received their registration brochure for the NACC Conference next month and are hurrying to sign up before the March 30 deadline. In keeping with the theme of "Streams in the Desert," we want to share this poem with you.

*What will satisfy my thirst?*

*Cause me to have that "aaaah"  
refreshment?*

*Whatever it is, Christ is there too.*

*Christ, the living water,  
Christ, my heart's living water,  
Christ alone, my satisfying "spirit"  
water.*

*My longing and desire will be  
refreshed.*

*Having found my heart's living water*

*I savor it,  
Taste it,  
Sip it,  
Swallow it,  
Splash it,  
Slurp it,  
Gulp it,  
Swirl it.*

*I swim in it,  
Float in it,  
Bathe in it,  
Relax in it,  
Find vitality in it,  
For the rest of my life.*

*Sister Marilyn Anne Brinker, CHM*

*Copyright 2004*

*This poem was submitted by Sr. Dorothy Ann Chevalier, CHM, NACC Cert., from Bartlesville, OK.*

## A welcome primer on Catholic medical ethics, morality

*Good Care, Painful Choices: Medical Ethics for Ordinary People (Third Edition)*

By Richard J. Devine, C.M. (New York/Mahwah, N.J.: Paulist Press) 2004, softcover, 270 pages, \$19.95.

**Reviewed by Rev. James Buryska**

As I read this book I could not help comparing it to a similar volume reviewed for this publication in 1997: Eileen P. Flynn's *Issues in Medical Ethics*. Both books aim at informing a general readership — probably but not necessarily Roman Catholic — about relevant issues in the field of medical ethics, from a perspective that assumes that moral discernment in the Catholic tradition has a legitimate and unique contribution to make to the broader dialogue about medical ethics. In my view, this is a valid premise, and Devine's book is welcome for the following reasons:

▾ Its length, language and selection of topics are suitable for the reader who wishes to be informed about the most salient issues in contemporary medical ethics, but lacks the ambition to tackle six or seven hundred pages of fine print.

▾ The treatment of each topic is consistent and easy to follow: medical-scientific dimension; legal dimension; socio-cultural considerations, the teaching of the Roman Catholic Church; moral reflections; and study questions.

▾ The book's organization makes it usable as a tool for discussion in a variety of settings: classroom, adult education program, parish council.

▾ The information is very current, particularly the socio-cultural commentary and the moral analysis.

The first fifty pages of the book are especially helpful. From a Roman Catholic perspective, they outline preliminary considerations

## Book Reviews

such as the nature of the person, morality, moral agency, discernment and conscience — essential to any thorough understanding of morality as understood by Catholic Christianity.

Considering the volume's roots in the Roman Catholic tradition, I was surprised — and a bit disappointed — to find no discussion by name of such classically Catholic tools of moral discernment as the Principle of Double Effect and Principles of Cooperation, which would have been helpful later in application to specific issues. Since the author did a fine job of covering such nuanced matters as conscience and the distinction between objective and subjective morality, I assume he could also have made the Principle of Double Effect clear for the non-technical reader.

Finally, two minor quibbles: I believe Devine's book would be strengthened, and its usefulness to the general reader improved, by simply adding a glossary of terms and a topical index.

These criticisms aside, *Good Care, Painful Choices* is a welcome addition to the ongoing medical ethics dialogue. It brings to the reader's attention dimensions of Roman Catholic social teaching that are often lost or dismissed — even by Catholics — in our sometimes contentious national conversation about what should, or should not, be happening in health care.

*Rev. James Buryska, NACC Cert., is an NACC and ACPE supervisor at the Mayo Medical Center in Rochester, MN.*

# Remembering a mentor's kindness, presence

By Michelle Lemiesz

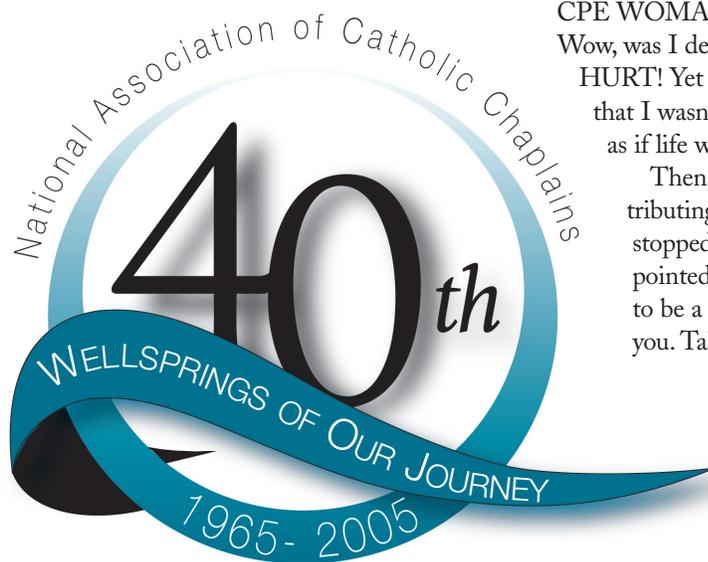
On a cold and rainy winter night, I sat on the sofa and perused January's edition of *Vision*. As I scanned the call for reflections section, nothing really spoke to me until I saw the last bullet, about a significant person in NACC and their influence in one's life.

Immediately I was transported from Ohio to New York State, back to the early months of 1991 and Our Lady of Victory Hospital in Lackawanna, NY. I was working part-time as a registered nurse in the critical care float pool. I had also recently completed my B.A. degree in religious studies from a local college that past spring and was employed there part-time as a campus minister. As each day progressed, I felt a greater call to ministry and a deep frustration with my career as a nurse. To make matters worse, I had turned down an opportunity to attend the University of Notre Dame for a graduate degree in theology, and daily I regretted that decision more and more.

I can remember that day in the emergency room when I was stuck in the overflow area (where they kept patients until a room was available) all by myself, caring for ten patients. I was tired, I was depressed, and in desperation and grief I shared my story with our hospital chaplain, Fr. Bob McArtney, who was making rounds that evening in the ER. His kind words and empathetic ear got me through that evening, and as weeks and months progressed, we became friends.

Whenever I was on duty I would see him, and I watched him minister to the patients and staff at OLV with humor, honesty and compassion. He was ever present, it seemed; from crisis cases in the emergency room to routine visits on patient floors, he was somehow able to make people feel better, special and to bring the presence of God into the darkest of realities.

On one of my dark days, I happened



to look at the job posting bulletin (something I never did) and saw a posting for a staff chaplain position. I wondered if he was to be reassigned, and later that day, I asked him. But it was an additional position to his, and he would be interviewing the person for the job. That whole evening my head swirled ... was this the opportunity for me? I could not sleep as I ruminated on and on about how perfect that position would be for me! I was certain I wanted that position, I belonged in that position, and certainly God must have put me at OLV to get that position.

So the next day I came in early and told him of my interest. He said I should give him a resume, and he would interview me. He did have one question, however: Did I have CPE? Of course I did not, and I agreed that should I get the position, I would need to attend to that posthaste. And so I was interviewed, knowing full well that should someone with that CPE requirement fulfilled come into the picture, my chances of success were next to nil. Days followed, weeks crept by — and suddenly lo and behold, here came that person with that horrible CPE who would crush my dreams. And by God, she did!

At first I was so mad at Fr. Bob! How could he? He knew how badly I wanted that position, and yet he gave it to THAT

CPE WOMAN! Why, he knew me! Wow, was I deflated, and yes, I was SO HURT! Yet I plowed on pretending that I wasn't crushed inside and acted as if life was peachy keen.

Then, one day while I was distributing meds on the floor, he stopped me and looked at me pointedly and said: "You are meant to be a chaplain. Don't let this stop you. Take some CPE and follow God's call."

The rest of the story is history, and now I am director of a chaplaincy department, telling interest-

ed candidates that in order to

be an associate chaplain at our hospital, they need one unit of CPE, and four to be a staff member! So often I can hear the disappointment in their voices, and inside I know that they too may be feeling that their hopes and dreams are being dashed. I always encourage them to seek that unit of CPE and give them the name of the director of Mount Carmel's program for additional information and an application. Perhaps that conversation with me will allow them to seek and find the Spirit's guidance in their own life's path.

I truly believe that in so many ways, my story with all its twists and turns (and temper tantrums) is a story of profound grace. I still believe God placed me at OLV for a reason — and that reason was not to be a chaplain at that facility, but to meet Fr. Bob and learn what it means to be a chaplain. Because in all honesty, I really wasn't ready for that role at that time of my life. I didn't and couldn't understand fully the implications of all that this ministry entails without my theological training at Notre Dame, my CPE residency and concurrent life experiences.

I am sure that Fr. Bob (who is recently retired from chaplaincy in the Diocese of Buffalo) probably doesn't remember all of this. I am equally sure that he does not realize how significant he was to me and to God's plan for my life. But for me he was a conduit of grace and a shining

example of what a chaplain is and can be. His influence is an example of everyday life and everyday grace. It is a reminder that one does not need to do great things to be significant; all one needs to do is to hear and be present to the heart of another individual. True greatness and true significance is measured by the love and compassion one gives, and in that way, Fr. Bob McCartney is a truly significant person in the ministry and foundation of what it means to be a chaplain certified by the NACC. His ministry and presence influenced me in more ways than I can ever say, and I will be forever grateful for his support, counsel and influence during that pivotal time in my life.

*Michelle Lemiesz, M.Div., NACC Cert., is Director of Chaplaincy Services at Mount Carmel East Hospital in Columbus, OH*

## What are your NACC memories?

We are planning a special issue of *Vision* in July to celebrate the NACC's 40th anniversary, and we are encouraging submissions that relate to our history and our work. If other members of the NACC have reflections or memories of a special chaplain, or a moment of grace, or a joyous, funny or sad event, or of a milestone in the association's history, please submit them before May 31 to [dlewellen@nacc.org](mailto:dlewellen@nacc.org) or [schaw@nacc.org](mailto:schaw@nacc.org).

## Host a 40th Anniversary gathering

The 40th Anniversary Committee is planning to offer members a special prayer service for use in their own communities. We would like members to think about hosting a gathering in your area to mark this special year. Be it a time to reflect, a time to network, or a time to have a special celebration, we would encourage your involvement. All dates, times and locations will be published in *Vision* and on the website. The NACC national office will assist you with names and contacts for local members as well as with copies of the prayer service.

Please contact Susanne Chawaszczewski, Ph.D., Director of Education and Professional Practice, at [schaw@nacc.org](mailto:schaw@nacc.org) to schedule a gathering in your area.

### ▼ CPE RESIDENCY

**Chicago, IL** – Resurrection Health Care has three one-year clinical pastoral education residency positions available September 1, 2005 – August 31, 2006, with annual stipend and health benefits. Residents complete four units of CPE, and there is a significant progressive curriculum focus from Level I to Level II CPE outcomes throughout the year. Residency program at Resurrection Health Care has a variety of specialization areas, including ministries in the acute care settings, nursing and rehabilitation centers, retirement communities, and behavioral health. The following are required at the time of application: at least one unit of CPE, a theological degree (M.Div. or equivalency), and commission to function in health care ministry by an appropriate religious authority. Send your application materials to the Director of CPE, Resurrection Health Care, Clinical Pastoral Education, 1127 North Oakley Avenue, Chicago, IL 60622, tel. 312-770-3326, fax: 312-770-3352, or e-mail: [rmanching@reshealthcare.org](mailto:rmanching@reshealthcare.org)

### ▼ CPE RESIDENCY

**Mayo Clinic, Rochester, MN** - Residency positions beginning August 31, 2005 through August 31, 2006 for Resident I and Resident II applicants. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The Resident stipend is \$25,500 for 12 months, four consecutive quarters of CPE. For program information, e-

## Positions Available

mail [cpeprogram@mayo.edu](mailto:cpeprogram@mayo.edu), or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: [www.mayo.edu](http://www.mayo.edu)

### ▼ CERTIFIED CHAPLAIN

**Trumbull, CT** – St. Joseph's Manor, a 297-bed long-term care facility, is seeking a full-time certified Catholic chaplain to join our spiritual care team. Responsibilities will include providing pastoral support to residents, families, and staff, computerized charting of residents' spiritual health and well-being, participating in resident care planning meetings, and assisting with liturgical and sacramental services. Position requires ecclesiastical endorsement, certification with NACC, and a minimum of one year's experience in pastoral ministry in a health-care environment. Winner of the Circle of Life Award for innovation in end-of-life care, we are located in Fairfield County CT, and offer a competitive salary and excellent benefits. Please send your resume, with salary requirements, to: St. Joseph's Manor, 6448 Main St., Trumbull, CT, 06611, fax (203) 268-3394, e-mail [humanresources@stjosephsmanor.org](mailto:humanresources@stjosephsmanor.org). Visit our website: [www.stjosephsmanor.org](http://www.stjosephsmanor.org)

### ▼ CHAPLAIN

**Pensacola, FL** – Chaplain wanted for full-time position at Sacred Heart Health System, a 449-bed hospital that is part of the Ascension Health System. Must be board certified or in the process of certification. NACC board certified pre-

ferred. Benefits include competitive salary, paid time off, and retirement package. Sacred Heart is an equal opportunity employer. Please fax resume to: Employment Office, (850) 416-6740.

### ▼ REGIONAL DIRECTOR, PASTORAL CARE SERVICES

**Milwaukee WI** – Aurora Health Care seeks candidate to direct and manage the pastoral care and clinical pastoral education (CPE) programs of the Metro Region. Duties include preparation for events, communications, and the scheduling of meetings. Oversees the supervisory training program for chaplain residents. Performs human resources responsibilities. Serves as a resource person for existing and new programs, and provides information and assistance in the area of theology to physicians and hospital staff as requested. Requires master's degree in divinity, pastoral studies, or theology from an accredited seminary or university program, and board certification as a certified chaplain from the Association of Clinical Pastoral Education (ACPE), the National Association of Catholic Chaplains (NACC), Association of Professional Chaplains (APC), or other recognized, appropriate certifying agency. Five years experience in hospital pastoral care. Previous supervisory/management experience. In good standing with his/her denomination with ecclesiastical endorsement. Strong background in functional theology as it applies to people, problems, and situations, as well as a working knowledge of guidance and counseling techniques. Apply online at [www.aurorahealthcare.org](http://www.aurorahealthcare.org). Please refer to job #22696BR.

### ▼ CHAPLAIN

**Durango, CO** — Mercy Medical Center has a full-time opening for a CPE-trained chaplain to work in a team environment in the Spiritual Care Department. Must be willing to participate in rotation of night and weekend call. Bachelor's degree in theology or related area, two units of CPE. One year experience in spiritual care in a medical setting preferred. Clinical, pastoral care techniques, verbal and written communication skills, computer skills, ability to process ethical/medical situations with the ability to transverse campuses and speak publicly. Mercy Medical Center is a JCAHO-accredited, 83-bed, acute care facility. Durango is nestled in the Animas valley of the San Juan Mountains in southwest Colorado. Contact Pati at 800-345-2516 ex. 2408 for more information. Resumes may be submitted to: Mercy Medical Center, Human Resources, 375 E. Park Ave, Durango, CO 81301. Fax: 970-382-2410. Website: [www.mercydurango.org](http://www.mercydurango.org). EOE

### ▼ CERTIFIED CHAPLAIN

**Columbia, PA** – St. Anne's Retirement Community, a vibrant long-term care facility, is seeking a full-time certified chaplain to join our spiritual care team. Responsibilities include collaboration within an interdisciplinary healthcare team, providing skilled spiritual care and creative provision of spiritual enriching programs for our residents, families and staff. The ministry requires excellence in interpersonal skills and the ability to identify and work to resolve issues related to aging, spiritual, emotional and medical concerns. Requires certification with NACC or APC or certification eligibility and minimum of one year's experience in a healthcare setting. Fax resume to (717) 285-5950 or e-mail to [drunnels@stannesrc.org](mailto:drunnels@stannesrc.org).

### ▼ CPE RESIDENCY

**New Haven, CT** – The Hospital of St. Raphael has six one-year (four units) CPE residency positions available. Aug. 22, 2005-Aug. 25, 2006. St. Raphael is a 511-bed academic health science center located near downtown New Haven. Our program offers pastoral experience in the areas of cardiology, cardiac surgery, oncology, HIV/AIDS, general surgery, general medicine, gerontology, psychiatry, rehabilitation, emergency medicine, and obstetrics. Application fee: \$25 (non-refundable). Tuition: \$125 per unit, due at the beginning of each unit. Stipend is under review; current year's stipend is \$20,028. Full medical and dental benefits, with some employee contribution, are provided from the first day of employment. Eleven paid holidays and ten days of paid vacation round out the compensation package. Apply to Rev. Steven Voytovich, D.Min., Hospital of St. Raphael Pastoral Care Department, 125 Sherman Ave., New Haven, CT 06511; (203) 789-3248; fax (203) 789-3251; e-mail [svoytovich@srhs.org](mailto:svoytovich@srhs.org). The Hospital of St. Raphael is an equal opportunity employer.

### ▼ STAFF CHAPLAIN

**Mobile, AL** – Providence Hospital, centrally located on the beautiful Gulf of Mexico and member of Ascension Health Care, seeks certified chaplains to provide a ministry of spiritual and emotional support to patients and their families. Providence is a JCAHO-accredited, 349-bed acute care Catholic hospital. Qualifications: sensitivity to multicultural realities; NACC or APC certification or certification-eligible; masters degree in theology or related field; four units CPE; one year clinical experience in acute care facility; excellent communication and work behaviors; familiar with spiritual assessment and clinical charting; ability to provide crisis intervention; and demonstrates ability to facilitate discussions on end-of-life care. Providence offers a competitive salary and excellent benefits package. Apply online, [www.providencehospital.org](http://www.providencehospital.org). For additional information, contact employment coordinator, (251) 633-1070.

### ▼ HOSPICE CHAPLAIN

**Grand Forks, ND** – Looking for a gratifying career at an award-winning hospital? Altru Health System is seeking a full-time chaplain. Primary ministry responsibilities will be as Hospice chaplain and to coordinate the Hospice bereavement program. In addition to these specialist responsibilities, this position is part of a seven-chaplain Pastoral Services Department that serves patients, families and staff in a health system that is a Level II Trauma Center, a 232-bed acute care hospital and a 34-bed rehabilitation center. The department also contracts to provide ministry in a 400-bed nursing home system that provides all levels of nursing home care. Altru is located in the progressive community of Grand Forks, North Dakota, and serves the regions of NE North Dakota and NW Minnesota. Grand Forks is home to the University of North Dakota, which offers many cultural and athletic events. Qualifications include: Four-year college, seminary or certification and endorsement from the applicant's church body, four units of CPE, and the flexibility and a willingness to work as a member of an interdisciplinary team. Preferred: Board certified in APC or NACC or willingness to begin process of certification. Apply online at [www.altru.org](http://www.altru.org). EOE/Member, VHA

### ▼ DIRECTOR OF PASTORAL CARE AND EDUCATION

**New York, NY** – As a HealthCare Chaplaincy staff member, to lead a multifaith pastoral care service which includes a CPE supervisor at the 700-bed New York University Medical Center in Manhattan. NYU is one of the nation's leading academic medical centers, serving a highly diverse patient population. Qualifications: APC, ACPE, NACC or NAJC certified, high energy with a well developed sense of the role of professional chaplaincy, a collaborative leadership style, and proven clinical, supervisory, and administrative skills. Send resume to: The Rev. George Handzo, Director of Clinical Services, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org)

### ▼ CERTIFIED CHAPLAIN

**Jefferson City, Mo.** – St. Marys Health Center is currently seeking a Certified Chaplain to join its Pastoral Care Department. Qualified candidates will possess a master's degree in theology or a related field, certification as a chaplain with the National Association of Catholic Chaplains or Association of Professional Chaplains, and possess excellent interpersonal communication skills. Interested applicants should apply online at [www.stmarys-jeffcity.com](http://www.stmarys-jeffcity.com).

### ▼ ROMAN CATHOLIC PRIEST

**Madison, WI** – St. Marys Hospital Medical Center is seeking a Roman Catholic priest to fill a three-fourths-time staff chaplain position. Join an actively involved pastoral care team in providing spiritual, sacramental and liturgical care in this 400-bed acute care facility. NACC or APC certification or eligibility for certification preferred. Health-care experience desired. Please apply online or request the required application form from: [www.stmarysmadison.com](http://www.stmarysmadison.com); Job Line (608) 258-6400 or (800) 236-6101; St. Marys Hospital Medical Center, Human Resources, 707 S. Mills St., Madison, WI 53715. A member of SSM Healthcare System; Affirmative Action/Equal Opportunity Employer.

### ▼ 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 certified 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](mailto:aacall@chw.edu) for details. Send resume to: Human Resources Dept., P.O. Box 496009, Redding, CA 96049-6009. Fax (530) 242-5287. AA/EOE/M/F/D/V

### ▼ CATHOLIC PRIEST CHAPLAIN

**Wausau, Wisconsin** – Aspirus Wausau Hospital is a 321-bed, multi-specialty regional healthcare center that serves the communities of northern and central Wisconsin. With more than 270 physicians in 35 specialties, we are very proud to provide to our patients and their families an environment of caring along with the latest medical treatments and procedures. We are seeking a Catholic priest chaplain to provide pastoral care and counseling on an ecumenical basis to patients, family members, and staff. Qualifications:

Knowledge of religious practices and beliefs normally acquired through completion of a graduate degree from an accredited theological school or college, with a minimum of four units of clinical pastoral education. Ordination and ecclesiastical endorsement is necessary. Membership in the Association of Professional Chaplains or the National Association of Catholic Chaplains is beneficial. Aspirus Wausau Hospital offers a competitive salary and excellent benefits package. Apply online at [www.aspirus.org](http://www.aspirus.org). For more information, contact Human Resources at (715) 847-2433.

### ▼ DIRECTOR OF PASTORAL CARE

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

### ▼ PASTORAL ASSOCIATE

**Waterbury, CT** – St. Mary's Hospital seeks a full-time pastoral associate. Provides spiritual counseling and pastoral care to patients, families and staff. Assesses the needs and responds in an appropriate manner. We offer a competitive salary and benefits. Send or fax resume to Sister Patricia Corcoran, St. Mary's Hospital, 56 Franklin St., Waterbury, CT, 06706; phone (203) 709-6000; fax (203) 709-3238.

### ▼ CHAPLAINS (CONTINGENT)

**Grosse Pointe, MI** – The Spiritual Care department of Bon Secours Cottage Health Services is seeking two contingent chaplains to join the chaplaincy team. The contingent chaplain participates in the program and ministries of the Department of Spiritual Care on an on-call basis or filling in when a full-time chaplain is absent. The on-call coverage may require driving to and from various Bon Secours facilities day or night. The applicant must have completed two units of CPE and had experience in working at a health care system. This person needs to be flexible and ecumenical in their spiritual care services. We offer competitive wages and an ideal work situation in an award-winning friendly customer service industry. Please apply in writing with a resume to the Human Resources – AH, 468 Cadieux, Grosse Pointe, MI 48230, fax (313) 343-1327 or email [careers.ah@bshsi.com](mailto:careers.ah@bshsi.com). EOE

## Position Wanted

With more than 26 years as a Catholic priest and recently certified by the NACC, I am looking for a chaplaincy position in a hospital or hospice. Please contact Rev. Henry Williams, (718) 369 7292 or by e-mail: [ngele@netzero.net](mailto:ngele@netzero.net)

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# Calendar

## April

- 9-13** NACC and APC joint conference, Albuquerque, NM
- 7-10** Certification Commission Meeting
- 8-9** Board of Directors Meeting
- 9** Supervisor certification interviews
- 11** NACC Annual Business Meeting, 40th Anniversary celebration of the Eucharist and banquet
- 14-16** American Association of Pastoral Counselors annual conference, "New Horizons in Healing," Fort Worth, TX
- 25** Copy deadline, June *Vision*
- 30-May 1** Chaplain certification interviews in Los Angeles, Milwaukee, St. Louis, Atlanta, and Baltimore

## May

- 15** Pentecost
- 30** Memorial Day; national office closed
- 31** Copy deadline, July *Vision*

THE NATIONAL ASSOCIATION OF  
CATHOLIC CHAPLAINS

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