Chaplains answer call to hurricane ministry

By David Lewellen
Vision editor

After the mind-numbing destruction of Hurricane Katrina swept through the Gulf Coast in late August, pastoral care professionals knew that they had work to do.

More than a dozen members of the National Association of Catholic Chaplains were among the spiritual care providers dispatched to the survivors of the hurricane. The NACC and other associations for spiritual care worked with the Red Cross and the U.S. Department of Health and Human Services to place chaplains in the affected areas, trying to meet spiritual as well as physical and medical needs.

Members’ work took them everywhere. Some deployments to shelters were to console and listen to victims who might have lost everything in the storm, or who just faced the uncertainty of not knowing what awaited them at home. Others, working in flooded New Orleans, had the grim task of praying over the bodies of victims as recovery teams combed the streets and buildings. A prayer which was also used in New York City after the terrorist attacks was said over each body as it was recovered.

Chaplain organizations and the Red Cross work on disaster response plans, but “this blew apart everything we had trained for,” said Marilyn Bucheri, a Connecticut chaplain who spent 10 days working on organization at Red Cross headquarters in Washington. “It was the largest disaster anyone’s ever faced.” Sorting out responsibilities among the Red Cross, the chaplain groups, the military and the Department of Health and Human Services was difficult, Bucheri said.

“It was clearly an overwhelming task,” said Tim Serban, an NACC member from Everett, WA, who helped to coordinate chaplain efforts in Baton Rouge. Spiritual care providers were placed at the largest shelters; at the mortuary; with recovery teams; and at the calling center where family members sought information on the missing.

Serban also worked in New York City immediately after the terrorist attacks, but he said, “Every disaster is unique and different.” In Louisiana, he said, rescue workers as well as evacuees were staying in enormous shelters.

More NACC members share Katrina stories Pages 5-7

See Hurricane on page 4
Brumleve, Deegan-Krause win election to board

NACC members have elected one new member to the Board of Directors and re-elected another. Results of the balloting that concluded Sept. 23 show Sr. Barbara Brumleve, SSND, and Bridget Deegan-Krause to be the winners of three-year at-large terms. Ballots were received from 1,256 NACC members, a return rate of 43.5 percent.

News of Deegan-Krause’s re-election came hard on the heels of a new arrival to her family. Peter Benedict Deegan-Krause was born on Sept. 27, joining 2-year-old big sister Elena.

Balancing board work and a family is a challenge, Bridget Deegan-Krause said, “especially when there’s travel involved. My husband has made it work for me.”

In the coming years, she said, the NACC will have to “continue to figure out how to support our chaplains. … I see chaplains moving into other areas,” including academic settings and mission leadership. She also sees a need to “foster a new generation of chaplains” by establishing a presence in colleges and seminaries.

“I wouldn’t be here without my peers at the NACC who encouraged me along the way,” she said. “I need to give something back.”

Sr. Brumleve, a CPE supervisor and member of the NACC Certification Commission, will step down from that post when she becomes a board member in January.

Looking at the next three years, she said, “The NACC is at the same time in a good place and a challenging place.” She sees a need to build connections with businesses, healthcare systems, and other organizations.

More NACC activity on the local level is also something Sr. Brumleve hopes to achieve. “It’ll take creative thinking on the part of everyone,” she said. “That doesn’t mean you put the whole (regional) structure back in place.” She also spoke of the importance of recruiting young and nonwhite chaplains, or “we face major problems not too far down the road.”

For the second year, balloting for the six candidates who ran for seats on the board was done by instant runoff voting, with voters ranking all candidates in order of preference.

Letter

Interaction helps residents with ethics

I read with great interest Linda Piotrowski’s article “Chaplains must strive to be part of team,” which appeared in the June 2005 Vision. It moved me to share one way in which I, as a chaplain in the adult intensive care units at St. John Medical Center in Tulsa, OK, have been able to bring chaplaincy front and center in the world of clinical care.

Because St. John is a teaching hospital, with residents from the Oklahoma University College of Medicine continually rotating through the intensive care units, I interact constantly with the residents and their attending physicians. I consider it both a privilege and a challenge to be welcomed into their residency world as an onsite resource person who can assist them in morally and ethically complex cases.

I fully anticipate that, when I walk into the intensive care units on any given morning, I will be greeted by one or more residents seeking assistance with a particularly difficult case from an ethical/moral perspective. I have learned that their eagerness to order the right tests and diagnostic studies is equally matched by their eagerness to do the morally and ethically right thing for their patients. Every dialogue we have broadens my vision of their perspective — the language of science — and their vision of my perspective — the language of faith. I can make the ethical principles of autonomy, beneficence, non-maleficence and justice live for them in their very real world of life-and-death decision-making in the midst of critical illness.

In addition to the onsite mentoring within the intensive care units, I also serve as a guest lecturer at the residents’ luncheon conferences. I present actual clinical cases for discussion to broaden their understanding of the ethical principle of autonomy as reflected in such documents as the Advance Directive for Health Care and the Do Not Resuscitate consent. Because the cases presented are actually experienced situations, the lessons to be learned are many, and their interest in learning them is unlimited.

Another interaction is co-facilitating family conferences with the residents. Because I typically have a relationship established with the patients’ families, I am automatically a participant in the family conferences. This lets me discuss the conference with the residents beforehand to establish desired outcomes; to facilitate conference discussion from a spiritual perspective; and to provide post-conference support to family members who may be in distress. In doing this, I hope that I am modeling for the residents a way of integrating spirituality into their interactions with families.

My greatest hope is that when residents see that chaplains have a valuable role to play in the care they provide, they will carry that awareness into their future practice of medicine, wherever that may be.

Sr. Julie Manternach, NACC Cert.
Tulsa, OK
What did you celebrate for Pastoral Care Week?

By Lawrence G. Seidl
Executive Director

As I write to meet the deadline for the November-December issue of Vision, I know that many departments are ready to celebrate National Pastoral Care Week, basking in the light of recognition. Undoubtedly, some departments have contacted local and administrative dignitaries to issue proclamations highlighting the ways that pastoral care alleviates human suffering. Other departments may have highlighted the celebration on a hospital bulletin board. Still others might be in the midst of an open house, complete with refreshments and good thoughts. I hope at least that all had a chance to pause, and perhaps through a lunch together or a special dessert, gathered to celebrate your accomplishments.

Whatever it was, you probably had a better celebration than we did for the very first National Pastoral Care Week. I remember that in the rush to get our profession on the calendar, we failed to check who else might be celebrating that same week. As it turned out, the week of our celebration was also National Infection Control Week. Rather than bemoaning the issue, one department had buttons made which said, “Wash Your Hands and Hug a Chaplain.” It could have been worse — it might have been “Wash Your Hands and Hug a Secretary.”

As one who formerly oversaw the pastoral function in the hospital, I remember well the discussions of how we as an organization would celebrate National Pastoral Care Week. The question of how we were going to celebrate the week (when could the night and the day shifts get together? what kind of cake should we get?) often took more energy than the more prophetic question of what we were going to celebrate.

All of those “how” questions have to be answered, of course, but we shouldn’t forget the bigger picture. And so I ask — WHAT did you celebrate about your ministry this year?

Did you celebrate what a rich and enduring ministry of the Church pastoral care is?

Did you celebrate the richness of the pastoral care movement in responding with heart and hands to the hurricane relief effort?

Did you celebrate how many people were enfolded in the arms of God at the end of their life as a result of your journey with them?

Did you celebrate how many men and women became certified this past year as a part of their yearning to follow the wisdom of the past into the future, their spiritual ancestors?

Did you celebrate the difference you made in the lives of your organization’s staff?

Did you celebrate that in the passing of the common standards and a common code of ethics, the pastoral care movement has modeled for our Church a dynamic sense of collaboration within all our religious diversity?

Did you celebrate our ability to remain a faithful companion on the journey with a limping Church?

Did you celebrate that those who were yesterday skeptics of the value of our ministry may today be in the process of becoming our greatest advocates?

Perhaps in a providential way, the symbol for this year’s Pastoral Care Week, the Sankofa, may suggest the value of not only pausing to see where we are going, but also celebrating the place from which we have come. The Sankofa, the mythical bird that carries the wisdom of the past into the future, suggests something about what we have learned. The African proverb that relates to the Sankofa tells us that “it is never wrong to go back for what you have forgotten.”

What did you celebrate during Pastoral Care Week?
sleeping on cots packed in tight rows in gyms, with “little sense of any place to disengage.” Arriving chaplains were told to bring three days’ worth of food and water for themselves.

“People’s lives were reduced to (the contents of) a garbage bag,” Serban said, “but these were Americans like you and I. The only thing that differentiated us was a nametag and maybe a vest.”

Sr. T.J. Gaines, SC, a chaplain from Pittsburgh, spent two weeks working with evacuees at the Astrodome in Houston, working her way through the rows of cots. “Care was given to anyone who looked like they needed care,” she said, “and you could tell.” She would look for people who seemed lost, “especially the ones who were sitting there alone, and sit down and listen to their story. It was extremely humbling.”

Serban noticed that trained, certified chaplains were better at setting boundaries and pacing themselves. “Having board-certified chaplains was a great comfort,” he said, “knowing that we could place them in the most intense areas.” “We’ve had a very real presence in areas that uniquely called for spiritual care.”

“The main need was comfort and storytelling. Folks just needed to tell their story,” said Cindy Heine, vice president of mission at Our Lady of the Lake Regional Medical Center in Baton Rouge. Functioning hospitals close to New Orleans in the days after the storm took in many extra patients. Chaplains listened to evacuees’ stories, tried to help with finding family members, and offered support to the overstressed staff.

“The amount of good and generous and prayerful support I have seen means more than people could know,” Heine said. “The sheer heroic and angelic work our staff has done is what inspires us to get up every day.”

Roselyn Hummert, a chaplain who lives and works in Lafayette, LA, wrote of having to pick up her 98-year-old mother from the nursing home as part of the general evacuation. Her family came through all right, but she wondered, “How do I cope with my survivor’s guilt? Katrina could have pounced on Lafayette or any city in south Louisiana. Our humble home could be gone in five minutes. … How do I cope with the guilt of maintaining my rewarding job … while 250,000 people have lost their jobs in Louisiana, Alabama and Mississippi?”

“The people of Baton Rouge have been extremely generous, reaching out to others,” said Sr. Helen Cahill, FMOI, a chaplain at Our Lady of the Lake. “Everyone is trying to help.” Staffers are dealing with stress in small-group debriefing sessions, she said. “Their professionalism came through so well. They all focused on the fact that mission came first, and they were able to treat patients.”

“Maybe I was just a little drop of water in the ocean,” said Sr. Gaines, “but if you thought about everyone’s drop of water, the Spirit was moving that ocean.”
In Houston, survivors try to put lives together

Editor’s Note: Ross Fewing, director of spiritual care at St. Joseph’s Hospital in Bellingham, WA, spent two weeks ministering to hurricane survivors at the Astrodome in Houston. The following is a slightly modified version of two reports he sent back to his coworkers.

By Ross Fewing

9 September 2005

It’s been a long week. But it’s been suggested I jot a few images of working with the Katrina evacuees so they can be passed around the hospital. I’m sort of St. Joe’s representative to this national response, I guess. So …

I’m sitting on the 50-yard line of the Astrodome, some thirty rows from the field. Not bad seats if the old Oilers and running back Earl Campbell were playing. They’re not. The field is covered with cots. When I arrived Saturday afternoon (Sept. 3), there were more than 15,000 sleeping in the Dome, with another 8,000 or 10,000 in the Reliant Arena and the Center. Some 24,000 plus, a small city, plopped in Houston.

It’s Friday now and the population has dropped to something like 8,000. The hope is that by next weekend has dropped to something like 8,000. The field is covered with cots. When I arrived Saturday afternoon (Sept. 3), there were more than 15,000 sleeping in the Dome, with another 8,000 or 10,000 in the Reliant Arena and the Center. Some 24,000 plus, a small city, plopped in Houston.

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This place, the dome, truly feels like it belongs in one of those bad Charlton Heston sci-fi movies about the end of world. But the people are great, and that makes the building an amazing place to be. The stories you heard on the news are true. Life in Houston, plopped in Houston.

The need is great. It will take a long time for people to have their heart. These are good people. Neighbors. But there are stories of families being reunited. The best, I think, was the woman who hadn’t seen her family since the waters rose. She went to the restroom in the dome and, turning around, ran into her sisters and daughters. Can you imagine telling that story to your grandchildren in 30 years? But people are still missing. The saddest is to see the area in the Reliant Center for “Lost Kids.” While there aren’t many with us, there are a significant number who have no idea where their parents are or if their parents survived.

One of the things that has amazed me is the number of people who feel that the government (be it federal, state or local) exploded the levee to flood the poor out of town. Many have said that the government “wants to kill us” because “they want to use our property to build casinos.” There’s little anger or bitterness in their voices — just a sense that this is just one more example of oppression. The levees broke during Hurricane Betsy for the same reason, they say. You and I might think that there’s no way the government could do that to so many, but when you live a life on the margins of the community for so long, it’s not hard to believe. Others think that this disaster is a message from God, a condemnation of the sinfulness that is part of New Orleans’ lifestyle. “Why does God allow this? Why does God take everything we have?”

But so many of these folks, the vast majority, are fighters. Many have connected with family in the Carolinas or Georgia or Texas; many have accepted jobs offered by companies in Minnesota, California, Texas, even Idaho; and many want to go back home as soon as they are allowed. Beds are made each morning, many with stuffed animals on pillows and food stored under each cot. These aren’t beds, they’re homes.

There’s no place to do laundry, so dirty clothes are exchanged for donated clothes every couple days.

It’s important to know that a city has been transported. All that is good and all that is dark have come to Houston. Up to a day or two ago, three gangs operated here (by this past Tuesday, 400 guns had been confiscated by the police). One doc was robbed after the late shift the other night, and a few fights have broken out as the frustration levels rise due to obvious stress. If folks are angry with the government, they are also angry at the lawless members of their community.

I should mention that Infection Control would love being here: hand-washing goes on all over the place all day long. Cases of Purel have disappeared. We all have mini-bottles of the stuff. As a result, disease, while it happens, is, so far, low.

There is a lot of gratitude by the evacuees for the generosity of the community. As of Wednesday some 38,000 spontaneous volunteers have come to the Astrodome complex to help. That does include the existing volunteers such as Red Cross, local emergency personnel, and so forth. An incredible number, more than one volunteer for each evacuee!

The medical folks have been great and have been swamped. RNs, RTs, social workers, mental health, docs, and any number of healthcare workers have been taking care of three medical triage stations as well as roaming the buildings making sure that people are cared for and that no one is missed. Hospitals have taken in incredible numbers of people needing chemo, diabetic treatment, rehab from cardiac operations, etc., etc.

The need is great. It will take a long time for people to have their

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Survivors
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lives return to normal. Best way to help is to donate to your favorite charity.

15 September 2005

It’s hot and humid in Houston. Must be the reason life moves slower in the South! It’s also the end of the day and a few days away from the end of my two weeks here. So the following are a few more snapshots of what’s going on here.

We had a wedding in the Astrodome today. The bride and groom were scheduled to marry on the 9th, but the hurricane came and, well ... So, today they exchanged vows. Former heavyweight boxing champ Evander Holyfield was the impromptu “father of the bride” and had the grace not to overshadow the ceremony at all. Don’t think he could have: the people wanted something to celebrate. We all wanted something to celebrate.

I presume you have heard the stories. They are true. It’s a bit of a mess here with Homeland Security, FEMA, Harris County, and the Red Cross all trying to do the right thing for the people. But communication is a mess most of the time.

Former Presidents Bush and Clinton were here last week. The only reason I know that was because I ended up in a pickup Nerf-football toss with an 8- or 9-year-old girl. She had this uncanny ability to peg balls off Secret Service agents — which is how I discovered the presidents. President Bush was really good with people, taking the time to stop, listen and talk to a lot of evacuees. Still, I kept hoping this little girl would peg a football off him, but it didn’t happen.

Providing pastoral/spiritual care comes in many forms. Yesterday a grandmother asked me if I could help find a safety pin for her 1-year-old granddaughter’s new pair of shorts. No safety pin, but my college repair skills came into play. Grabbed a needle and thread and took the shorts in an inch on each side. Even used the right color thread!

Kids do great. Wheelchair races; football tosses and kicking soccer balls; using Fisher-Price toys and the metal cot supports for drumstick practice. Three little girls showed me the singing group they’d started with the dolls they’d received from a local toy store. The Hilary Duff doll was the lead singer. Don’t know if that’s good or not.

It’s still odd walking the dome floor area. Going around the perimeter is fine, but walking up and down the aisles feels like we’re walking through people’s homes uninvited. But the people are welcoming.

Houston has been great to the evacuees. 53,000-plus have volunteered at the Reliant complex as of yesterday.

The residents can sleep through anything: floor-cleaning machines, overhead announcements.

We are down to less than 4,000 people here now, and the hope is to have people in more stable living situations by early next week. That’s down from over 24,000. But we’re concerned about the folks who are still with us. They’re getting anxious to leave, but afraid because they have no idea where they are going or what they’re going to do. We have elderly who have been independent their whole lives and now have to adjust to involuntary dependence. We have folks who have been so dependent on the “system” that they are not sure which way to go: the system is overloaded. We have people who are increasingly left behind as friends and neighbors leave the Dome facilities.

Grits aren’t at all bad! Little butter, some salt . . .

This isn’t going to be over for a long time. It’ll fade from the news and people will still be trying to get their lives back in order.

If anything, this has reaffirmed for many that people are good, kind, caring. As well as mean, opportunistic, and, at times, inept and territorial. But we like the optimistic side better — like the wedding was really a great tonic today.

Training comes in handy in Baton Rouge

By Sr. Elaine Hollis, SSJ

This past June I took a training course in disaster response. As part of a role play, I had to fill out an eight-page form with family members to help identify victims. In addition to basic demographic information, I asked about such things as dental work, x-rays, unique characteristics, clothing and personal possessions. One thing I learned was the importance of never using the past tense when referring to the family’s loved one, since the family thought my use of the word “was” indicated that I knew something about the missing person’s fate.

Afterward, the folder of materials I received added an extra inch to the pile of things on my desk. Little could I have imagined that less than three months later, I would find myself filling out the same form for real people reported missing after Hurricane Katrina. I sometimes would catch myself referring to them in the past tense and hoped that I had not sent the wrong message to the families.

As an NACC-certified chaplain, I had responded after 9/11 and after the Florida hurricanes of 2004. With the blessing of my health system and the generosity of my chaplain colleague who was willing to arrange for coverage, I
responded to the appeal to help after Katrina. For every chaplain who traveled to the Gulf Coast, chaplains at home had to pick up an extra share of work. It’s like tithing our presence to another ministry.

The reality of the hurricane hit home before I left the airport in Baton Rouge. At the information desk, two Red Cross workers and I met a man who was trying to get reunited with his family. He had stayed in New Orleans to protect his home while his family evacuated. The house survived the hurricane but flooded with water in fifteen minutes when the levees broke. He almost lost his life but managed to survive by swimming through the waters until rescued. After spending two weeks helping rescue others and having made contact with his family for the first time the night before, he was anxious to get to them. Looking in his eyes, I could see that he had been totally drained by what he had been through.

After meeting the other chaplains who were already a part of the team, I was taken to the church where about 80 other Red Cross volunteers were being sheltered. This church had made a six-month commitment to shelter volunteers in their classrooms and to help provide for their basic needs. I was pleasantly surprised to find myself in a room with seven other people that was air conditioned and had a cot and chair I would call my own for the next two weeks. The first night, one of the men in the room offered me earplugs, and they were a blessing as they enabled me to sleep through a variety of noises, including my alarm clock!

On Saturday and Sunday I went to the River Center, which was sheltering about 2,000 people at that time in two large areas. For those two days I walked among the people and tried to listen to their stories or bring them whatever essentials they needed. I could not even imagine sharing a space with 1,000 others when seven seemed a little overwhelming!

One person I tried to help was a woman who had only her child in her arms, the clothes they wore, and the child in her womb whom she had carried for nine months. Another young woman was searching for her mother and four children. They had been separated since the storm, as she had been working to support them in another part of town and had no idea where they were or if they had escaped. I heard lots of questions about why this happened and what does it all mean. I just listened to their stories and what they were going through.

I was also asked to go to the call center that had been established to try to link families with their missing loved ones, especially those whose bodies were being recovered by other teams. I had to lead people through the long form without suffering more than they needed to. I would respond to the grief in their voices, or the anger. I had to say to myself, the goal is not just to fill out the eight pages, you need to listen to the feelings that are there. And yet, the goal was to fill out eight pages.

Sometimes we would have the joyful experience of actually talking to the missing person and telling them the concern of their family. Other times, though, we would go through these eight pages for children who had not heard from their mothers or fathers in the three weeks since the storm; good friends who had not heard from each other; family members who knew their loved one had died before the storm but who were unable to locate the body now after all the flooding and destruction.

At the scene of a disaster, you have to be flexible to deal with chaos, even in the management of the response. It can be frustrating to people who want to walk in and get a task that’s all organized. There has to be a great deal of flexibility.

My time in Baton Rouge ended two days early when I fell in a parking lot and broke my arm. If it’s going to happen, it’s good that it happened at a Red Cross shelter. People ministered to me with gentleness and generosity of spirit. I experienced what countless good-hearted people were giving to those whose lives were broken and bruised by the storm and its aftermath.

Stories will come out of the chaos for many years ahead, and bulky reports will be written to evaluate the response. Hopefully we will be better prepared if another disaster strikes than we were for this one. As people pick up the broken pieces of their lives, though, my prayer would be that they might experience the flood of goodness I experienced after the flood of destruction named Katrina.

Sr. Elaine Hollis, NACC Cert., is a chaplain at St. James Mercy Hospital in Hornell, NY.
Opposition or opportunity?

Take initiative to improve relations with doctors

By Mary E. Johnson, Priscilla Howick, and Deb Lafferty

As professional chaplains, we are often reminded of the differences between our role and that of our physician colleagues. Many physicians are acutely aware of the need to integrate spiritual and emotional sensitivity with the scientific side of medicine. However, some still either do not understand the role of spirituality in overall health or do not value it.

As a result, complaints about physicians' interpersonal insensitivity are unfortunately common among chaplains. Stories abound about communication gaffes, arrogance, emotional avoidance, and inattentiveness to the suffering of patients and their loved ones. When a physician with interpersonal skill and warmth is discovered, we react as if a miracle cure has been found. VandeCreek and Burton (eds.) begin their 1991 book *The Chaplain-Physician Relationship* by describing how chaplain expectations impact our evaluation of physicians' interpersonal performance (1).

What do chaplains expect of physicians? We are not aware of any survey data that answers this question. But it is safe to assume that chaplains want physicians to reduce, not compound, the physical, emotional and spiritual suffering of the people in their care. A number of patient surveys indicate that physicians are expected to demonstrate professional competence, particularly proficiency in pain and symptom management. The physician's ability to convey compassion ranks a close second.

Secretly, we want physicians to eliminate suffering altogether. After all, physicians are smart, they've had years of education and training, and they are typically the most powerful members of the healthcare team. We would hope that that power could be leveraged for the good of the patient.

But our own anxieties probably condition our expectations of physicians, especially in end-of-life settings, heightening them to unrealistic levels. For example, (acknowledging that we have no data to support this), anecdotal experience tells us that oncologists are held to a higher interpersonal standard in the end-of-life care setting and are roundly criticized when that standard isn't met. There is something even worse about an insensitive oncologist.

We begin with a focus on expectations, because our expectations condition our response. Chaplains' expectations of physicians regarding their interpersonal care are, many times, founded on our assumptions about them as individuals, about their training and preparation and about their goals for the patient in their care. When our expectations of physicians, spoken or unspoken, are not met, we can become judgmental and lose our sense of ourselves as a support resource for all members of the multidisciplinary team.

It is seductive to equate intelligence with skill and quality of presence. Physicians complete six to eight years of formal medical education. Residencies last from three to six years, with fellowship training taking an additional four to eight years. The intellectual rigor of these programs is high. The ability to complete the training with integrity, mental health and altruism intact is amazing. Many of our encounters with hospital-based trainees are colored by their sleep deprivation, mental fatigue and exhausted morale. In the clinical setting, the appearance of confidence is rewarded; anything else is seen as weakness. Who physicians are as people often gets overshadowed by their circumstance and by our expectations of them as the one in charge, and by their performance. We often walk away from unsatisfactory encounters, content to critique them as uncaring and insensitive. Because of our heightened expectations, as well as judgments about inadequate interpersonal skill, we may be less inclined to reach out to physicians, offering support and assistance.

Physician Training and Preparation

The Curriculum Management Information Tool database of the Association of American Medical Colleges keeps track of curriculum content in the 144 accredited medical schools in North America (129 U.S. and 15 Canadian). Though not all accredited North American medical schools contribute to the database, a survey of those that do indicates that a small minority of schools provides formal curriculum time and content for education about end-of-life care. Although we lack any data for historical comparison, it seems reasonable to assume that any curriculum emphasis on end-of-life care has actually increased over time. Important factors in this increase include the rise of the hospice movement in North America, the increased emphasis on end-of-life care research by federal agencies, and the formalization of palliative care as a certified subspecialty.

Physicians identify many sources of learning throughout their medical education: formal didactic input, experiential learning from patients and peers, and learning from models and mentors. But in most medical schools, curriculum time is taken up with courses that are likely to prepare students for board examinations. So when interpersonal skill-building is forced to compete for time with anatomy, pharmacology and histology, it loses. Many physicians-in-training are provided little or no formal preparation for end-of-life care, little or no encouragement about the personal cost of caring, and little or no guidance about interaction with the dying and those who love them. This is particularly true during medical school. And the quality of the preparation while in residency is almost solely dependent upon the comfort and skill of the mentor.
A physician friend, recalling her first experience of a patient death, said, “It was learn by doing.” She asked how it would feel to be called into the operating room and told to remove an appendix. Her analogy offered some perspective on first-time experiences for physicians.

There is some light on the horizon in medical education. Some medical schools are employing “pathway” approaches to learning that place medical students in mentored learning environments with patients earlier and more often in their educational experience. Some schools are utilizing curriculum time in a variety of courses to discuss death, dying, bereavement, and survivor issues. The concept of “physician as healer” in addition to “physician as curer” is promoted by some curricula, giving medical students small group experiences for reflection and sharing.

All of these educational experiences send a message to students that dying and death are a part of life, part of medicine, and part of their lives as physicians. However, these varied approaches do not guarantee the instillation of compassion, sensitivity, and the skills of engagement with people in grief. These things tend to develop with time, mentoring and support.

**Physician Goals for the Patient**

The culture of medicine and the culture of ministry differ. The goal of medicine is cure; the goal of ministry is relationship. The orientation of medicine is problem solving; the orientation of ministry is facilitation. Medical success is mastering the problem, as in the amelioration of suffering; success in ministry is defined within the context of the relationship. Because of our patient-centered approach to spiritual care, it is difficult for us to think about weighing any other considerations. Physicians are trained to cure and are given tools to achieve the goal of cure. But in end-of-life care, goals have often changed from cure to comfort. For some patients as well as their physicians, this change is an enormous adjustment. This setting can be some of the most sacred time in the relationship between patient and physician. Although there are no data to support this, my experience has been that physicians who feel supported give better support to the people in their care.

**Strategies for Physician Support**

The first step in working toward supportive relationships with physicians is to challenge our assumptions about them, their expertise and their confidence. Our ability to claim collegiality with physicians in practice is key, but we have to take the initiative in those professional relationships. There are a number of strategies for this:

▼ Take advantage of casual contact in the clinical setting to build rapport. Offer spiritual updates to the physician about her/his patient for whom you are caring. This is particularly important in the care of challenging patients. Ask the physician if there are other ways you could be helpful to the patient or to the physician, her/himself. This can be particularly powerful when offered in the presence of trainees.

▼ Take advantage of opportunities in the clinical setting for mutual education. Ask about the treatment plan or the goals of care for the patient and offer your own spiritual plan and goals.

▼ Invite yourself to the educational table. Let the physician know that you are willing to teach in trainee curriculum programs, physician continuing education or at public conferences the physician might be coordinating. When invited to teach, accept every invitation yourself or refer the request to a trusted chaplain colleague.

▼ When invited to join advisory boards, committees and task forces with physicians, accept every invitation and be an active participant. Your presence can provide a powerful pastoral voice to the interdisciplinary conversation.

▼ Watch for particular writings that give insight into the physician’s soul, (e.g. “The Art of Oncology,” Journal of Clinical Oncology, “A Piece of My Mind,” Journal of the American Medical Association, or “On Being a Doctor,” Annals of Internal Medicine), and share them with your physician colleagues.

Chaplains and physicians have much to share in a relationship that can be mutually enriching. But this is only possible if we challenge our assumptions and allow one another, first, to be human.

Mary E. Johnson, NACC Cert., is Coordinator of Education for Mayo Clinic Chaplain Services in Rochester, MN. Priscilla Howick, BCC, is Director of Chaplain Services at Mayo Clinic Jacksonville. Deb Lafferty is IT Systems Analyst at Mayo Medical School. This article was also written in consultation with Lynn C. Hartmann, M.D.

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**Florida chaplains mark NACC anniversary**

Chaplains in central Florida celebrated the 40th anniversary of the NACC at a special Mass and party on Saturday, Sept. 3 at St. Mary Magdalen Catholic Church in Altamonte Springs, Fla.

Bishop Thomas Wenski of the Diocese of Orlando gave the homily, thanking chaplains for treating the whole person and seeing Christ in the sick people they serve. The occasion also marked the eighth anniversary of Wenski’s episcopacy.

About 25 people attended the celebra-

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**Our ability to claim collegiality with physicians in practice is key**

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**Brief**

Special thanks were offered to Fr. Charles Mitchell, Chaplain Diane Turner, and the pastoral care department of Florida Hospital.
Emergency workers offer theology lesson

By Charles Farrer

There is nothing as focused as the urgent cry of a sick person in pain.

work as a midnight chaplain in a level-1 trauma hospital in Detroit. Every night, while most of the city sleeps, I have the opportunity to witness a top-notch Emergency Department team spring into action whenever a trauma patient is rushed into the Resuscitation Room. It truly is a thrill. Within seconds, as the EMS techs are calling out the critical details of the incident and the patient’s condition, emergency doctors, surgeons, nurses, respiratory therapists, pharmacists, nurse assistants, and radiology technicians, who just moments earlier had been scattered about attending to other matters, are now working like gears on a well-oiled machine. They are remarkably good at what they do. Without hesitation, this is where I would want to be if I were seriously injured.

Anyone who has ever been enthralled by an episode of ER, Chicago Hope, or even M*A*S*H would agree that this kind of care is emotionally captivating. With little room for error and absolutely no time to waste, the efforts of these professionals are literally a matter of life and death. It is a sacred moment. One Emergency Department nurse, now in her third year here, said, “I don’t consider myself a religious person, but you can’t help but believe in God in this kind of work. You find yourself begging God to help you do all you can to keep the patient alive. This is my church.”

There is nothing as focused as the urgent cry of a sick person in pain. (Mark 2:17) There is nothing as focused as the urgent cry of a sick person in pain. (Mark 2:17) There is nothing as focused as the urgent cry of a sick person in pain. (Mark 2:17) How well this verse would describe what I see in the Emergency Department. On the surface is just a common bush: it’s a team of people doing their job. But deeper reflection reveals a great deal about God. When I pay attention to certain qualities in the way these professionals do their job, the Gospel comes to life.

One quality is that of focus. In the Resuscitation Room, words are sparse and emotions are suppressed. Each member of the team is focusing intently, on assessing and responding to the patient’s needs and on his or her capacity to provide immediate treatment. I’ll never forget the time an EMS team rushed in a young man who had a gunshot wound through his chest and right into his heart. Miraculously, he still had vital signs as we received him, but his life was in grave jeopardy. The doctor running the code pulled out all the stops in cardiopulmonary resuscitation. Still, the patient’s heartbeat was weakening. Finally, the team cracked his chest and the doctor performed an open cardiac massage. It worked! The patient’s circulation was reinstated, at least enough for him to be rushed to the Operating Room. (After a successful surgical procedure and an extensive stay in the Intensive Care Unit, the young man eventually walked out of the hospital on his own power.)

Lacking the medical training of my coworkers, I was overwhelmed and amazed. It was difficult for me to comprehend how sick the patient was, how much work was being done all at once, or how invasive it all was. But none of the others was so distracted. No matter how daunting the odds of success, they were simply intent on doing their job.

Now try to recall the variety of interventions in the Gospel. Some of these are characterized by doubt, game-playing, and indecision. The disciples, for example, consistently demonstrate an ignorance of the drama before them. The scribes and Pharisees are cowardly and disingenuous. Herod and Pilate, for all their political power, waffle. These are not the kind of people you’d want to wait on you in the Emergency Room.

By contrast, recall the crisp dialogues in the accounts of Jesus’ healing. What happens? The sick (or their caregivers) state their appeals unabashedly. And Jesus responds in kind: a quick touch, a couple of words, a dramatic gesture. In the blink of an eye, they get well. They’re not distracted by thoughts about the improbability of it all, nor is Jesus. They are well focused, and so is he.

The ability to focus comes easy in the Resuscitation Room because the team’s goal is unanimous: stabilizing the patient. And it comes easy to certain people in the Gospel — people like Zacchaeus, Mary Magdalene, Matthew, and the fisherman — because they know what they want: mercy. Conversely, a principal reason that others, like the scribes and Pharisees, can’t avail themselves of Jesus’ power is that they’re not sure what they want. And until they do, he has nothing to offer them. This is exemplified in Jesus’ rejection at Nazareth. Amid the doubts and cynicism of these people, nothing good happens.

And isn’t it interesting when Jesus, explaining his fondness for tax collectors and sinners, says, “Those who are well do not need a physician, but the sick do.” (Mark 2:17) There is nothing as focused as the urgent cry of a sick person in pain. They have absolute certainty of what they want. It’s the quintessential metaphor for heeding the Lord’s invitation to the kingdom. He is really asking, “Do you want God as much as a sick person wants healing? If not, then I don’t have time for you.” Despite their supposed faults, the tax collectors and sinners at least understood the need to focus on the urgency of this invitation. When
the focus of the repentant sinners matches the focus of their Savior, there is power and healing.

Another profound theological dimension of the Emergency Department’s work is their sense of timelessness. By this I refer to the way they demonstrate a gracious freedom both from boredom and the effects of stress. Isn’t it true that often the passage of time feels like an adversary to us? Time seems to move either too fast or too slow. Sometimes, it feels like a freight train rumbling down the tracks to which we have been tied. Other times, it crawls like a rush-hour traffic jam.

Like all of us, the Emergency Department staff must surely struggle emotionally with the uneven passage of time. However, when a patient arrives with a serious trauma, mission supersedes time. No one cares how long they’ve been working or how overdue they are for a break. They are serenely oblivious of chronological time. Once, after the work was done successfully on a particular trauma patient in the Resuscitation Room, and the scribe-nurse needed to record the clock time, I noticed he seemed to be studying his watch methodically — almost as though he had to remind himself how to tell time!

When Jesus chides his would-be followers, he is telling them that the mission to which he is inviting them supersedes their quotidian obligations. (Luke 9:57-62) In the parable of the sower, the reason that some of the seeds don’t grow is that they have too many cares — that is, preoccupations with temporal events. (Matthew 13:22) The tragedy of Judas Iscariot was perhaps that he couldn’t wait (Matthew 26:24) The Lord’s invitation is to live with a sense of mission. He urges us to pay more attention to the face of the person in front of us than the face of the clock on the wall. How much time do the Emergency Department staff need to spend working on the patient in the Resuscitation Room? Obviously, the answer is: As long as it takes. If God is indeed the creator of time, do we really believe that he would not have given us enough of it to accomplish the mission he’s given us? Recalling the most sacred moments of our lives, we’ll probably agree that our memories are vague as to how long the events took. It wasn’t important.

That may be because when we feel we’re connecting with a human being, time is almost irrelevant. So one way to live freely in the present moment is to pay attention to personal connections. And that is how I see the beautiful timelessness of the Emergency staff. I am moved whenever doctors or nurses, in the middle of a highly rushed situation, take a moment to introduce themselves by name to their patient and to use the patient’s name. Even if the patient is unresponsive, it’s a discipline that helps everyone present remember that they’re not so much performing a task, as connecting with a human being.

The key to this kind of living is selflessness. It’s the inner peace that empowers one to think, act, and speak under adversity. One of the ways this is exemplified in the Resuscitation Room is in the way the staff can tolerate combative behavior in patients. It’s not uncommon to witness patients screaming profanities at the staff or even trying to assault them. (Pain, fear, and the psychological experiences of trauma — not to mention drugs and alcohol — will often drive all sense of social decorum right out of the patient’s mentality.) Through it all, however, the staff appear to keep to their task. Comitative behavior, which might not be tolerated in other units of the hospital, is tolerated here. “I don’t take anything personal when we’re doing a code in the ER,” a veteran nurse assistant told me. “I’m just trying to help the guy.” (By “personal,” he means that he doesn’t take the patients’ behavior as a personal insult to himself.)

Once again, we can find resonance in the Gospel. An example is a passage such as Luke 21, which foretells the end times and persecutions. Here Jesus counsels us to pay more personal attention to his redemptive power than to temporal events swirling around us. “Stay with it — that’s what is required. Stay with it to the end. You won’t be sorry; you’ll be saved.” (v. 19, The Message Bible)

With his article in the August/September 2005 Vision, Rev. Richard Leliaert (“Psalm gives good advice to number days aright”) offers some insights for busy chaplains. Among other things, he suggests that we cherish the virtue of attentiveness as a tonic for an often-stressful lifestyle: “Attention to the moment, attention to the divine presence within each of us, help us live the present in every situation.” Implicit in Father Leliaert’s reflection is the challenge to notice in ministry, not just what is happening, but also its sign value, which we will apprehend if we are really attentive.

Most people would agree that any healthcare facility has an inherently spiritual dimension. After all, this is where the highest summits of modern intelligence come into contact with the ancient mystery of disease. It’s a burning bush beckoning us to come closer. The same Spirit who speaks to us in the Word and in the Liturgy also speaks in the events of our life. I find that simply paying attention to hospital work can be revelatory about patterns of the Gospel. It’s exciting when you think about it: the more deeply we look at the layers of meaning in God’s creation, the more deeply rooted we’ll be in him.

Charles Farrar, NACC Cert., is a chaplain at Detroit Receiving Hospital in Detroit, MI.
Hospice patients’ spirituality takes many forms

“Finding meaning and purpose” was the common thread

Although studies have been carried out amongst staff, carers, and some home care palliative patients, there was a lack of information about the impact of the hospice environment on spiritual expression of inpatients (O’Connor et al 1997; Kellehear 2002; Herman 2001).

Participants
Participants were drawn from among inpatients who had been resident for at least four days in two local hospices. Medical staff were invited to refer patients whom they considered physically and mentally able to participate in a semi-structured interview. After being informed about the study, those who agreed to participate gave written consent.

Method
Semi-structured interviews were the most appropriate methodology to explore patients’ spiritual expression and how the hospice environment affected it. Semi-structured interviews have been described as being like a conversation in which meanings are negotiated and reformulated (Rice & Ezzy 1999).

In semi-structured interviews, the interviewer asks open-ended questions that contain the conversation to the area of interest but do not pre-empt the answer in any way. The interviews were audio recorded and then later transcribed verbatim. The transcripts were analyzed thematically, to identify themes and categories. The process of recruiting and interviewing participants was continued until no new themes or categories were being revealed in the data.

Results
Of the 28 participants referred, 21 were approached, the remainder dying (1), becoming too ill (3), or being discharged (3) before they could be invited to participate. Thirteen consented to be involved. One of these died before the interview took place. Table 1 summarizes participant details.

The analysis of data revealed four main themes: relationships, that which uplifts, religious practice, and hope. These themes had been identified in studies involving staff and carers referred to in the introduction. But despite these common themes, it was evident that spiritual expression is a very individual matter. In this study, nobody, including the adamantly non-religious, had any problem discussing their spiritual expression in terms of at least three of these major themes. “Finding meaning and purpose” was the common thread between them all.

Discussion
Relationships
Relationships with significant others were consistently seen as very important and often thought to be the most important aspect of their spiritual expression. Two participants made a very direct connection between relationships and spirituality.

“I don’t go to church, I just have a very strong relationship with my family.”

“I am not a religious person. I enjoyed my work and find my friends to be very important.”

Many participants spoke in terms of family being the purpose of their life and giving meaning to it.

“My grandson is a marvelous boy. He is a
marvelous human being, and to me that is absolutely sufficient. You can’t beat that.” “Family mean everything, absolutely everything.”

Relationship with friends and family were seen as maintaining the ordinary, bringing hope and support. It was apparent also that hospice staff, especially the nurses, became significant others in the lives of patients and were found to have both positive and negative impact.

**Uplift**

The need for things that uplift was mostly expressed in terms of the everyday, such as beauty, humor and music. Several said that they could not live without music and would want it playing in their last hours.

“Music is the key to souls … I don’t need to play it. I can hear it in my head.”

“Music is the last thing you are left with. I knew that for sure.”

Three participants found that their belief in a loving, compassionate God helped them to rise above the negatives of their situation.

“I think the journey is very difficult. I think perhaps getting to the end is not as hard as the journey itself. I think perhaps we are meant to find a meaning in that journey. So far, I think I have.”

A sense of being fulfilled and of having lived a useful life was also rated highly in reaching a state of peacefulness.

“It’s so gratifying to know that you have helped people along the way.”

**Religious practice**

Prayer and attendance at religious worship services were the most commonly discussed religious practices. Others didn’t call it religious practice but spoke of the need to create a quiet space and of their varying experience of this in the hospice. One participant considered the hospice all wrong for religious practice, even though he was normally regularly involved in it. “It’s a sort of death house, isn’t it,” he said. “The atmosphere is all wrong here.”

The majority commented that they valued “non-pushy” chaplains who respected their religious beliefs or their decision not to have any.

The subject of forgiveness was explicitly mentioned by only one participant, but was clearly an important issue in the experience of at least two others. One man had been a gunner during World War II and now considered himself to be a murderer. He had long since rejected formal religion and would have responded very negatively to “God forgives you.” Yet he was clearly longing for a sense of forgiveness and self-worth. Unfortunately, he died two days later, before any of the hospice staff could follow up.

**Hope**

The need for hope was raised by all participants. This was expressed either as a hope for cure or, in most cases, as hope for love, for meaning, to have control in some aspects of life, to die peacefully. Hope was fostered by staff who treated people with compassion and dignity, by things that made life ordinary. One participant who was very clear that she would die soon, that there was no hope of cure, said, “They treat me as if there was hope. They haven’t written me off, and so I think I can meet each day as it comes.”

**Conclusion**

The most important aspects of spiritual expression to the participants in this study were:

- Maintaining and developing their significant relationships
- Experiencing things they found uplifting
- Pursuing the religious practices of their choice and being respected in their choice
- Maintaining a level of hope

These results raise some interesting challenges for us as chaplains. All the participants considered themselves to be spiritual in the broad understanding of that concept, but some were adamantly non-religious and quite uninterested in any discussion along traditional religious lines. The major themes identified, however, do open up ways of connecting with these people in a meaningful way that may assist their spiritual progress, without necessarily ever using any religious terms or resorting to religious dogma.

We are challenged to meet people where they are, with their set of beliefs, their spiritual vocabulary, and their world view.

Heather Tan is a part-time lecturer and PhD student at the University of Adelaide in Australia.

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**Bibliography**


Top 10 reasons to visit Columbus, OH

By Michelle Lemiesz

10. Columbus is a city full of character and class. It offers big-city amenities with a small-town quality of life as well as the flavor and excitement of a Big Ten university town. As Ohio’s capital, Columbus is not only a seat of government but also a cultural, educational, and recreational hub.

9. Columbus is the home of “Jungle Jack” Hanna, emeritus curator of the Columbus Zoo and Aquarium. The Columbus Zoo is one of the premier zoos in the country, with over 600 species and 7,000 specimens of animals. It is also the home of the Manatee Coast, a special exhibit that promotes conservation and welfare of the endangered manatee species.

8. Columbus is shopper’s paradise. Whether you love upscale malls or discount stores, we have it all! The Polaris Fashion Place is a multi-level mall that numbers Saks Fifth Avenue, Lazarus, Coldwater Creek and the Great Indoors among its hundreds of stores. Easton Town Center is a charming outdoor shopping town with a movie house and Nordstrom, plus dozens of boutiques and restaurants. For the more frugal, there is the JC Penney’s Outlet Store and Schottenstein’s (parent company of Value City Department Stores).

7. Are you a person who loves culture? Downtown Columbus hosts nationally touring Broadway shows and performing arts exhibitions. There are many venues where you can catch a movie, and the Arena Grand Theater is located across from the Hyatt. During the NACC conference (March 11-14) the Theatre Royal Bath will be presenting The Importance of Being Earnest, a play directed by Sir Peter Hall and starring Lynn Redgrave at the Southern Theatre. For more information visit www.capa.com. Tickets are available through any Ticketmaster outlet.

6. Got beer? Columbus does! From the microbreweries in the Brewery District to the Anheuser Busch Budweiser plant, Columbus offers some of the finest pilsner around. Tour the Budweiser plant, taste some beer and shop in the Bud Store or enjoy delicious food and hand-crafted beer at one of the restaurants in the Brewery District. Either way, it’s a treat the beer lover will remember.

5. Columbus offers a wide array of art establishments and museums such as the Columbus Museum of Art, the Wexner Center for Arts, and COSI (Central Ohio Science Institute, which is led by former NASA astronaut Kathy Sullivan). In addition, the Short North is home to galleries and boutiques where art lovers can view photography, sculpture, glass art and painting.

4. You’ll find a truly international cuisine in Columbus, at everything from upscale restaurants in the Short North and Grandview, to lively bistro in German Village, or popular suburban cafes. Enjoy continental, ethnic, deli, or plain country cooking. Downtown Columbus is also the home of the very first Wendy’s Hamburgers — come and see a bit of hamburger history and enjoy a Frosty.

3. Do you enjoy history? Columbus has numerous historical sites to match your interests. Visit Central Ohio’s historic public market, the North Market (one block west of the Hyatt) for a culinary experience. Learn more about Ohio’s history at the Ohio Statehouse and the Ohio Historical Center and Village. Interested in motorcycles? Then come and visit the Heroes of Harley Davidson exhibit and shop A.D. Farrow, America’s oldest Harley Davidson dealer, or visit the Motorcycle Hall of Fame Museum in nearby Pickerington, OH.

2. Columbus is a sports town and home of the Ohio State Buckeyes, who won the NCAA football championship in 2002. Come and experience Buckeye fever in hockey and basketball at the nearby Schottenstein/Value City Arena. For information on all Buckeye schedules, contact the Ohio State University’s sports office at (614) 292-6861. Whether you love hockey or have never experienced a National Hockey League game, join us at Nationwide Arena (one block from the Hyatt) on March 11th at 7 p.m., when the Columbus Blue Jackets play the Edmonton Oilers. Group ticket pricing is available at a reduced rate. If you have questions about this opportunity, or would like to go to the game, please email mlemiesz@mchs.com by January 14th at the latest.

1. Columbus, Ohio is my adopted home town and the host of the National Association of Catholic Chaplains’ 2006 conference in March. Check our website, www.nacc.org, for updated information. Come and see all we offer and make your own top ten list why we ARE the heart of Ohio!

Michelle Lemiesz, NACC Cert., is Director of the Mount Carmel East Chaplaincy Services Department in Columbus and a member of the 2006 Conference Committee.
World Day of the Sick • February 11, 2006

Prayer Card Order Form

The World Day of the Sick is sponsored by the Vatican’s Pontifical Council for Health Pastoral Care and has been celebrated since 1992 on the feast of Our Lady of Lourdes. This celebration is a reminder to pray for all those who are sick and to recognize and honor those who work in health care and those who serve as caregivers.

Over the last several years, the NACC has provided support materials for this celebration such as an ecumenical service, reflection notes and homily hints, prayer of the faithful, and so forth. These materials are available on the NACC website; go to www.nacc.org/resources/wds/default.asp.

For 2006, the National Association of Catholic Chaplains has created one new prayer card for the celebration of World Day of the Sick. Unlike previous years, when we separated the Prayer for the Caregiver and Prayer for the Sick, this year the thrust of the prayer is to emphasize the solidarity rather than the distinctions — for we are all sick and we are all caregivers at some times in our lives. The prayer will appear in English on one side of the card and in Spanish on the reverse.

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*A minimum of 20 cards must be ordered.*

Grand Total __________
(Includes shipping & handling.)

Please enclose a check for the Grand Total, payable to the NACC.

Name__________________________________________
Title___________________________________________
Institution______________________________________
Street address____________________________________
City & state____________________________________ Zip code__________
Phone number ________________

Mail the check and order form to:
National Association of Catholic Chaplains
P.O. Box 070473
Milwaukee, WI 53207-0473
(414) 483-4898

ORDERS MUST BE RECEIVED IN THE NACC OFFICE NO LATER THAN February 3, 2006.
Orders will be shipped via U.S. Postal Service.

Sr. Corinne Yepson, SMP
Valley City, ND
Chronic Illness

Fr. David R. Baeten
DePere, WI
Cardiac problems and diabetes

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.
NACC Certification Spring-Fall 2006

Spring Locations and Dates
Saturday/Sunday, May 6-7, 2006
- Atlanta, Georgia
- Baltimore, Maryland
- Los Angeles, California
- Milwaukee, Wisconsin
- St. Louis, Missouri

Due date for materials
February 1, 2006

Fall Locations and Dates
Saturday/Sunday, October 7-8, 2006
- Boston, Massachusetts
- Milwaukee, Wisconsin
- Portland, Oregon
- St. Louis, Missouri

Due date for materials
July 1, 2006

Procedures for Certification Process

1. Full membership in the NACC is required before applying for certification. Inside the membership application you may indicate that you would like to receive a certification application.

2. Submit the original certification application, copies of your supportive materials (see Checklist for Supportive Materials Required for Certification Interview), and the certification application fee to the national office by the due date for materials listed above. Materials must be postmarked no later than February 1, 2006, for a spring interview and July 1, 2006, for a fall interview.

3. Include a short cover letter indicating your first and second preference for an interview site.

4. Keep a copy of all materials submitted to the national office, including the application form, as additional copies (3) must be made and sent to your interview team members when you are notified that a team has been assigned.

5. Materials are reviewed to verify that you have met all the formal requirements for an interview.

6. After your materials are determined to be in compliance, an interview date, location, and interview team will be assigned.

7. When you receive notice of your interview team, you are responsible for sending copies of your certification materials to each of the team members. Your materials must duplicate those sent to the national office with your original application. These copies are to be mailed by Fed Ex, UPS, or certified mail, at least 30 days before your interview date. The copies will be returned to you after the interview. The office copy will be kept until the process is closed, and then this copy will be destroyed.

To reduce the need for extensive travel for both candidates and interviewers, the Certification Commission offers several locations for interviews. However, there is a chance that you may not receive your first preference for an interview location. The number of interviews scheduled at any one site will be determined by the number of available interview team members living in, or close to, the interview site.

The Certification Commission recommends that you seek mentoring from a certified NACC chaplain or supervisor as you enter the certification process.
Wicks addresses chaplains’ stress and burnout

Overcoming Secondary Stress in Medical and Nursing Practice: A Guide to Professional Resilience and Personal Well-Being
By Robert J. Wicks; Oxford University Press, 2005; $25

By Dennis McCann

Overcoming Secondary Stress... is a useful and compact book. As Wicks says in the introduction, it is ‘a one-sitting book’ that is designed to distill current clinical papers and research; provide proven guidelines to avoid and/or limit unnecessary distress; strengthen the inner life of physicians, nurses, and allied health personnel; and offer recommendations for further reading on the topic.” Beyond the books cited in the work, the bibliography is forty pages long.

The book contains real-life illustrations of stress and burnout of healthcare workers who must deal with suffering, pain, hopeless situations, grief, and death. As I read, I found myself discovering some of the secondary stress I had picked up in the course of the day. Because secondary stress is subtle, and our defense mechanisms elaborate, it is almost impossible to read this book and not find a few dark corners of our own psyches into which we have fallen unmonitored reactions.

The book also has a selection of self-questionnaires and checklists to help free up the suppressed or unconscious reactions to the situations we have been exposed to. A few of these self-exams include: “Daily Burnout: A Sampling of Key Signs and Symptoms;” “Questions to Ask to Uncover Vicarious PTSD;” and “Medical/Nursing Professional Secondary Stress Self-Awareness Questionnaire.”

As chaplains, this book can do several things for us. First of all, it is a good self-examination that most of us haven’t engaged in since we finished CPE. Secondly, it will make us more aware of the stresses that some of the doctors and nurses we work with may be undergoing. Most are not in the same environment in which they started; burnout is often an unconscious reality. Thirdly, this book is a good primer for an accurate use of the vocabulary around stress. Words such as transference, burnout, depression, and resistance may gain a more precise meaning for many of us. Finally, those of us who strive to create an environment of spiritual care and spirituality in the workplace may find it helps to direct our energies.

This book would be a fine resource for presentations on secondary stress in Grand Rounds or for those who give physician or healthcare retreats. It will certainly be a valuable resource in a CPE class or for those who continue to work with a group or a partner for ongoing personal and professional development.

Like most of Wicks’ works, this book is easily accessible, presented with real-life examples and interviews, and packed with practical self-help advice. For those who wish to pursue any particular themes touched on in this guide, there are plenty of links to follow. This book deserves a place on a chaplain’s shelf.

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

Positions Available

▼ CHAPLAIN
Los Angeles, CA – Seeking part-time or full-time Catholic priest to join the Pastoral Care Division of QueensCare. Chaplain would provide pastoral care for Catholic patients in the Queen of Angels Hospital in Los Angeles, California, assist with noon masses at the hospital and have some on-call responsibility. Bilingual Spanish/English is a plus. Applications from retired priests are welcome. Compensation would include salary and could include some meals. Send resume to Rebecca O’Neill, Dir. of Human Resources, 4618 Fountain Ave #105, Los Angeles, CA 90029. Fax (323) 953-9979 or e-mail to ronell@queenscare.org. Please visit our website at www.queenscare.org. QueensCare is a faith-based nonprofit that provides innovative health services in the multicultural communities of Los Angeles County.

▼ CHAPLAIN
Anchorage, AK – You are the assurance. Imagine the dramatic beauty of Alaska, right outside your door. Living in a community where everyone is a friend. And bringing true one-on-one care to your patients. At Providence Health System in Alaska, you can enjoy a career that is as unique as the landscape that surrounds you. All in a place that invigorates the mind and heals the spirit. To us, that’s what health care is meant to be. At Providence Alaska Medical Center, the state’s largest medical center with 363 beds, you’ll find a comprehensive and advanced range of services, cutting edge technology, and a professional setting that is truly supportive and rich in team dedication. Chaplain ministers to the spiritual and emotional needs of patients, families, and others associated with the work and mission of Providence Health System. Master’s degree from an accredited college, seminary, university or theological institute in theology, spirituality, ministry or related field required; specialized degrees in health related field preferred. Two years’ clinical and/or pastoral experience required. Ordination and endorsement by established ecclesiastical or church authorities and/or religious superiors. APC/NACC/NAJC Board Certified/Certifiable required. All of the beauty and adventure of Alaska await you. From hiking to skiing snow-capped mountains, fishing in wild streams to exploring the open wilderness, Alaska offers a spectacular way of life. If you’re looking for a rewarding career in a beautiful setting, consider Anchorage and Providence Alaska Medical Center your destination. We offer a generous benefits package along with relocation assistance. Please complete an online application at www.providence.org/alaska/jobs.htm or call (800) 478-9940 for more information. Providence Health System: A caring difference you can feel. Equal Opportunity Employer.
Positions Available

▼ CHAPLAIN

Eau Claire, WI – Working in partnership with Mayo Clinic, Luther Midelfort, an integrated, multi-specialty healthcare organization, offers a range of quality medical services, including complete cardiac surgery, cancer and trauma programs through a network of community-based healthcare providers in west central Wisconsin. A half-time (20 hrs/wk), benefit eligible Chaplain position exists in our Neuro/Trauma/Peds unit. General duties include providing direct and indirect spiritual assessment, ministry, end-of-life decisions, worship leadership, sacraments and rites to patients/families; participating in interdisciplinary patient staffing and assisting staff/providers; helping patient/families with advance directives, participating in on-call schedule, serving as mentor, clinical supervisor and educator to CPE residents, participating in continuous improvement activities and representing the department on committees.

Qualifications: Preferred: Master of Divinity or master’s degree in theology or pastoral care. Required: Ordination and/or ecclesiastical endorsement by the faith group to practice as a chaplain; current certification (or certification eligible) by the Association of Professional Chaplains, the National Association of Catholic Chaplains, Association of CPE; at least 4 units of CPE training. Apply online at www.luther-midelfort.org. EOE

▼ CHAPLAIN

San Gabriel, CA – We have an opening for a half-time chaplain at San Gabriel Valley Medical Center, a CHW Hospital. Required are four units of CPE from a certified center and membership in one of the major endorsing bodies such as NACC or APC. In addition, being bilingual in Spanish or Chinese is highly desirable. Having on-call is an expectation. Having at least one year of hands-on experience would be a big plus. Interested individuals should contact Ed Dewees, Director of Employee & Labor Relations, San Gabriel Valley Medical Center, 438 W. Las Tunas Dr., San Gabriel, CA 91776; (626) 570-6526; edewees@chw.edu

▼ PALLIATIVE CARE CHAPLAIN

Corpus Christi, TX – CHRISTUS Spohn Hospital Corpus Christi is seeking a full-time chaplain to work in the oncology center and concurrently with the team developing our palliative care program. CHRISTUS Spohn is a faith-based organization with a strong commitment to meeting the spiritual needs of patients and whose leadership energetically supports the ministry of the Spiritual Care Department. The system is comprised of six hospitals and a hospice in addition to the cancer center, and the candidate would join a interdisciplinary team ministry with members of department for unit and on-call schedule, serving as mentor, clinical supervisor and educator to CPE residents, participating in continuous improvement activities and representing the department on committees.

Qualifications: Master of Divinity degree or equivalent, four units of CPE, endorsement by faith group, and certification or certification-eligible by the NACC, APC, or NAJC. The ideal candidate would have some experience with a palliative care program. Corpus Christi is located on the Gulf of Mexico about 150 miles from San Antonio and 200 miles from Houston. It is a growing city, but still small enough to be easy to get around, with a population in the county of approximately 330,000. Being a tourist destination lends a relaxed feeling to the community, and we enjoy an abundance of sun and gentle sea breezes. Interested applicants can see more about our health system on the website at www.christusspohn.org. Contact Monica Rivera, Department of Human Resources, at (361) 881-3000 or by e-mail monica.rivera@christushealth.org. Equal Opportunity Employer.

▼ HOSPICE CHAPLAIN

West Orange, NJ – Saint Barnabas Hospice and Palliative Care Center has an opening for full-time, clinically trained, experienced chaplain, preferably certified or working towards certification, to serve patients and families at home and in facilities in north central NJ. Members or associates of religious orders or trained lay professionals from the Roman Catholic community are welcome to apply. Full-time position with comprehensive benefits package. Contact Human Resources at the Saint Barnabas Hospice and Palliative Care Center at (973) 322-4829 or apply online at www.sbhcsca-reers.com with job # 547406. EOE

▼ PRIEST CHAPLAIN

Elk Grove Village, IL – Alexian Brothers Medical Center, an expanding, 400-plus-bed facility in the Alexian Brothers Hospital Network, seeks full-time priest chaplain to plan, organize, and implement pastoral care with ecumenical perspective. Through an interdisciplinary team approach, you will assess spiritual needs and offer support to patients, families, and staff of all faiths. Requirements: knowledge of diversity in religious practices; leading worship services; coordinating sacramental and liturgical needs; contributing to staff education; and mentoring CPE ad clinical students. Qualified candidates will have pastoral care experience in healthcare setting; master’s degree in theology or religious studies; three to four units of CPE; certification (or eligibility) and ecclesiastical endorsement. Mail resume with cover letter to Stan Kedzior, Director of Mission Integration, ABHN, 3040 Salt Creek Lane, Arlington Heights, IL 60005; e-mail stanley.kedzior@abhh.net

▼ PASTORAL CARE MANAGER

Tucson, AZ – Carondelet Health Network, a member of Ascension Health, has an immediate opening for a full-time pastoral care manager to provide leadership for our interfaith pastoral team. Qualified candidates will have an advanced degree in theology or a related field, certification by NACC or APC, practice a collaborative leadership style, have five years of management experience, preferably in a healthcare setting, and proven clinical, supervisory and administrative skills. Please apply online at www.carondelet.org, fax resume to (520) 873-5336, or send via e-mail to dmoreno@carondelet.org.

▼ INSTRUCTOR

New Haven, CT – Yale Divinity School seeks to fill a junior position in pastoral care and counseling, beginning July 1, 2006. Preference is given to candidates with competes in pastoral care in diverse cultures and in systems theories. Experience as a practitioner of pastoral care in a community or institutional setting is required. Candidates must have proven ability as a teacher and the Ph.D. completed by July 1, 2006. Applications, a CV, and three references should be sent to Dean Harold W. Attridge, Yale Divinity School, 409 Prospect St., New Haven, CT 06511. Applications will be reviewed beginning November 1, 2005. Yale University is an affirmative action/equal opportunity employer. Yale values diversity in its faculty, staff, and students and especially encourages applications from women and underrepresented minorities.

▼ CHAPLAIN

Rochester, MN – Mayo Clinic seeks certified or certification-eligible chaplain to minister to spiritual needs of patients, families, and Mayo Clinic employees. Position participates in a team ministry with members of department for unit and on-
call coverage; assists in sacramental ministry; conducts worship services; provides referrals to denominational chaplains; and serves on department and hospital committees. In providing a comprehensive program of pastoral care, you will participate in educational programs, and assist in orienting new personnel to Chaplain Services. Advanced theological degree from an accredited seminary is required along with minimum four units of accredited Clinical Pastoral Education, certification/eligibility with the Association of Professional Chaplains, National Association of Jewish Chaplains, or National Association of Catholic Chaplains, and denominational endorsement. Schedule: Full-time, weekends and evenings. On-call flexibility required. Excellent salary/benefits package. To apply visit www.mayoclinic.org, ref. job posting #2984; or write to Stephanie Bowron, Human Resources OE-4; 200 1st Street SW, Rochester, MN 55905; Phone: 800-562-7984. Mayo Clinic is an affirmative action and equal opportunity employer. Post offer/pre-employment screening is required.

**PRIEST CHAPLAIN**

Austin, TX – Seton Health Care Network seeks a priest chaplain to make God’s redemptive love and healing present to the sick and suffering among our patients and their families, as well as the hospital staff. Ministers to the sacramental, spiritual/religious, and emotional needs in the various crisis situations as they arise. Contributes to the care of the whole person and communicate this value to other members of the healing profession. Maintains equipment (clinical/technical) and age specific competencies as well as promotes the mission, philosophy, vision and values of the Daughters of Charity. Minimum qualifications: Bachelor’s degree required. Graduate theological education. Ordination as a Roman Catholic priest required. In good standing and ecclesiastical endorsement from Bishop of the Diocese of Austin required. Current certification or eligibility for certification within a year of employment as board certified chaplain required. Four units of Clinical Pastoral Education training in accredited center. Previous experience in pastoral care ministry required. The Seton HealthCare Network is the leading provider of healthcare services in Central Texas, serving an 11-county population of 1.4 million. The network includes five urban acute care hospitals, two rural hospitals, and a mental health hospital. Bilingual (English/Spanish) a plus. Please contact mfaulks@seton.org, or please complete an online application at www.seton.net for employment consideration.

**PRIEST CHAPLAIN**

Little Rock, AR – St. Vincent Health System is a regional health care organization, part of the greater Little Rock community since 1888 and a member of Catholic Health Initiatives. We are now seeking a full-time priest chaplain to join our well-established Chaplaincy Services Department. Primary duties will include assessment of the spiritual needs of a diverse population and the provision of support to patients, families and staff members. This includes the sacramental ministry for Catholic patients. Emphasis is placed on an interdisciplinary team approach and enhancing the spirituality of the organization. Requirements include four units of Clinical Pastoral Education, current NACC certification or eligibility for certification within one year of employment, and ecclesiastical endorsement. Little Rock is the State Capital and offers numerous cultural amenities, and Arkansas is a place of great natural beauty. Please send resume to Nellie Duncan, Human Resources, 2 St. Vincent Circle, Little Rock, AR, 72205.

**SPIRITUAL CARE MANAGER**

Mission Hills, CA – Providence Holy Cross Medical Center in, is a premier, level II trauma facility, providing high-quality healthcare in the San Fernando Valley for over 50 years. We have two exciting opportunities available. For the Manager position, we seek a candidate to oversee the operation of a department consisting of a diverse, interfaith staff of chaplains responsible for meeting the spiritual and emotional needs of our patients, families and employees. The successful candidate must have a minimum of two years’ supervisory experience and have demonstrated success in budget projection, staffing, team development and excellent oral/written communication skills. A master’s degree in divinity or equivalent degree is required as well as certification by NACC or APC. Catholic denomination and bilingual English/Spanish highly preferred. For the Staff Chaplain position, we seek a candidate with a master’s degree in divinity or equivalent, a minimum of 4 units of CPE, and documentation of endorsement by a recognized ecclesiastical body. We prefer previous experience in a hospital setting. We offer an excellent compensation and benefits package, including a tax-deferred 403(b) as well as an employer-funded retirement plan. Please send resume to: Providence Holy Cross Medical Center, 15031 Rinaldi St., Mission Hills, CA 91346, Attn: Human Resources; FAX: (818) 898-4629; or e-mail: maria.cell@providence.org. Visit www.experienceprovidence.com for more information. We are an equal opportunity employer.

**ON-CALL CHAPLAIN**

Chula Vista, CA – Scripps Mercy Hospital, located 12 miles south of downtown San Diego, serves the fast growing San Diego South Bay community and is part of the Scripps Health Care System. Casual chaplain needed for evening and weekend on call availability. Primary responsibility is to respond to the emergency needs of patients, families and staff. Two units of CPE or equivalent pastoral training/ experience is required. E-mail resume to smyth.joseph@scrippshealth.org or go to www.scripps.org

**DIRECTOR OF PASTORAL CARE**

Baton Rouge, LA – Our Lady of the Lake Regional Medical Center is a 763 licensed bed, not-for-profit, healthcare facility. We are seeking a full-time director to lead our ecumenical pastoral care team in meeting the religious and spiritual needs of our patients, their families and our hospital employees. Must have four years pastoral healthcare experience and proven managerial skills. Preferred qualifications include a master’s degree in theology or related field, NACC certification. We offer a competitive salary and an attractive benefits package. Please visit our website at www.ololmc.com to apply online.

Position Wanted

Full NACC member Catholic priest with 5 units of CPE seeks a full time position as a staff chaplain anywhere in the United States, beginning in October. Please contact Fr. Nelson Ogwuegbu, 3263 1st Avenue, Sacramento, CA 95817; revoniel@yahoo.com; (916) 912–0729.

NACC certified lay chaplain skilled in cancer care, drug rehab., long-term care, hospice, and department directorship seeks full-time employment in a healthcare facility in the New York metropolitan area. Please contact Mr. Thomas J Rowan, (718) 822-0820 or (646) 316-4493 (cell); e-mail tomad_51@lycos.com. Able to start immediately.
December

4-5  COMISS meeting, Alexandria, VA
16  Copy deadline, February Vision
23  National office closed in lieu of Christmas Eve
26  National office closed in lieu of Christmas Day
30  National office closed in lieu of New Year’s Eve

January

1  Supervisor certification materials due at national office
2  National office closed in lieu of New Year’s Day
22-25 National Association of Jewish Chaplains conference, Rye Brook, NY
23  Copy deadline, March Vision