Prison chaplain sees pain and growth

By Pat Melesco

When “Jorge” went into the “hole” last year, he was a devout Catholic who liked reading about the saints, prayer, and the spiritual life, and who was especially attracted to liberation theology. He had come regularly to the weekly Catholic Communion services. He emerged from the hole ten months later a Muslim. What happened?

It is one of many questions that I confront as a prison chaplain. There is great pain and loss in prisons. But perhaps it is that very pain and loss that sometimes brings conversions that are stunning in their depth and in the dramatic changes they bring about. I have often been awed by the prayer life described by these men, their understanding of the Scriptures, and most especially the changes in attitude and behavior.

Jorge came to our first face-to-face meeting in almost a year wearing a kufi on his head, the small white cap worn by some Muslim men. This was the first clue I had, and it was a whopper. I had had regular video visits with him while he was incommunicado in the hole, F Unit, or “Foxtrot” as it’s called, a bizarre whimsy. He had not worn the kufi then, nor had he mentioned anything of his growing interest in Islam.

Some weeks after his release from Foxtrot, I asked Jorge, I hoped nonjudgmentally, what Islam did for him that Catholicism had not. This normally articulate young man, a scholar at heart, could not offer a definitive answer. He said the man in the cell next to him was a Muslim and that the way he spoke of the Koran somehow spoke to his heart. At the same time, other Muslims were “reaching out” to him. (How they managed to do this while Jorge was in the hole we never quite got around to discussing.) He said some of his mother’s family, the law-abiding side, had been Muslim for years. He spoke of how difficult it was for him to change his patterns of thinking and behaving to conform to what he believed was good Muslim practice.

But clearly something was changing. This quick-tempered young man, who would previously rather go to the hole than allow himself to be “dissed” (disrespected), who had sent another inmate and a staff person to the hospital, was walking away from confrontations and remaining outwardly calm. Staff were incredulous.

Jorge is currently doing his time in a for-profit prison in Kentucky. I believe that he will one day be enormously successful. I was struck by his charismatic personality, his extraordinary intelligence combined with passion—and mostly, by his fascination with people and things holy. It seemed at times to me that the hand of God was on him. He struggled mightily with two images of himself, the “gangsta” who carried a gun while going about the business of buying and selling drugs, just like his father, and a man who had experienced the presence of God, found it sweet, and wanted to follow that path. It was a joy to me to see which path he chose, and I feel privileged that he shared so much of it with me.

My position at Southern State Correctional Facility, located in Springfield, VT, is somewhat anomalous. Vermont is one of the few states in the country that does not have staff chaplains. I am a certified chaplain, employed by Vermont Catholic Charities as a “prison ministry coordinator,” but as far as the Department of Corrections is concerned, I am simply a volunteer. That has an up and a down side. The upside is that it is easier to...
You are always with me

By Rev. Thomas G. Landry
Interim Executive Director

After many e-mails and telephone calls between Worcester and Milwaukee in May, I made my way to Milwaukee for the official beginning of my ministry with you and for you after Memorial Day. It has been a wonderful time of catching up, reviewing, and entering in a new way the lively conversation of visioning and planning our shared ministry for the months and years to come!

I thought of all of you as I walked the shore of Lake Michigan during my first stay in Milwaukee. Rather than beach sand, I found myself walking through generations of well-worn stones, smoothed by years of tumbling in the lake's waters. I thought of the richness and variety of gifts among our members, national staff, and Board of Directors, and I began collecting stones for a rock garden for my office. Then I chose one stone that is with me as I travel—the garden at my Milwaukee office, and the single stone in the backpack portion of my luggage. You are always with me. You, our members around the country, constitute the first circle of relationship I enjoy in this ministry as Interim Executive Director. The national staff and Board of Directors provide the second.

That phrase “Always with me” comes to me as a result of my participation at the 91st Catholic Health Assembly in Orlando, FL. Almost as soon as we identified the various three-ring binders of staff, board and committee minutes and agenda, I left Milwaukee for my first road trip. In Florida, I had the pleasure of tending to the third complementary circles of relationship in my new ministry— with our sponsors and employing healthcare institutions and with the United States Conference of Catholic Bishops. This year’s Assembly celebrated the theme “Always With Us: Living Our Commitment to Persons in Need,” working to close the gap for the nearly 90 million uninsured and underinsured persons in our nation. What a wonderful experience!

After nine years in a secular hospital, I was open to and curious about the experience of the professionals who work and minister daily in Catholic healthcare. I was very happy to see some familiar faces among the participants from around the country. I was impressed with the Catholic Health Association’s gathering and their accounts of developments in ministry in Catholic healthcare institutions and systems.

I was especially pleased and proud to hear the work of chaplains cited often and with pride by colleagues and members of senior management teams. In addition to their direct clinical ministry, our chaplains consistently contribute to the planning of innovative programs of ministry and systemic support, and to the very crucial work of seeking to transform our very healthcare institutions themselves into instruments of the Reign of God.

I want to thank the national staff for the warmth and enthusiasm of their welcome of me to my new space and my new role among them at the shore of Lake Michigan. You who benefit from our staff’s diligent efforts might need little reminder of their value to chaplains around the country, but I believe it bears stating that they are tops!

The work of the national staff and the work of the Board of Directors is beautiful to behold. I am pleased to join with our entire staff to welcome Karen Pugliese to her new role as Chair of our Board of Directors, and Sr. Norma Gutierrez, MCDP, to her new role as a member of our Board of Directors.

I also want to acknowledge the Community of Priests and Brothers of Saint Camillus in Milwaukee, who are allowing me to pitch my tent with them while I am in Milwaukee. Thank you for a comforting home away from home!

In the months to come, we will be exploring and celebrating much that we already have captured of the vision of ourselves that God sees and shares with us. Please feel free to contact me at any time. E-mails or telephone calls to our national office are always welcome, as we all share in the work of strengthening the relationships we already enjoy. With that strong base beneath our feet, we can reach out and reach forward, initiating new relationships in our ministries of service, education, and ongoing resourcing and support.
Renewal of certification process revised

By Mary Skopal
Certification Commission

You have completed your CPE, had your certification interview, received your certification, and even got a job as a chaplain! Life is good and now you are all set. Right? Well, yes and no.

You have met the standards for certification, but now it is important to stay updated in your chosen field. The NACC requires that you renew your certification every five years as a chaplain and every seven years as a supervisor, and we have laid out a process for that to happen. As the Renewal of Certification Process Guide says, it is a “commitment to maintenance and enhancement of the competencies recognized by certification.”

In December of the year before your renewal of certification is due, you receive a packet from the NACC office. This packet contains information about the process and references the forms you need to complete it. The Renewal of Certification Process Guide contains a plethora of information about what continuing education experiences you can use, and some guidelines about recording those experiences. In the past year, NACC has provided a new format for recording continuing education, which is available on our web site as well as in hard copy. This form makes it easier to document your updating as it occurs, and you can download it whenever needed.

For the Chaplain Peer Review, you must arrange an interview with a certified member of the NACC to review your experience of the past five years. For supervisors, the national office arranges for a peer review group with a Certification Commission facilitator. A Guide for Peer Review is provided to determine the format used for certification and is also available on the NACC website.

When the Certification Commission revised the Renewal of Certification process, we emphasized the importance of activity being educational, i.e. learning something new. When you are deciding how much time to assign to various activities, you can refer to the process Guide, #9. If you use books, audio/video recordings, articles, etc., for continuing education hours, you decide what you will assign to those activities. Please document the title and author of books and give a title and presenter for audio/video programs. If you prepare a presentation, your preparation can be counted once. Please indicate on your record of continuing education whether you attended or presented an activity by designating “A” for attended and “P” for presented.

Many people have asked when to begin recording continuing education hours after initial certification. You may begin from the date of the letter confirming that you were granted certification. For May applicants, the notification is sent in July, and for October applicants, the notification is sent in November.

However, this date does not give an applicant a full year for recording purposes. The requirement is 50 continuing education hours per year, but remember that it is the total number of hours (250) over the five-year period that satisfies the requirement. There may be individual years where you will have more or fewer hours.

We hope this answers some of the questions about renewal of certification. Many frequently asked questions are also addressed on the NACC web site. The profession of chaplaincy requires close attention to continuing education so that we can effectively meet the needs of those we serve.

Mary Skopal, SSJ, NACC Cert., is Director of Pastoral Care at Bon Secours Baltimore Health System.
inmates’ trust when I can say I don’t work for the DOC. The downside is that my movements are almost as restricted as the inmates’.

I had to lobby hard to gain access to the mental health, mental health segregation, medical and infirmary units. My current crusade is to gain access to Fox Trot to offer Communion to the Catholic men and spiritual care to any others who might want it. The Fox Trot regimen is harsh — 23-hour lockdown with no TV or radio, just soft-cover books to read. I cannot begin to imagine how this can be rehabilitative, but this is the reality these men live with. Some of the smarter ones, like my friend Jorge, find ways to beat the system and establish contacts. Others simply suffer.

Another upside to volunteer status is that I feel no guilt about occasionally bending the rules. One night at the weekly Communion service there was a bigger turnout than usual, and I noticed a persistent buzz in the back of the chapel from inmates I had not seen before. The next day, one of the regulars told me tobacco was being bought and sold. We talked about how to deal with it. He suggested that he take two or three other regulars with him, engage these men in conversation, and without making threats or accusations, simply state that trading in contraband in chapel is unacceptable. Both occasions were of my choosing, and part of how I see the trust issue extends to my relations with staff, especially the officers responsible for maintaining security. They tend to view “civilians,” even those who work in the facility, as naive and not as concerned about security as we should be. Gradually, little by little and by dint of seeing me often enough, they have learned I do not bring in contraband and that I am aware of the importance of security. (Also, I bring in 5-pound boxes of See’s chocolates at Christmas and Easter for the staff.) Have I been able to function as a chaplain vis-à-vis the custody staff? Only once or twice.

One evening I was alone in the front lobby with an officer, who told me about a serious suicide attempt he had just done with and how weary he was, physically and emotionally. He said that while struggling with the inmate, slipping in the man’s blood, he found himself wishing the guy had just done it successfully and gotten it over with. Then this officer said, with some vehemence, “I don’t like the person I’ve become in here. I didn’t use to be this way.” I tried to reassure him he had not changed in any fundamental way and that his visceral reaction to the situation was understandable given the context. He walked away, seemingly deeply dispirited, and I was afraid he was going to resign, but he is still there, doing a good job and respected by staff and inmates.

I need to stress that I see no more physical danger in ministering in a prison setting than, say, in a medical setting, where there are also risks but of a different nature, such as infection. Once in a great while an inmate will assault a correctional officer, but I have not heard of any civilian staff or volunteers being assaulted. Most interaction with the inmates takes place in the main administrative building with numerous staff and cameras around. Also, staffers can conceal a gizmo about the size of a large marking pen called a “man down.” This alarm can be activated three different ways and is guaranteed to bring guards running. (I once asked an officer if he could guarantee that these guards would be good-looking. He was not amused.)

I can think of only two occasions when I felt uneasy. One was when I was having a one-on-one with “David,” who will probably be institutionalized for the rest of his life. He has chronic and severe mental health problems, including schizophrenia. He takes approximately seven psychotropic meds that help reduce auditory hallucinations but do not eliminate them completely. When he hears the voices, he becomes violent. He killed a man before coming to prison, and in the past year assaulted a correctional officer, causing serious injuries. He has broken his own hands numerous times, slamming them against the walls during hallucinations. When he feels his moods coming on, he tells staff not to open his door. They don’t.

On this day he had a strange look in his eyes, one I had not seen before, and it made me uneasy. I asked him if he was hearing the voices and was relieved when he said no. The moment passed, and he was his usual self again. David was raised Catholic, looks forward to and asks for Communion, reads his Bible and says he prays regularly.

The other occasion was a one-on-one with a man I believed to be sociopathic. I had come to the conclusion he had been running a game on me and I was going to confront him. But I feared that he could fly into a narcissistic rage, so I took a “man down” with me. I did confront him; his response was simply to shut down and retreat behind an emotionless mask. Both occasions were of my own choosing, and part of how I see my role as a chaplain. Not everyone would make that choice, nor would they be obliged to, in my opinion.

There is an immense amount of pain in prisons. There are old, deep...
wounds that have never healed. There are fresh losses — freedom, family, dignity, self-esteem. But the one loss that seems to cut most deeply is loss of contact with children.

“Jerry” is in Bravo, the regular mental health unit. He looks to be in his 20s, but his shoulder-length hair is thinning on top and usually unkempt. His fingernails are bitten to the quick and below. He always has a look about him of a bewildered and somewhat frightened child. He has said credibly he was repeatedly abused as a child, physically and sexually, within and outside his family, for as far back as he can remember. He himself has fathered five children and prides himself on “being there for” his children. He described kicking back with his son, listening to music and smoking marijuana with the boy. I find it difficult at times with Jerry to be nonjudgmental and to resist the impulse to preach.

More constructively, I do an activity called Storybook, in which the men who are fathers pick several books (donated) that their child will like, read from the books onto an audio tape, and the tape and the books get sent to their children. I have seen men cry like babies doing Storybook. This is an activity I especially enjoy because it allows me to engage men who would not necessarily come to church or Bible study, and to function as a chaplain in a different context. They never tire of expressing their appreciation for the opportunity to have some contact with their children, however one-sided it may sometimes be.

Some inmates’ conversions or resolutions to change cannot be sustained when the men get released and have to return to the unhealthy and antisocial environments from which they came. But still something remains. Most of the recidivists I have known come back with deep regret for their failures. They desperately want to experience wholeness and holiness in their lives again and are grateful for any one who can companion them along the way.

Pat Melesco, NACC Cert., is prison ministry coordinator at Southern State Correctional Facility in Vermont who has developed his talent for art while behind bars.

This picture was drawn by James Earle, an inmate at the Southern State Correctional Facility in Vermont who has developed his talent for art while behind bars.

I see no more physical danger in a prison setting than a medical setting.

Deacon Michael E. Murray Taunton, MA Cancer of the esophagus

Kathy Kaczmarek Little Rock, AR Back and knee surgery

Prayers for Healing

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

Sense of humor can pay dividends in ministry

By Joseph Bozzelli

A s chaplains, we deal with an awful lot of sadness on a daily-to-day basis. We often go from crisis to crisis, listening and offering pastoral support to people experiencing brokenness and pain. It’s an important part of what we do. In the midst of suffering and sadness, we strive to be instruments of God’s healing comfort and love.

I don’t know if it’s part of my coping mechanism to deal with the stress of ministry or some intricate denial system that I’ve incorporated into my personality, but I often use humor in my ministry. Whether I laugh at myself for the ridiculous things I’ve done or said in ministry situations, or in a spirit of lightness in some of my pastoral visits, I’m realizing the important role that humor can have in pastoral care ministry.

I didn’t always see that. If I had a humorous moment in ministry, I would beat myself up as being a bad (or at least unprofessional) chaplain. Like the time that I visited an elderly woman who was just being admitted. It was not an appropriate time for a visit, so I said to the man by her bedside, “I’ll just come back at another time and visit with your wife.” He responded, “That’s my mother.” As much as I love that story now, I didn’t at the time. I was so embarrassed!

I imagine that we’ve all had those kinds of moments in ministry, those chaplain faux-pas experiences when we wish we could just crawl out of the room. Once I told a family that their loved one had just coded in the intensive care unit, only to discover that I had the wrong family. Fortunately, the family was relieved to discover my mistake, and in fact, they laughed and took it quite well. But from my perspective, it was not a laughing matter. I was angry with myself for not verifying the patient’s name and family. “How could I be so stupid!”

Years ago, that was the way that I processed most of my “mistakes” in ministry. I did not see the humor in the situation, only self-criticism. Those experiences were invaluable in terms of improving the quality of my pastoral care. But I would have learned more about ministry if I hadn’t taken myself so seriously. By using humor and grace, I could have focused less on getting ministry right and more on allowing God to use my humanity by just accepting myself, warts and all.

I started to lighten up on myself as I learned more about the effect that humor had on a patient’s health and well-being. Norman Cousins talked about it in his 1979 bestseller, Anatomy of an Illness. As he was dealing with a crippling arthritic disease, he began using humor and laughter. He watched watching “Candid Camera” episodes and Marx Brothers movies. He discovered that humor not only eased his pain, but it helped him to heal. Increasing numbers of research studies validate the therapeutic effects of humor. And hospitals are utilizing “humor carts” which include comedy movies, funny books, and props that staff and volunteers bring to patient’s rooms to help lift their spirits. The benefits of humor began to confirm to me what scripture had already told me, “A merry heart does good, like medicine.” (Proverbs 17:22)

So, I thought to myself, if humor is helpful for patients, then why not let it be helpful for me, too? I started to see how I could allow humor to influence my ministry, both in my interactions with patients and in how I processed ministry experiences.

I began to give myself permission to be funny with patients. Our Catholic hospital bought a county hospital in rural Indiana, where the Catholic population is about 3%. Although open to our hospital’s involvement, many of the residents were somewhat concerned and skeptical about a Catholic presence in a Protestant area. I noticed that patients were particularly hesitant to talk with me. It seemed that they weren’t quite certain about the motives of a Catholic chaplain. Initially, I was concerned, but I soon realized that their reaction was perfectly normal, that I just had to accept it. I thought that I could incorporate a little humor as a way to break the ice and build relationships, but I just wasn’t sure how.

One day, during an initial patient visit, the patient stopped me in mid-introduction by saying, “Oh, that’s OK, I’m not Catholic.” Without thinking, I said, “Well, would you like to be? The Pope is offering a special this month. If I get one more Catholic, I’ll win a new toaster.”

I thought, “Oh my God, what have I just said?”

There was a brief moment of silence — and then the patient laughed, saying, “You’ve got to be kidding, that’s all you get?” Humor, in that situation, helped me to connect with a patient who initially did not want pastoral care from a Catholic chaplain. As a result, we had a very meaningful visit and subsequent visits, too. I don’t use that approach very often, but at the time, it seemed like the right thing to do. I trusted my inner guidance and used my sense of humor to provide pastoral care in an otherwise unwelcome environment.

I also use humor as a way to laugh at
myself for some of the many blunders I've made in pastoral care. One of my gems was with “Bill,” a young man who had recently had surgery to repair a deformed leg that he had from birth. He was on crutches and wearing a metal halo around his leg. Bill also had a very obvious deformed hand, also a birth defect. He was from a troubled family, and we ended up admitting him for several weeks in order to manage his pain, etc. During the course of his stay, I was repeatedly called by nursing staff to talk to Bill because he refused to cooperate with medical staff. Every time that I met with him, he constantly focused on his lifelong story of woe and misfortune.

Granted, Bill had reason to complain, but one night in particular, I had been involved in several codes and deaths in the hospital and was not in the best of moods to hear Bill go on about his problems. (I know, what kind of sympathetic chaplain am I, but I was much younger then, so please forgive my cynicism.) Anyway, as he was telling a story that I had heard at least ten times in two weeks, I interrupted him by saying, “Bill, so life has dealt you a bad hand.”

Yeah, that’s right, I said “Life has dealt you a bad hand” to a young man who literally had a bad hand from a birth defect. Don’t wait any longer, go ahead and complete your ballot for me to receive Chaplain of the Year for that quality pastoral care moment.

Well, in the silence that followed, Bill and I both looked at his poor hand, and suddenly, we began to laugh. I apologized profusely, but it was a special moment for both of us. I think that Bill began to see that the way he was using his life story was only hindering his self-growth. And I realized that during my earlier visits, I had been reluctant to talk with Bill about the “elephant in the room,” his physical deformity. Humor helped bring those issues to the surface.

Looking back, I realize that if I didn’t laugh at myself for being so insensitive, I probably would have used that experience to justify changing professions. Instead, it helped me to be a better chaplain. I realize the importance of being open and direct with patients about issues that I feel may be influencing their lives. In the end, I realize that God can use a humorous moment to help people discover insights that will benefit their lives.

One of the best gifts that humor has given me is a reminder to not take myself so seriously. Not that I want to be flippant about the quality of my pastoral care visits, but when I get too focused on saying or doing the right thing in ministry, I’m more likely to miss the sacramental moments, those times when God’s grace and spirit are present in miraculous ways.

Part of the essence of humor is the ability to looking at things from a different perspective. That’s why Gary Larson’s “Far Side” cartoons are so popular; he put a twist on common beliefs, altering your perspective. One of my favorites shows a large German shepherd sitting in a witness stand; in the foreground a man leans over to his attorney and says, “They always told me that this breed will turn on you.” A common statement about a dog applied to a human situation. That’s what good humor does; it allows you to look at a situation in a new way.

I remember one of my theology professors talking about Jesus’ ministry in the same way — in particular, how he used parables to give people a different perspective on God’s message of love. As Jesus was telling a story, say the one about a man who was beaten by robbers — well, the people listening to it certainly had the expectation that the priest or Levite would stop and offer aid. But, no, it was a despised Samaritan who showed compassion. What a twist! The ending to the parable was unexpected, but that’s what got their attention.

I think humor works the same way for me. Like Jesus’ parables, humor gives me a different perspective on my life and my ministry. Humor helps me to not take myself so seriously. Without humor in my life, I experience increased stress and anxiety. I start to feel that it’s all about me. Such a world view limits God’s grace and presence. With a sense of humor, I can look at a ministry situation in a new way. I’m better able to ask myself, “What does grace require in this moment?” and remain open in my response.

Allowing humor to change my perspective on life is a risky adventure. Like the people in Jesus’ time, I don’t want my world view disrupted. Jesus was ultimately killed because he encouraged people to look at their lives in a new way. Talk about being resistant to change. But I know that I’m capable of doing the same. I can get so rigid about how I should live my life or how I should be in ministry that I kill off any attempt for God to act in my life. To have a sense of humor, for me, means allowing myself to grow, to be aware of God’s spirit and grace working in my life.

And so, I encourage all of us to lighten up. Our work is indeed intense, and certainly at times no laughing matter. But the more we allow ourselves to look at our lives and our ministry in a new way, the better we can experience God’s grace and guidance in our ministry.

After all, St. Paul encouraged us to be “fools for Christ” (1 Cor. 4:10). To me, Paul’s message is a reminder to allow more humor in my life. Not in the sense of yuk-yuk, isn’t life one big joke, but rather, a reminder that being a fool for Christ involves risking who I am. It means being willing to strip away my self-importance and allow the Spirit of God to be more fully expressed within me. When I do this, when I’m being a fool for Christ’s sake, then I know that I’m better able to be a channel of God’s grace and love.

With that in mind … Did you hear the one about the prodigal son?

Joseph Bozzelli, D.Min., NACC Cert., is a staff chaplain at St. Vincent Hospital in Indianapolis, IN.
Understand cancer from patients’ point of view

By Margaret I. Fitch

Cancer and its treatment have more than a physical impact. They carry emotional, social, psychological, spiritual, and practical consequences as well. It is important for healthcare professionals to understand the impact and consequences upon the patient and family. The impact and the issues of concern may well be different through the eyes of the person affected by the disease.

At Toronto Sunnybrook Cancer Centre within the Psychosocial and Behavioral Research Unit, we focus on understanding patients’ experiences with cancer from their point of view. In-depth interviews and focus groups offer a better understanding of how patients perceive the events of their cancer journey. I have reviewed several of our research studies to determine overarching or commonly identified patient perspectives across project findings (references at end). I describe those perspectives in order to help care providers gain deeper insight into the key issues cancer patients perceive.

Times of Transition

Living through cancer is living through change and transition. Patients describe a series of events that unfold, and each event may create change and challenges for them. The events mark points of transition along the cancer journey (see Table 1) and are often used as milestones or reference points to describe changes. For patients, these events are connected and continuous, even if care is provided in different places by different teams. A challenge for cancer care providers is to understand the nature of the patient’s cancer journey and where their interactions fit in the overall context of the experience lived by the person with the illness. The points of transition and predominant patient concerns include:

Table 1. Times of Transition

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<td>Finding an abnormality</td>
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<td>Seeking an opinion/diagnostic testing</td>
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<td>Hearing a diagnosis</td>
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<td>Starting treatment</td>
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<td>Finishing treatment</td>
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<td>Getting back to normal</td>
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Finding an abnormality. Individuals who have discovered a change or an abnormality in their body will wonder how serious it is. Many individuals will acknowledge they do not know the signs and symptoms of cancer and did not link what was happening with cancer. Later, when they presented with symptoms in their doctor’s office, it was hard to describe clearly what was happening to them or to be proactive about seeking investigations. Many said it was difficult to be heard and taken seriously by the physician, especially if the symptoms were vague and hard to specify.

Seeking an opinion: undergoing diagnostic testing. The decision to seek an opinion about an abnormality is the next point of transition. Going to a healthcare provider is often preceded by a conversation with a family member or a friend, which can be a key influence in whether professional assistance is sought. Next, preparing for and actually undergoing the test procedures challenges patients. Getting enough information to know how to prepare and what will actually happen during the test can be difficult. Patients say the experience of being tested is very different for them if they have information beforehand.

Waiting for the test results and dealing with the uncertainty during the waiting time is one of the greatest challenges for patients and family members. The uncertainty leaves much room to imagine what could happen if the news is bad. It also leaves room for hope the test results will be negative. Most individuals feel a decided lack of control over their lives during this time.

Hearing a diagnosis. Receiving a definitive diagnosis of cancer evokes numbness, panic, and disbelief for many. It is a moment when life changes irrevocably. Although there is now certainty about the disease, there is a sense life will never be the same again. Telling others becomes a significant decision point — who to tell, how to tell, when to tell. After a diagnosis, patients need to make a decision about treatment and to learn about the implications of treatment and prognosis.

Access to information is critical for patients and families. Individuals often feel overwhelmed with what they hear and read. They often want to start treatment as fast as possible, but at the same time are fearful about what side effects will occur.

Starting treatment. Once a decision is made about the type of treatment (surgery, chemotherapy, radiation or combination) more information is needed to understand what the treatment will be like and how to cope or handle the side effects. Once treatment begins, patients experience patterns and cycles. As an example, they may feel poorly after a dose of chemotherapy for several days, gradually feel better over the next several days, feel almost like themselves for a few days, and then be thrust back again with the next dose in the treatment cycle. The cycles of feeling unwell and multiple side effects can have a significant impact on the usual patterns of daily living. Disruptions to family life can be profound, and finding ways to make appropriate adjustments most challenging. Often, side effects are experienced in clusters. For example, pain may bring about difficulty sleeping, fatigue then escalates, and the person experiences difficulty concentrating at work.
Finishing treatment. The end of treatment often brings a mixture of relief and worry. Patients may not know if the treatment has “really worked” and must live with that uncertainty for a time. On the other hand, to be through with traveling for cancer treatments is a time for celebration and moving forward with one’s life.

Getting back to normal. After treatment has finished, patients often reflect. They find themselves thinking about why they got cancer and what it means in their lives. Some make lifestyle changes and re-establish a clear sense of life priorities. It is also a time to come to terms with side effects that may be long-term. Despite the wish to return to normal, for many there is no going back; they feel a need to go forward and find a “new normal.” For all, fear of recurrence is ever present in some degree. Any new bodily change becomes a focus of worry about the cancer returning.

Recurrence. A recurrent diagnosis often feels like “it’s starting all over again.” The cycle of treatment, the side effects, the hope, and despair experienced during the original diagnosis come rushing back. Access to information about options and their availability, as well as prognosis, is vitally important to patients and family members. If the disease is found to be metastatic, questions arise: “What does this really mean for me and my family?” “What does the priority need to be?” “How can I live with this degree of uncertainty?”

Palliative care. When the disease can no longer be controlled and people are facing the end of life as they know it, a palliative care service may help them. Astute symptom control and developing clear plans for managing the last days are needed. Questions that patients struggle to answer include: “Where will I die (at home or in the hospital)?” “Who do I want with me at the end?” “Will I die in pain or distress?” “What will happen to my family?” The family members are particularly concerned about making certain the patient is comfortable. They struggle with how best to be supportive. Finding what can be shared hope among patient, family, and caregiver is an important goal.

Approaching death/Dying ... death. As the patient moves closer to death and is comfortable in terms of symptoms, family members become the focus of care to an even greater extent. All are anticipating the loss that will occur and will respond accordingly. Family members need support and attention to cope effectively at this point. Information about what is happening and what can be anticipated ahead can be useful to them.

Grieving the loss. When a loved one dies, the family starts on a new journey of transition. Their sorrow needs to be acknowledged and their grieving recognized. Grieving the loss and finding recovery over time is the usual pathway for family members. However, if the grieving becomes problematic, additional assistance would be beneficial.

Summary

Individuals living through cancer confront many challenges and a myriad of changes. The cancer experience can be a cascade of unfolding events and leave the individual feeling very much like he or she is on a roller coaster, catapulting along without control. Many patients and family members are not certain about where they can turn for help for the distress they feel.

To provide patient-focused care, members of the cancer care team must first understand the illness through the eyes of those living with it. The cancer care team needs to be concerned about the broad range of issues, not just the physical disease. The team may have a core (e.g., doctor, nurse, social worker) but it needs to be connected with members of other disciplines for a broad range of expertise (e.g., psychologist, nutritionist, speech therapist, etc.).

Structures and processes need to be established within our facilities that allow all patients to have regular comprehensive assessment, good symptom management, effective communication, and tailored support from their principal cancer care team, as well as timely and relevant referral to other experts when needed.

Margaret I. Fitch, RN, PhD, is head of oncology nursing and supportive care and director of the Psychosocial and Behavioral Research Unit at Toronto Sunnybrook Regional Cancer Centre in Toronto, Ontario, Canada.

References


Consider candidates and make your choices for NACC leadership

Five candidates are competing for two at-large seats on the NACC’s Board of Directors. The two successful candidates will begin their three-year terms on Jan. 1, 2007.

The following pages of Vision contain a statement from each nominee. Additional information is posted at www.nacc.org/aboutnacc.

The Board of Directors is the governing body of the NACC. Its membership consists of at least six members-at-large who are elected by NACC voting members; at least four external members who are appointed by the Board; and an external episcopal liaison appointed by the United States Conference of Catholic Bishops (USCCB). The executive director of NACC also serves as an ex-officio member of the board.

In the association bylaws, the functions of the Board of Directors are to:

1. Steward the Catholic identity of the association.
2. Steward the mission and vision for the future of the association.
3. Ensure the integration of the values in the organizational culture.
4. Approve the strategic direction for the growth of the association.
5. Maintain and develop the association’s relationship with the USCCB and other groups, institutions, and organizations within and outside the Catholic Church.
6. Approve association policies.
7. Ratify changes to the constitution.
8. Appoint members of the NACC Certification Commission and NACC committees.
9. Establish task forces or other bodies required by the mission.
10. Approve the annual budget.
11. Participate in the evaluation of the executive director.

All NACC voting members should watch for the arrival of the 2006 ballot in a separate mailing in the near future. The ballot mailing will contain another copy of the candidate information and a description of the voting method. Voting members are those in all categories except those of affiliate, student, or inactive in chaplaincy.

Voters must mail their ballots by the postmark deadline of Sept. 22, 2006. Election results will be announced in the November/December issue of Vision.

The NACC relies on vigorous and creative board members who are equal to the challenges of the coming years. Your participation in this election is vital to the continued growth of the association.

Instant Runoff Voting

Following the success of instant runoff voting over the past two elections, we will use the system again this year in order to save the time and money required for a second round of voting. One ballot that we will mail in August will fairly cover both preliminary and final rounds. The new system has produced much higher participation than in many previous years, with a returned ballot rate of just under 50 percent. Please make your voice heard again this year.

Instead of putting a checkmark or X by the name of your two favored candidates, you will put a number showing your ranking or preference by each candidate’s name. For example, if you like candidate A the best, you would write “1” beside candidate A’s name. If your next favorite is candidate C, you would put “2” beside candidate C’s name; if your third choice is candidate B, you would put a “3” by B’s name. You may rank as many of the five candidates as you wish, but you may not give the same ranking to more than one candidate. You cannot hurt your favorite candidate by selecting a second, third, or fourth preference.

After the votes are counted, if no candidate has enough votes to gain a majority, the lowest-ranked candidate is eliminated, and his or her votes are redistributed to those voters’ next-preferred candidates. This procedure is repeated until two candidates emerge with a majority of votes.

For more information on this system of voting, visit www.cix.co.uk/~rosenstiel/stvrules/

In Memoriam

Please remember in your prayers:

Sr. Teresa Hassett, SSJ, who died recently at age 85. She took vows in 1947 at Chestnut Hill, PA, and worked as a teacher before becoming a chaplain. She joined the NACC in 1979 and was certified in 1980. She worked at Sacred Heart Hospital in Allentown, PA, until her retirement in 1999.
Patrick H. Bolton, M.Div.
Manager of Pastoral Care
Mercy Medical Center, Daphne, AL

Thank you for giving me the privilege to serve you for the past three years on our NACC Board of Directors. I have learned much through working on the board, and this experience has afforded me the opportunity to meet many colleagues and see the rich, diverse and multiple gifts of ministry that our members possess. The Church is truly blessed to have you serving our communities as certified chaplains. Also, we are blessed to have a board that is hands-on, proactive, and committed to implementing our strategic plan and providing vision for our future.

I accept the re-nomination to be a candidate for the upcoming board election. Currently, I am serving as chair on the Governance Committee, whose main task is to ensure the good functioning of the board via our policies, procedures and bylaws. One of the concerns many members have voiced to the board is the training of future chaplains. Given our decreasing number of Catholic CPE supervisors and centers, I have advocated strongly for the promotion and financial support of this vital educational format for our future chaplains and supervisors. The Church is beginning to see us as the model of excellence to strive for in terms of standards and competencies in ministry.

Locally, I have sought ways for many aspiring chaplains to avail themselves of CPE training through grants and by contracting for a CPE unit at my workplace. Currently, I am president of the Alabama Chaplains Association. Through this group, I have provided education for chaplains in areas such as critical incident stress debriefing, post-traumatic stress, and compassion fatigue. The important role of chaplaincy in disaster relief is growing, as I have seen firsthand in the aftermath of recent hurricanes.

I am 38 years old and the Manager of Pastoral Care at Mercy Medical Center, Daphne, AL. I have the full support of my organization in serving on the board. My wife Margie, son Andrew, and daughter Abigail also support me in this endeavor. Your vote for me would ensure a voice that is committed to upholding the NACC ideals and promoting the healing ministry of Jesus. My leadership will ensure a future for our professional ministry so that we can continue to touch and be touched by all those who are seeking healing and wholeness.

Alan E. Bowman
Director, Spiritual Development
Catholic Health Initiatives, Denver, CO

It is with heartfelt gratitude for those who have blessed my ministry that I consent to placing my name into nomination. If elected I would commit to serving the members of NACC and our constituents to:

▼ Enter into active dialogue with members to continue to assess their professional needs/hopes.
▼ Re-evaluate and update the strategic plan and/or the key strategies to advance the goals of our common ministry and to ensure that the plan is truly serving the membership.
▼ Initiate new efforts to bring more educational/networking/prayer opportunities closer to our members, including possibly collaborating with other cognate groups.
▼ Develop strategies to build the infrastructure to recruit and educate future members who will be prepared to serve as chaplains, supervisors and spiritual care leaders in our Catholic ministries and other organizations within our communities where professional Catholic chaplains will be needed to effectively witness to the healing ministry of Jesus.

If elected, I will commit my 22 years of experience as a certified chaplain, supervisor and director to serve our membership. As an NACC/APC certified chaplain, I have served on certification, standards and state/regional/national conference planning committees and as a presenter. As a NACC/ACPE certified supervisor, I have served on ACPE accreditation, on the USCCB/CCA, as regional chairperson for the ECR-ACPE and as representative to the ACPE Board. As a director of Spiritual/Pastoral Care I have served on ethics committees, mission councils, interdisciplinary quality improvement teams, JCAHO preparation teams, and strategic planning teams. Collectively, these experiences have taught me that representing the interests of members as national priorities are determined is both challenging and rewarding.

In my current ministry I serve the chaplains, CPE supervisors, directors and faith community nurses across a 19-state system. To help develop educational/networking opportunities, I recently facilitated a Web-based learning opportunity in which over 90 of our chaplains located in various sites across our system received APC/NACC continuing education credits for their participation in a “Live Meeting” presentation on their computers while also participating in a dialogue with the presenter. Last year I presented a workshop for the APC chaplains in the state of Colorado as part of a continuing education opportunity that included CEUs for two presentations along with opportunities to network over lunch and to pray with fellow chaplains. I believe similar opportunities could be adapted or developed to serve our NACC members closer to their sites of ministry.
Three years ago, I promised the NACC membership that I would devote my time as a board member to strengthening the organization, particularly by making us more hospitable to new chaplains. Now at the end of three years as a board member, I see some of that promise fulfilled and much more that can be done in the next three years. Our NACC is at the beginning of an exciting time, and my experience over the past three years will help us move forward.

As a board member I worked with other first-career chaplains to establish a network that would help us support each other and draw upon the wisdom of those who created the road which we now travel. My efforts have been rooted in my identity as a mother, a child of Indian immigrants, and a staff chaplain. I have brought these experiences and perspectives into the leadership discussions and decisions.

From my first days on the board, however, I discovered that NACC needed more than initiatives to link and empower its chaplains. After changes in its leadership, the organization also needed faithful stewardship of its resources, without which no outreach would be possible. As treasurer and chair of the finance committee, I worked with a group of exceptionally talented financial advisors. Under my leadership, we not only secured the NACC's financial basis but also updated our socially responsible investment policy to ensure that our investments were consistent with our moral and social values.

As we take the final steps toward securing the base of the organization, it is vital that we look forward. We must encourage other ministers in the Catholic Church to see the importance of established standards, professional training, and continuing education in theology and in peer review. We must also continue to advocate for the importance of good theology integrated with reflection and experience. Finally, the NACC must take leadership in advocating the exceptional skills chaplains bring to the healing profession and guiding those who wish to integrate spirituality in their work as healers.

I believe in the NACC. I believe in our mission as an organization and the values we hold. The NACC is an invaluable asset to the Church and to the world of professional ministry. As your elected representative, I hope to continue promoting the gift of our organization to the Church while supporting our growth as professional chaplains.

I am a lay Catholic woman. To be nominated as a candidate for the NACC Board is both an honor and a humbling experience for me.

Certification for me came in 1992. My main focus at my inner city hospital in Columbus, OH, has been with both heart and orthopedic patients and teaching in the rehabilitation programs for them.

I earned a Master of Divinity from St. John's, Collegeville, MN, in 1988. That summer I completed my first unit of CPE at a federal prison in Pleasanton, CA.

As I discern my candidacy for the board I know that I have much to offer with 18 years of experience in hospital chaplaincy. For two years of this time I served as administrative coordinator as we tried a self-directed team approach in our department. One of my special interests and areas of focus is liturgy/worship planning. I planned services within the hospital (e.g. blessing new nursing units and buildings, celebrating nurses week). I have also planned funeral and memorial services for patients.

Prior to becoming a chaplain, I worked in a parish for 25 years and was the bookkeeper, secretary and the coordinator of religious education for both children and adults. I also served on the Liturgical commission of our diocese. For 10-plus years, I was the Catholic prison ministry coordinator for a federal prison in Wisconsin. I developed a retreat program for inmates called Residents Encounter Christ. In 2004 I developed two continuing education programs for chaplains and clergy in the greater Columbus area. Both events were focused around theological reflection. Thus, one of my two goals is to support, implement and work with others for continuing educational programs in local areas.

My second goal would be to enhance our organization by bringing about more diversity so that everyone, regardless of race, age, gender, physical challenges, lay, religious, or ordained, can find a place and be welcomed to share their gifts for the benefit of the whole.

It has been my privilege to journey with people who struggle and are vulnerable. I've drawn from my own weaknesses, brokenness, woundedness and life's challenges to minister to patients, families and staff, and I have earned their respect. Because chaplaincy has been so meaningful to me I'm excited about the possibility of serving you on the NACC Board.
Candidate Profiles

Mary Lou O’Gorman
Director of Pastoral Care
St. Thomas Hospital, Nashville, TN

Since 1985, I have been a certified member of the NACC and have served as a chaplain at Saint Thomas Hospital in Nashville, TN. I am currently the Director of Pastoral Care at that hospital. The NACC has provided a vital connection for me and has also presented extraordinary opportunities for education, professional growth and leadership. I have served in a variety of roles on the regional and national level, including:

- Regional certification team (1988–93);
- Regional Director and member of NACC’s Board of Directors (1998–2000);
- Member of the planning committee for the EPIC conference (Toronto, February 2003) responsible for securing the plenary speakers;
- Chair of the Governance Subcommittee, part of the NACC’s Strategic Planning initiative (2002–2003);
- Co-chair of Universal Standards for Professional Chaplains Task Force (September, 2003-Fall 2004);
- Liaison to the United States Catholic Conference of Bishops/Commission on Certification and Accreditation (2004-present);
- Member of the Standards Committee (2005–present).

In addition to hospital ministry, I have written and spoken nationally and internationally on issues related to improving end-of-life care, addressing spiritual needs at the end of life, addressing moral distress, developing cultural competence, and describing the leadership role of chaplains in today’s healthcare environment.

The collaboration and networking essential for my participation in the activities described above have assisted me in forming strong relationships with members and staff within the NACC and with members of other cognate and professional groups. These experiences provide me with a distinct vantage point from which to address the current challenges confronting the NACC and its members and to implement the following goals:

As a Board Member, I will advocate for provision of spiritual care by certified chaplains as well as develop strategies to educate hospital leaders and the general public about chaplaincy. This includes lobbying for appropriate staffing and salary levels. I will continue to develop effective working relationships with other cognate groups. We are and will be stronger together as we confront the challenges in healthcare today. Another focus will be to identify strategies to facilitate local networking and to provide programs locally and nationally that address professional development needs. Growing the NACC’s membership through marketing in colleges, graduate and lay ministry programs as well as actively recruiting a more diverse membership will be another priority.

I would consider it a privilege to serve NACC and to participate in shaping its vision for the future.

What do YOU think?

In response to our question last month about addressing cultural diversity in your institutions, we offer the following:

From Lou Cooney, NACC Cert., Methodist Hospital, St. Louis Park, MN:

In 2000 we were given a grant by the Methodist Hospital Foundation to kick off a diversity initiative. A committee was formed to carry out the initiative, and I have represented the Spiritual Care Department on that committee. In 2000, we gave every nursing unit a book, “Providing Culturally Competent Care,” and we developed pocket guides for nurses. Our efforts have continued and expanded since.

Courses such as “Providing Culturally Competent Care,” “Windows and Mirrors,” and lunch-and-learns have been developed and provided to hospital, clinic, and administrative staff; a website called Diversity Corner has been developed; the Interpreter Services Department has expanded significantly. Our Chapel redesign is welcoming to all traditions. We’ve recently dedicated a space for Muslims who may want a more private space than the Chapel in which to pray; prayer rugs and tapes of the Koran are made available.

Our Food Services Department celebrates diverse traditions with foods specific to that tradition; a Para-Rabbinic Chaplain volunteers significant time to our department and visits every Jewish patient; electric Shabbat candles are provided to Jewish patients upon request on the Sabbath; menorahs are on every patient care area during Hanukkah; signage and brochures are being developed in the languages most commonly used here; and a list of resources for various traditions is available in the Spiritual Care Department.

Our patient population is increasingly diverse, and our employee population likewise is more representative of the community at large. The opportunities to celebrate our similarities and honor our differences are many, and we acknowledge them. Spiritual Care continues to be critical to these efforts, as knowledge of the variety of traditions enhances the delivery of care and promotes the healing process.

Our next question to consider: How do you minister to outpatients? As fewer procedures call for admission to the hospital and more are done in doctor’s offices, how are you reaching that population, and what are their needs?

Please send answers of 200 words or less by Aug. 28 to dlwellyn@nacc.org, or mail them to David Lewellen, NACC, 3501 S. Lake Dr., Milwaukee, WI 53207-0473
Call to minister to elderly yields many blessings

By Betty Skonieczny

At a conference I attended several years ago, a hospice physician said to the audience, “I consider myself an obstetrician. I enable people to complete their life on earth, while birthing them into eternal life.”

Similarly, chaplains are spiritual obstetricians for our elders. Talking about death and helping a person reconcile their relationship with God, family, and others is not easy, but it provides peace and serenity to those seniors who confront these issues.

In his book The Four Things That Matter Most: A Book About Living, Dr. Ira Byock, a palliative care physician, writes of four simple statements that can bring immense relief and healing power to those facing death. They are: “Please forgive me. I forgive you. Thank you. I love you.” Often it requires courage to say these four phrases, because it requires getting past years and years of not talking about issues that were never resolved, as well as repressed emotions.

In 30 years of ministering to older adults, I have been blessed and privileged to share in the lives of many elderly and their families. I’ve witnessed many changes. End-of-life care has slowly but steadily evolved under the influence of hospice and palliative care, and professionalism has grown. Seniors have more choices about the type of service they need and where to live. Medical care, treatments, and medications have improved and are much easier to distribute. Motorized scooters and wheelchairs make it possible for people to shop and enjoy activities that require covering distances. Validation therapy has been recognized as a more effective way of reaching seniors with Alzheimer’s disease; when I began working in long-term care, Alzheimer’s wasn’t even listed in the diagnostic codes as an illness.

But the one single event, I believe, that has most affected care for the elderly was the Nancy Cruzan case in 1990, when the Supreme Court ruled that “a competent person [has] a constitutionally protected right to refuse lifesaving hydration and nutrition.” The court also held that a state could require “clear and convincing evidence” of a person’s wishes. Afterward, three close friends of Cruzan testified that her wishes expressed when she was competent were that she would want the tube removed. Nancy Cruzan’s family had the feeding tube removed, and she died on December 26, 1990.

Before this case, physicians made all the decisions regarding healthcare. But as patient choice grew, so too did healthcare powers of attorney, living wills, and do-not-resuscitate orders. Prior to that, the person or family had little input regarding their medical decisions: whether or not they wanted to be hospitalized, how aggressively to treat pneumonia or an infection, whether feeding tubes were placed, and how they died. The recent Terri Schiavo case underscores the importance of completing advance directives no matter what our age.

The birth of ethics committees and the study of ethics during the late 1980s breathed new life into caring for the sick and dying. The education process to retrain nurses and physicians was slow and at times frustrating. Too often, a physician would present a futile situation to families framed this way: “You wouldn’t want to starve your mother/father?” What son or daughter would make that choice for their parent?

Over and over again during those early years, I witnessed the physical and emotional agony on the faces of residents and listened to them plead, “Please let me die” when a nasal gastric tube was inserted or when pain medications were inadequate. As a chaplain, I felt helpless and I struggled with how to assure them of God’s love and mercy. In those early years, there were many times I wrestled with God and my own conscience, and the morality of the doctor’s decisions. Many nights I went home with tears in my eyes and stayed awake questioning God.

A situation in my own family ignited my passion to be an advocate for seniors in an irreversible terminal condition. Aunt Sophie, one of my dad’s 14 sisters, who had remained single, suddenly had a heart attack in her early 80s. While in intensive care, she coded. Without consulting the patient or family, the doctors inserted a pacemaker. This was 1982, when doctors made all the decisions. I accompanied my parents to the ICU, where her physician told us Aunt Sophie had less than a 1% chance of surviving 24 hours. Surrounded by machines, my parents and I kept a vigil at her bedside. When she awoke, she looked at her physician and with a weak yet determined voice, pleaded, “Why didn’t you let me die? I saw God. Why didn’t you let me die?” He didn’t respond. She looked to me and said, “Betty Jane, promise you’ll never let them do this to me again. Help the doctors see that I have a right to die. Promise me, if this happens again, you won’t let them do anything to keep me alive.” I held her hand, but I was unsure of how to respond. Finally, I said, “Aunt Sophie, I don’t know if I can keep that promise, but I’ll do everything within my power to honor your wishes.”

My Aunt Sophie fooled all the doctors and made a remarkable recovery. After extended rehab, she returned to her own apartment and lived independently for over 2 1/2 years before moving to a skilled nursing facility. While living there, Aunt Sophie made sure her physician knew her wishes. Each month when she visited, she would nag him until he would repeat his promise to never insert a feeding tube.

Unfortunately, Aunt Sophie suffered a severe stroke, which affected her ability to swallow and caused her body to spasm, making her unsafe unless she was tied to the bed at both her arms and legs. Her physician tried to keep his promise. But after the tenth day with no food and water he said, “I need to insert the feed-
Often salaries are less, due to the institute attached to working in long-term care. Many staff working with the elderly have both bachelor’s and master’s degrees.

Aunt Sophie lived six more months, tied by all fours to a bed so she wouldn’t fall out of bed as her body spasmed out of control. Though she could no longer speak, tears often streamed down her face when someone was visiting. One day as I held her hand, I said, “Are you angry because you feel I didn’t keep my promise?” She nodded. I held her in my arms and we cried. I said, “Aunt Sophie, we tried, we really did. You went 10 days without food and water. The hospital wouldn’t keep you unless a feeding tube was inserted. I know this is no way to live, but your doctor and I both did all we could.”

Thank God that today such situations are almost extinct. With advance directives, Aunt Sophie’s wishes would have been honored. These directives inform physicians about treatment options, should we experience a terminal condition. We now have input about how we live as we are dying. A consultation with the Ethics Committee would be called to discuss the benefits and burdens of the decision. New drugs and different forms of restraint would have kept Aunt Sophie safe without tying her to the bed.

Also, Professionalism has grown tremendously over these past thirty years. When I attended my first Life Services Network conference (a statewide trade organization that provides education and services to long-term care facilities in Illinois), it was held in a suburban hotel of Chicago and about 150 long-term care workers attended. Today, LSN conferences are held at Navy Pier and attract thousands. Many staff working with the elderly have both bachelor’s and master’s degrees.

However, there is still a stigma attached to working in long-term care. Often salaries are less, due to the institutional system of reimbursement by Medicaid and Medicare. Sometimes when I attend a chaplains’ conference a colleague will ask, “What hospital are you from?” When I respond, “I work in long-term care” there is often silence, a long pause, or “Oh.” Other long-term care workers share similar experiences when they attend national conferences.

But I have found many rewards in serving as an advocate for residents. I’ve witnessed and participated in the enormous growth and evolution of care for the elderly. And I have learned about myself. I think of Aunt Sophie as not a sad story but a story of resiliency, courage, and faith. Aunt Sophie, even in her suffering, taught me about living. Working with the elderly is about dying, but that is only the end (or beginning) of the life journey.

Although I have seen many challenges and struggles ministering to the elderly during these thirty years, there have also been many light-hearted, humorous and fun times. Most elders believe a privilege of being a senior citizen is saying whatever is on their mind. One can’t work with the elderly and not have stories to tell. There are stories filled with humor and laughter, stories of courage, stories of lost opportunities and regret, stories filled with anger and despair, and stories filled with faith, hope, and love.

As society ages and baby boomers become older, a new set of needs and services will emerge. Many dedicated professionals are working to prepare for the future. Pope John Paul II wrote in his pastoral letter titled “Blessing of Age”:

“Arriving at an older age is to be considered a privilege: not simply because one has the good fortune to reach this stage in life, but also, and above all, because this period provides real possibilities for better evaluating the past, for knowing and living more deeply the Paschal Mystery, for becoming an example in the Church for the whole People of God.” Older adults are great teachers who can show us how to live the Paschal Mystery, of how to live and how to die.

Betty Skonieczny, NACC, is Director of Mission Integration and Pastoral Care at Addolorata Villa in Wheeling, IL.

Vision to continue senior-care discussion

Vision is planning a theme issue on the topic of care for the elderly for January 2007. We would like to invite our readers to submit reflections and articles for this special section in order to explore this important and growing segment of chaplaincy.

Possible issues to address include:

What are the unique pastoral-care needs of older adults?

Where and how are elders themselves creating community? How does ministry support or contribute to their efforts?

How can senior communities reach out to and mix with other generations, rather than being segregated?

How can we expect ministry to the elderly to change in coming years, as baby boomers age, more care moves out of the inpatient environment, and other trends develop?

What has working with the elderly taught you about your own aging process?

How does chaplaincy in long-term care differ from an acute-care setting? What are the perceptions/misperceptions about the former that your colleagues in hospital ministry should know about?

We hope that these ideas will suggest other possibilities to you, as well. Please submit articles or ideas for articles to dlewellen@nacc.org or write to David Lewellen, NACC, 3501 S. Lake Drive, Milwaukee, WI 53207-0473. The deadline is Nov. 15.
Helpful look at Christian nursing ignores chaplains

Transforming Care: A Christian Vision of Nursing Practice
By Mary Molewycz Doornbos, Ruth E. Groenhout, Kenda G. Hotz; Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2005; $18

By Michelle Lemiesz

As a former Registered Nurse who has published research in the spirituality of nursing, I was anxious to read Transforming Care: A Christian Vision of Nursing Practice. The book is authored by a multidisciplinary group of academics at Calvin College in Grand Rapids, MI. Doornbos is a professor and chair of the nursing program, Groenhout is professor of philosophy, and Hotz, an ordained Presbyterian minister, is an associate professor in religion.

The book asks, “What makes a Christian nurse distinctive from her peers?” since the nursing profession in general attracts individuals who seek to serve humanity compassionately and skillfully. The authors suggest that in daily, sometimes mundane and unpleasant tasks, a Christian nurse, through her actions and deeds, witnesses to Christ’s mandate to serve the poor and sick in His name. In turn, this can lead to meeting and ministering to the Lord in His people, thus leading to transformation, growth and commitment to the Christian faith.

The book is divided into two sections. The first, “Christian Faith and Nursing Theory” looks into the relationship between Christian faith and nursing. The ensuing analysis, however, is much more in the realm of nursing scholarship than in theological reflection.

In the second half, “Christian Faith and Nursing Practice,” the authors evaluate case studies within three different healthcare settings (acute care, mental health and community nursing) which allow nurses to see their actions and work within the setting of Christian service and ministry. This section, in my opinion, is the meat of the work. Nurses in general are empirical and analytical, and the stories cited provide clear and concrete examples of patient care issues that nurses can identify with easily.

The authors are honest and upfront in discussing issues such as the nursing shortage and the exodus of seasoned nurses. But in no way, shape or form do they refer to the role of chaplains in addressing these concerns. In fact, no reference at all was made to chaplaincy or spiritual care providers’ ability to assist nurses to discern their vocation in relation to their personal faith. This was an obvious and sad omission, and another reminder of how we as professional chaplains need to be advocates for our ministry and place in healthcare.

In general, the book is well written and easy to read. It is clearly written for those in the nursing profession, but others in healthcare professions who are grappling with their own identities and faith could gain wisdom and insight from it as well.

This book would be a good resource in a pastoral care department to share with nurses who are struggling with their own concerns. The practical insights can be a basis for discussion and discernment, especially for those who chose nursing as a means of service to God. Chaplains can encourage them in this journey of developing their own vision of what Christian nursing looks like.

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

Book offers resources to see image of God

Pastoral Care of Depression: Helping Clients Heal Their Relationships with God
By Glendon Moriarity; Haworth Press; New York; 2006; $22.95

By Colette Hanlon, SC

While this book may be of particular interest to those engaged fulltime in psychotherapy, I found it very engaging and helpful as a pastoral care practitioner in an acute care setting. The author brings together an understanding of how an individual’s image of God develops along with present day theories of the causes — and potential treatments of — depression. By so doing, he makes a significant contribution to individuals living through depression and also for those of us companioning them during healthcare crises.

Moriarity distinguishes between the intellectual concept of God and the God image, the subjective emotional experience of God. He states his twofold goal is to provide an understanding of depression and the God image and to meet the more lofty goal of furnishing the reader with the therapeutic ability to change the God image. While I am not sure the latter is totally realizable through reading a book, I did find the exercises personally helpful. In addition, I found lots of insights to help me in relating with others in my personal life and with those I meet in ministry settings.

He begins by clarifying depression and outlining major symptoms evident much of the time during a two-week period: depressed mood; marked disinterest or pleasure in activities; significant unexpected weight loss; insomnia
Calling NACC writers and poets

Every year, the NACC prints prayer cards for World Day of the Sick, to be distributed to hospitals, hospices, long-term care facilities, parishes, and anyone else interested in the spiritual needs of sick persons and caregivers.

We would like to invite our members to consider writing a prayer to be used on the prayer cards for 2007. We will publish two cards: one offering a Prayer for Sick Persons and one containing a Prayer for the Caregiver. You may submit prayers for either or both.

Prayers may be written in any style or format you like, but they should be no more than 32 lines long, with an average line length of not more than 10 syllables. To see examples of past prayers, visit www.nacc.org/resources/wds/pastPrayerCards.asp

All submissions must be received at the NACC office by Sept. 30. We will notify the person(s) whose prayers will be used by Nov. 10. We are not able to offer payment, but the authors will be credited.

Thank you in advance for sharing your spirituality and your creativity with a wider audience.

Correction

Two gifts were accidentally omitted from our list of donors in the June issue. In addition to the list published, we also received gifts from Theresa and Brett Edmonson, and from Joan Bumpus in memory of Robbyn Nein.

Also, one gift was listed incorrectly. John and Marilee Kralik donated to the NACC in honor of Kathleen Fallon and Jeanne Murphy and in memory of Ann and Steve Salata.

Catholic Health Assembly seeks presenters

The 92nd Catholic Health Assembly will be held June 17-19, 2007, in Chicago, with the theme “Touching Lives, Healing Communities.”

Please help CHA develop the program for the 2007 assembly: Submit a proposal for a presentation about your organization’s program, service, or leading practice that exemplifies how the Catholic health ministry serves individuals and communities. Let this be your opportunity to share your creativity with colleagues across the ministry.

The annual Catholic Health Assembly attracts an audience of senior executives, sponsors, trustees, clinicians, and other leaders from Catholic health care systems and facilities across the continuum of care.

Assembly sessions engage attendees in interactive learning. Presentations should employ instructional methods that are consistent with the learning objectives, such as: lecture; case study; discussion; simulation/role play; panel discussion/presentation; structured experience; audiovisual presentation. All sessions will be 75 minutes in length.

Within the assembly theme, “Touching Lives, Healing Communities,” sessions will examine themes such as expanding access to care; advocacy for poor and vulnerable persons; leadership for the future of the ministry; addressing disparities in care; collaboration and partnership; palliative care and end-of-life treatment; community benefit; charity care; mental health/behavioral health; mission leadership; billing and collection; global perspective/international programs; HIV/AIDS services; care of the aging; ministry formation; spirituality in the workplace; pastoral/spiritual care services; environmental responsibility; sponsorship; ethics.

A full proposal form is available online at our website, www.nacc.org/resources/edops.asp or through the CHA website at www.chausa.org/07/presentations

Please submit your proposal to Paula Bommarito by fax to (314) 253-3540, or e-mail to pbommarito@chausa.org. Proposals need to be received on or before Aug. 10, 2006.

Of importance to bedside chaplains, I think, is his development of the God image, which begins early in life via the primary caregivers. The child comes to three conclusions: Is God to be trusted? Does God want him/her to grow? And can the child distinguish between his/her parents and the God image? Modern psychodynamic theorists believe the self and the God image can change significantly with appropriate psychotherapy.

While most chaplains do not have the training, nor the time, to work psychotherapeutically with patients, reading this book will provide them with reasons to explore their own God image — and to be more sensitive to messages received from patients about their image of God. As we companion others on their final journey, it is critical that we help them to explore the possibility of a loving, forgiving God welcoming them home.

Sr. Colette Hanlon, SC, M.E.D., M.A., NACC Cert., is Director of Pastoral Care and Patient Relations at Hospital of Saint Raphael, New Haven, CT.
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| * NEW FOR 2006 : These items are also available with SPIRITUAL CARE logo, in stock, While Supplies Last : |
|---|---|
| PAS | PSC | ITEM | Description | 1-49 | 50-99 | 100-249 | 250-499 | 500-999 | 1000+ | QUANTITY | Sub-Total $ |
| 001-6 | Buttons | 2 x 3” Rectangle, Full Color | 0.85 | 0.80 | 0.75 | 0.70 | 0.70 | 0.70 | $ |
| 002-6 | Key Tags | Clear Acrylic with Full Color | 1.95 | 1.85 | 1.80 | 1.75 | 1.65 | 1.65 | $ |
| 003-6 | Magnets | Bus. Card Size, Full Color | 0.80 | 0.75 | 0.70 | 0.65 | 0.65 | 0.65 | $ |
| 006-6 | Ballpoint Pens | Bic Clic Stick, Yellow/Purple | 1.00 | 0.90 | 0.80 | 0.70 | 0.65 | 0.65 | $ |
| 008-6 | Posters | Large 16 x 20” Full Color | 3.50 | 3.00 | 2.00 | 1.45 | 1.15 | 0.95 | $ |
| 009-6 | Sample Pack | a $29 Value | $25 | 1 Poster, 1 Mug, and 2 of each : Key Tags, Note Pads, Pens, Table Tents, Buttons, Magnets, Letter Openers | $ |
| 100-6 | Celebration in a Box | a $155 Value | $100 | 2 Squeeze Balls, 5 Posters, 5 Mugs, 25 Pens, and 10 of each : Key Tags, Buttons, Note Pads, Table Tents, Magnets, Letter Openers | $ |

| Allow 2 weeks for delivery. |
|---|---|
| 300 | 500 | 1000+ | |
| 006-6C | CUSTOMIZED Ballpoint Ink Pens | 0.70 | 0.65 | 0.60 | $ |

**Method of Payment (sorry, no COD’s)**

**ORDER DEADLINES 10/13/06 and For Custom Orders: 09/29/06**

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**SHIPPING FEES (see below)**

- KS & MO Sales TAX (KS 7.525%, MO 6.60%)

**TOTAL AMOUNT DUE**

**GENERAL INFORMATION**

- For large quantity purchases, please call for a quote.
- All orders payable in Us Dollars.
- ORDER BY MAIL, FAX OR PHONE
- CAM/PASTORAL CARE ORDER DESK
- 9221 Flint, Overland Park, KS 66214
- Phone 913-385-3433 Fax 913-385-3033
- Hours: 8 AM - 5 PM CST, Mon-Fri
- email: PastoralCare@cam-inc.com

**ORDER SUB-TOTAL**

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These fees only cover Ground Shipments - Rush Shipments Available, freight difference will be added to your invoice. For Alaska, Hawaii and Canada, UPS freight difference will be added to the invoice.

| up to $30.00 | $6.90 |
| $30.01 to $50.00 | $7.50 |
| $50.01 to $100.00 | $8.60 |
| $100.01 to $150.00 | $12.50 |
| $150.01 to $200.00 | $13.45 |
| $200.01 to $300.00 | $15.75 |
| $300.01 to $400.00 | $18.90 |
| $400.01 to $500.00 | $21.00 |
| $500.01 to $700.00 | $25.00 |
| $750.01 to $1000.00 | $40.00 |
| $1000.01 and up | add 4% of order total |

* If you do not specify PAS (Pastoral Care) logo OR PSC (Spiritual Care) logo above, then we will ship PAS.
Positions Available

**STAFF CHAPLAIN**
Gilbert, AZ – Mercy Gilbert Medical Center is seeking a full-time chaplain to join its spiritual care team. This new Catholic hospital, which is part of Catholic Healthcare West, will open its doors in June in Gilbert, the fastest growing city in America. This is an excellent opportunity to get in on the ground floor, since this 88-bed healing hospital, with its philosophy of practicing “radical loving care,” expects to grow to 200 beds within the next two years. The chaplain is responsible for providing spiritual care to patients, families and staff, and functions as a collaborative member of the interdisciplinary health care team. This is a full-time evening position. Requirements: M.Div. or MA in theology, pastoral ministry or other related field and must have completed 4 units of clinical pastoral education (CPE). Certification by NACC or APC or the ability to be certified within one year of hire. Contact: Judy Esway, Manager of Spiritual Care; jesway@chw.edu; 3555 S. Val Vista Road, Gilbert, AZ 85296, or apply online at www.mercygilbert.com.

**DIRECTOR, SPIRITUAL & SUPPORT SERVICES**
Sheboygan, WI – St. Nicholas Hospital, a 185-bed general acute care, community hospital, is seeking a Director of Spiritual & Support Services. This leadership position provides direction and daily supervision for spiritual/pastoral services and advocates for the spiritual component within the organization. The role is to contribute to the mission and Catholic-sponsored healing ministry of the Hospital and Hospice programs. Bachelor’s degree in theology, religious studies, psychology, or related field and working towards CPE completion is required. Master’s degree in related field and certification in the National Association of Catholic Chaplains (NACC) or the Association of Professional Chaplains (APC) are preferred. Candidates should possess 2 years progressive pastoral care in hospital/healthcare setting, including acute and sub acute/extended care; 2 years managing pastoral care services, including staff supervision, strategic planning, and budgeting. In addition, strong written and verbal communication skills are required to be able to lead ritual, coach, counsel, model holistic spirituality and relationship of the body, mind and spirit with sensitivity and respect to diverse spiritual, religious and culture needs. Candidates that are practicing Catholic are preferred. Candidates must be committed to supporting the mission, philosophy and goals of St. Nicholas Hospital and Hospital Sisters Health System. We offer interview/relocation assistance, professional development opportunities and progressive salary and benefit package. Interested and qualified candidates should submit their resume and salary requirements in confidence to: Christine Jensema, Administrative Director, Human Resources, 3100 North Taylor Drive, Sheboygan, WI 53081; cjensema@sns.hshs.org; (920) 459-4648; (920) 451-7280 (fax). An Affiliate of Hospital Sisters Health System. Equal Opportunity Employer functioning under an Affirmative Action Plan.

**DIRECTOR OF PASTORAL CARE**
Bronxville, NY – To direct a department at Lawrence Hospital Center, as a staff member of The HealthCare Staffing Group. The position requires a bachelor’s degree and a master’s degree in pastoral care. Must be certified as a chaplain or have four units of clinical pastoral education. Certification by NACC and/or APC is preferred, as is certification eligible, high energy with a well developed sense of the role of professional chaplaincy, excellent clinical skills, and an ability to handle pastoral care administration. Send cover letter and resume to: The Rev. George Handzo, Associate Vice President, Strategic Development, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 (ghandzo@healthcarechaplaincy.org)

**CHAPLAIN**
Stockton, CA – Beautiful health & rehab center is seeking a Chaplain to participate in interdisciplinary team meetings, assess spiritual needs, provide counsel, educate and minister to residents. BA required, MA preferred, in divine theology or pastoral studies with 2-4 units of clinical pastoral education, or equivalent; certification by NACC/APC or certification eligible within 18 months desired. Experience working in a health care setting, skilled nursing experience preferred. cotte@chw.edu; call (209) 956-3459; fax (209) 956-3454.

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

apply online at www.mercyjobs.com EOE/ADA. www.mercyhealthnwa.smhs.com

▼ DIRECTOR OF PASTORAL CARE
Fremont, CA – The Sisters of the Holy Family have an opening for Director of Pastoral Care at their motherhouse facility. The director sees that services are offered to all residents, both permanent and temporary, in Golden Gleaners and Extended Care (approximately 40 people). Essential duties and responsibilities include, but not limited to, the following: spiritual, personal assistance, transportation, light administrative duties, environment, funerals. There are no medical responsibilities involved in this position. For a detailed job description see holyfamilysis- ters.org (how can you help/job openings) or contact Kathi Goodman at (510) 624-4500 or fax (510) 624-4518 or email: Kathi.goodman@holyfamilysisisters.org

▼ PRIEST CHAPLAIN
Anchorage, AK – Putting people first. An environment that brings out your best. That’s what a calling at Providence Health & Services offers. When you work here, not only will you find innovative technology and outstanding benefits, but also an atmosphere that treats each employee with personal respect consistent with the mission and values of a premier Catholic healthcare provider. We’ve been serving Alaska for over a century – and we’d like you to be a part of our continued success. As the state’s largest medical center with 363 beds, at Providence Alaska Medical Center 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. A diverse Spiritual Care staff and new CPE program are integrated into the multidisciplinary care team and its services. Position ministers to the emotional and spiritual needs of patients, families and staff associated with the mission and work of Providence Health System in Alaska. Primarily provides pastoral and sacramental care to the Catholic hospital population, including daily celebration of mass. Preferred NACC Certified or certifiable as Chaplain with experience in healthcare setting. Chaplain training in a CPE residency is strongly desired. Experience in ethics and palliative care is strongly desired. Position requires: Participate in ‘on-call’ rotation; advanced studies related to theology; national chaplaincy certification in a healthcare setting (or eligible) and faith endorsement. A competitive salary and excellent benefit package is offered. Forward resume to FrRoryMurphy@dochs.org; fax: (650) 991-6561; apply online at www.setonmedicalcenter.org/jobs.

▼ INTERFAITH CHAPLAIN
Barre, VT – Central Vermont Medical Center, a member of the Dartmouth-Hitchcock Alliance, an organization consisting of a 122-bed hospital, 153-bed nursing home, and 10 physician office practices, is currently seeking a full-time interfaith chaplain. Primary requirements include knowledge of and ability to minister to persons of diverse faith backgrounds, demonstrated pastoral, administrative, teaching and organizational skills, and professional understanding of current developments in theology, spirituality and leadership practices. Formal training and/or experience in ethics and palliative care is strongly desired. Candidate must have successful completion of CPE training, current endorsement of sponsoring religious groups, and board certification by any of the following: APC, NACC, or NAJC. Position requires a master's degree with specialization in theology, pastoral ministry or healthcare-related discipline. Five years of healthcare ministry is preferred, and a minimum of two years experience beyond successful completion of CPE is required. Requires availability to work weekends and evenings, availability by pager 24 hours per day/weekends up to 48 hours a week with some reliance on weekends, live within one half hour of the Medical Center, and possess a current valid driver’s license. To apply, please visit our website at www.cvmc.hitchcock.org

▼ STAFF CHAPLAIN
Daly City, CA – The beautiful Bay Area beckons! Seton Medical Center, is seeking a full–time Catholic chaplain to be part of a diverse seven-member team. Our prospective candidate will be energetic with excellent interpersonal and computer skills, have a compassionate spiritual presence, embracing our Catholic identity, mission and values. Position requirements: Participate in ‘on-call’ rotation; advanced studies related to theology; national chaplaincy certification in a healthcare setting (or eligible) and faith endorsement. A competitive salary and excellent benefit package is offered. Forward resume to michjens@sarmc.org, or visit us online at www.saintalphonsus.org. EOE

▼ CHAPLAIN
Boise, ID – Believe it or not, you can have it all. A rewarding career with a technologically advanced medical center. A work environment where some of the best minds in the country come together to provide the best care possible. All in a city where everyone is a neighbor and nature’s beauty is in your own backyard. To us, having that kind of career is remarkable, every day. Now hiring at Saint Alphonsus Medical Center: Chaplain. Master’s degree in theology or related, four units of CPE, APC or NACC certification. Experience in pastoral care in a healthcare setting preferred. Saint Alphonsus is proud to be recognized as the only hospital in Idaho to receive the 2006 Distinguished Hospital Award for Clinical Excellence by HealthGrades. Our comprehensive compensation package includes tuition reimbursement, relocation benefits and retention bonuses, and a concierge benefits program. To apply, please submit resume to Michelle Jensen at michjens@sarmc.org, or visit us online at www.saintalphonsus.org. EOE
and submit an electronic application and cover letter with resume. Human Resources Department, Central Vermont Medical Center, PO Box 547, Barre, VT 05641; phone (802)371-4191; fax (802) 371-4494.

CHAPLAIN

Mobile, AL – Providence Hospital seeks a Chaplain to provide a ministry of spiritual and emotional support to patients and families of all religious affiliations. Providence is a JCAHO-accredited, acute care 349-bed Catholic hospital and a member of the Ascension Health Care System. Qualifications: Master’s degree in theology, pastoral studies, related fields in ministry or behavioral science with theological/religious studies; 4 units of CPE with NACC or APC certification; 2 years experience as chaplain (with experience in health care); and ecclesiastical endorsement by one’s denomination or faith group. Providence provides a supportive setting and attractive compensation/benefits package. Apply online at www.providencehospital.org; phone (251) 633-1072; e-mail sharcourt@providencehospital.org.

DIRECTOR OF SPIRITUAL CARE

St. Louis, MO – SSM St. Mary’s Health Center is seeking an experienced Director of Spiritual Care. Primary responsibilities are leadership of the Spiritual Care Department, including staffing, scheduling, budget, compliance, and staff development. In addition, the director will coordinate and delegate the liturgical and ecumenical services for patients, families and staff within the health center. Qualified candidates will have a master’s degree in theology, spirituality or related field; 3 to 5 years experience within a healthcare setting is desired. Clinical Pastoral Certification in NACC is required. SSM St. Mary’s offers a comprehensive compensation/benefits package in addition to tuition/loan forgiveness. To apply online, visit “Career Opportunities” at www.stmarysstlouis.com.

CHAPLAIN

Longview, WA – At PeaceHealth St. John Medical Center, we recognize the simple truth that organizations do not achieve outcomes — people do. By nurturing the relationships with the people around us, we are able to achieve the best possible outcomes for our patients, their families and our team of healthcare professionals. As a 180-bed acute care and Level III Trauma Center community hospital, we have a full-time opening for a Chaplain in our Mission and Ethics Department. Work 40 hours per week and provide religious, emotional and spiritual support, and guidance and counseling to patients, families and the healthcare team as part of total patient care. Provide a compassionate, accepting, respectful and sensitive pastoral presence to all people in the Lower Columbia region and work collaboratively with healthcare professionals, area clergy, and other community professionals. Requires a master’s degree in theology or divinity, four units of Clinical Pastoral Education (CPE), certification or certificate eligible by NACC or APC and have the official endorsement of their denomination or ecclesiastical body. We offer competitive salaries and comprehensive benefits and are ideally situated on the Columbia River, where mountains and beaches are one hour away. Longview, WA is a family-friendly, traffic-free area that offers the opportunity to work in a small town community while enjoying quick access to all that Portland, OR and Seattle, WA have to offer. For immediate consideration, please visit our Web site at www.peacehealth.org to view a complete job description and to complete an online application. An application must be submitted to be considered; a resume can be submitted in addition to an application. PeaceHealth is an AA/Equal Opportunity Employer. PeaceHealth St. John Medical Center; www.peacehealth.org

PRIEST CHAPLAIN

Los Angeles, CA – California Hospital Medical Center, a Catholic Healthcare West hospital, is seeking a Roman Catholic priest chaplain to serve as a member of our multidisciplinary team. Important aspects of this position include celebrating mass and providing sacraments to Catholic patients as well as assessment of spiritual needs and provision of support to patients, families and staff of all faiths. This position will share on-call responsibilities. CPE training is preferred as well as bilingual; Spanish/English. Please submit resume to Mark Winick, mwinick@chw.edu

CHAPLAIN

Los Angeles, CA – California Hospital Medical Center, a Catholic Healthcare West hospital, is seeking a chaplain to serve as a member of our multidisciplinary team. Important aspects of this position include assessment of spiritual needs and provision of support to patients, families and staff of all faiths. This position will share on-call responsibilities. CPE training is required. Bilingual Spanish/English is preferred. Please submit resume to Mark Winick, California Hospital Medical Center; mwinick@chw.edu

PASTORAL MINISTER

Jamestown, ND – Central Dakota Village, is seeking (for October 1, 2006) a full-time pastoral minister to provide ministry to residents, their families, visitors and staff throughout the continuum of care. Central Dakota Village is a 100-bed skilled care and rehabilitation healthcare facility and is an organization of the Sisters of Mary of the Presentation Health System. This position includes day hours and some on-call coverage. Qualified candidates will be NACC certified or have equivalent pastoral care experience. Send resume to: Jeannie Schmidt, Central Dakota Village, 501 19th St. NE, Jamestown, ND 58401 or email to jeannie.schmidt@smphs.org. Please share this notice with all interested parties, post, etc.

CHAPLAIN

Oelwein, IA – We are seeking candidates for a wonderful opportunity to fulfill the role of chaplain at Mercy Hospital of Franciscan Sisters in Oelwein, with opportunities at Covenant Medical Center in Waterloo, IA. This position is mostly day hours, Monday through Friday. In conjunction with our team of health care professionals, the chaplain facilitates the spiritual well-being of our patients, families,
Positions Available

staff and the wider community by providing visitation; spiritual guidance and direction; advocacy for patient well-being; prayer and worship services; facilitating support groups and family meetings/care conferences; serving as a liaison to community clergy and resources; and actively participating as an integral member of the clinical care team. For consideration, candidates must have a master's degree in theology, pastoral studies or related field; CPE (clinical pastoral education), minimum of one year pastoral care experience in health care, and must be certified as a chaplain from NACC, APC or NAJC. CPE, four units or enrollment in program with completion date of four units no later than one year from hire. Apply online at www.vcny.org, or by fax: (212) 337-5789, or email: recruiter@vcny.org. EOE / Drug Screen Required

PASTORAL CARE COORDINATOR (Part-time)
New York, NY – Rivington House provides the crucial residential component for Village Care of New York’s Network of AIDS Services. Interactive and holistic services integrate traditional and alternative therapies with the latest medical advances to support the individual in a caring environment. The entire person is treated with a wide range of services that addresses physical, mental and spiritual needs. Rivington House is seeking a part-time Pastoral Care Coordinator to oversee the pastoral care to adult residents and their families. Essential responsibilities: Maintains the schedule for all religious and liturgical services; coordinates pastoral oversight of all residents; maintains proper records accordingly; provides pastoral support for residents, residents’ families and staff members as requested; coordinates study and small group opportunities as requested by residents, families and staff; relates to visiting clergy who visit individual residents and authorizes non-specific visiting by individuals representing religious denominations and organizations; holds membership on the Ethics Committee to bring theological perspectives to case reviews and ethics policy. Minimum Requirements: Master’s degree in divinity; certification preferred in process by National Association of Catholic Chaplains or the Association of Professional Chaplains; ecclesiastical endorsement; and bilingual skills in (Spanish) required. Mercy’s ideal location, just minutes south of the Loop, is easily accessible by all main arteries. And at Mercy, patients and visitors will find convenient, free parking. Mercy offers a very competitive salary along with a comprehensive benefits package. Please forward your resume along with cover letter to: Grace Dougherty, OP, Spiritual Care Dept.; Mercy Hospital and Medical Center; 2525 S. Michigan Avenue; Chicago, IL 60616-2477; fax: (312) 567-7741; e-mail: employment@mercy-chicago.org

HOSPICE CHAPLAIN
Toms River, NJ – Holisticare Hospice, the premier provider of end-of-life healthcare services in Ocean and Monmouth Counties, NJ has an opportunity for an experienced spiritual counselor due to unprecedented growth. Responsibilities include providing spiritual counseling to our patients and their families in a variety of healthcare settings. Come join our remarkable team and bask in the sunshine of the Jersey coast. Interested applicants should forward their resumes to jobs@holisticarehospice.com or fax to (732) 341-7492.

CPE RESIDENCY
Chicago, IL – Two one-year Clinical Pastoral Education residency positions available at Resurrection Health Care, Sept. 1, 2006 – Aug. 31, 2007, 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 has a variety of specialization areas, including ministries in the acute care settings, nursing and rehabilitation centers, retirement communities and hospice care. 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 healthcare ministry by an appropriate religious authority. Send your application materials to the Rev. Dr. Romulo S. Manching, System 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: manching@reshealthcare.org www.reshealth.org EOE

CORPORATE DIRECTOR OF MISSION INTEGRATION
Arlington Heights, IL – Alexian Brothers Health System, a Roman Catholic organization, is seeking a corporate director of mission integration. The position is responsible for integration of mission, core values, spirituality, cultural development and promotion of Catholic identity throughout the organization. Minimum qualifications include a master’s degree in theology, organizational development, or health related specialty; and/or studies in theology, spir-

Candidates must have a strong understanding and acceptance of a diversity of religious practices and cultural backgrounds. Qualified candidates will have a master's degree in theology or religious studies; certified as a chaplain or be certification eligible by the National Association of Catholic Chaplains or the Association of Professional Chaplains; eclesiastical endorsement; and bilingual skills in (Spanish) required. Mercy’s ideal location, just minutes south of the Loop, is easily accessible by all main arteries. And at Mercy, patients and visitors will find convenient, free parking. Mercy offers a very competitive salary along with a comprehensive benefits package. Please forward your resume along with cover letter to: Grace Dougherty, OP, Spiritual Care Dept.; Mercy Hospital and Medical Center; 2525 S. Michigan Avenue; Chicago, IL 60616-2477; fax: (312) 567-7741; e-mail: employment@mercy-chicago.org

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Toms River, NJ – Holisticare Hospice, the premier provider of end-of-life healthcare services in Ocean and Monmouth Counties, NJ has an opportunity for an experienced spiritual counselor due to unprecedented growth. Responsibilities include providing spiritual counseling to our patients and their families in a variety of healthcare settings. Come join our remarkable team and bask in the sunshine of the Jersey coast. Interested applicants should forward their resumes to jobs@holisticarehospice.com or fax to (732) 341-7492.

CPE RESIDENCY
Chicago, IL – Two one-year Clinical Pastoral Education residency positions available at Resurrection Health Care, Sept. 1, 2006 – Aug. 31, 2007, 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 has a variety of specialization areas, including ministries in the acute care settings, nursing and rehabilitation centers, retirement communities and hospice care. 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 healthcare ministry by an appropriate religious authority. Send your application materials to the Rev. Dr. Romulo S. Manching, System 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: manching@reshealthcare.org www.reshealth.org EOE

CORPORATE DIRECTOR OF MISSION INTEGRATION
Arlington Heights, IL – Alexian Brothers Health System, a Roman Catholic organization, is seeking a corporate director of mission integration. The position is responsible for integration of mission, core values, spirituality, cultural development and promotion of Catholic identity throughout the organization. Minimum qualifications include a master’s degree in theology, organizational development, or health related specialty; and/or studies in theology, spir-
ituality, and medical/moral theology. Experience in complex/matrix organization, knowledge of health care ethics and the Ethical & Religious Directives for Health Care Services, and at least 5 years strong leadership/management experience in faith-based health care required.

Send resume to: Le Ann Kadlec, Human Resources Director, Alexian Brothers Health System: KadlecL@alexi-an.net or fax to (847) 483-7031.

▼ STAFF CHAPLAIN, PRIEST CHAPLAIN
Beaumont, TX – If you would like to work with an organization that sets high standards for service and performance, then CHRISTUS Health- Southeast Texas is the place to be. It just takes one step to begin a journey that will transform your life. We are seeking the following: Staff Chaplain and Priest Chaplain. Both full-time positions are integral for a Spiritual Care Department team effectively serving patients, families and a staff of culturally diverse communities for the St. Elizabeth campus and St. Mary campus. In addition to a graduate degree, clinical/ pastoral training (or its equivalent), appropriate ecclesial endorsement and eligibility for certification, previous patient care, plus on-call rotation experiences are essential qualifications for assisting in crisis interventions. To apply, please contact Ms. Brenda Dixon, Employment Manager, 2900 North Street, Suite 204, Beaumont, TX 77702-1512; brenda.dixon@christushealth.org; phone: (409) 899-7165, fax: (409) 899-7697. EOE

▼ STAFF CHAPLAIN
Baltimore, MD – Bon Secours Baltimore, a member of the Bon Secours Baltimore Health System, has an opening for a full-time staff chaplain beginning September 2006. The successful candidate will be part of a collaborative interfaith team, providing services to meet the religious and spiritual needs of patients, family members, and staff. To qualify for this position, the candidate must be certified by NACC or APC, or be in the process of pursuing the certification. Experience in a hospital setting and basic knowledge of computer programs are required. For more information, please call (410) 382-3007 or send resume to: Bon Secours Hospital, Human Resources, 2000 West Baltimore Street, Baltimore, MD 21223, fax: (410) 947-3210, E-mail: William_brown@bshsi.com. EOE

▼ PRIEST CHAPLAIN
Coconut Grove, FL – As an award winner of the noted and prestigious JD Power Customer Satisfaction Award, Mercy Hospital is a quality place for professionals to practice. We’re a highly respected 512-bed hospital affiliated with Catholic Health East, known for outstanding care within our community. Mercy is located right on Biscayne Bay, in suburban Miami, beautiful Coconut Grove. We are seeking an individual to join a group of dedicated chaplains and associates. The Priest chaplain helps to meet the spiritual and pastoral needs of patients, family members, staff and physicians at Mercy. You will accomplish this through your adept art of listening as well as observing nonverbal behaviors. You will celebrate Mass as scheduled, provide the Holy Sacraments to all those who can or are able to receive them, and may serve patients of all ages and illnesses at Mercy Hospital. The Priest Chaplain assumes responsibilities such as being on call at night and on weekends. A master’s degree in theology, spirituality or similar is required, in addition to chaplaincy certification or eligibility for certification. If not certified, two or more units of CPE are preferred. English/Spanish abilities are also preferred. We offer a salary commensurate with certification or experience and good benefits. Visit us online at www.mercymiami.org to find out more. To apply, email your qualifications to MGibson@mercymiami.org or fax to (305) 285-5015 or apply at Mercy Hospital, 3663 S. Miami Ave., Coconut Grove, FL. Mercy Hospital is committed to equal opportunity hiring.

▼ STAFF CHAPLAIN
Cincinnati, OH – The Department of Pastoral Care at Cincinnati Children’s Hospital Medical Center has an opening for a staff chaplain. The chaplain will primarily serve the Heart Center, which is a comprehensive program encompassing cardiac surgery (including heart transplants), a cardiac intensive care unit, an inpatient unit and an extensive follow-up clinic. CCHMC is a globally recognized pediatric center offering specialized care in a variety of disciplines. It is also one of the premier pediatric research centers in the world. Candidates must be board certified by APC, NACC or NAJC (or eligible for certification), and have 3-5 years of hospital experience and/or significant experience in congregational ministry. Pediatric experience is a plus. We encourage applications from people of diverse racial, cultural and religious backgrounds. To apply, go to www.cincinnatichildrens.org, go to “Careers” (top of page) and click on “Apply for a Job.” For further information, please contact Chaplain Bill Scrivener, Director of Pastoral Care, (513)-636-4377, or e-mail at bill.scrivener@cchmc.org.

NACC-certification-eligible chaplain seeks a full-time position as a Catholic priest staff chaplain in any part of the United States, beginning from September 2006. Prefer a hospital facility. Please contact Rev. Christian C. Ezeh, Immaculate Conception Parish, 3263 First Ave., Sacramento, CA 95817. E-mail: fadaezehc@yahoo.com; phone: (916) 410-2354 or (916) 452-6866

NACC-certification-eligible chaplain seeks a full-time position as a Catholic priest staff chaplain in any part of the United States, beginning from September, 2006. Prefer a hospital facility. Please contact Rev. Kenneth Chukwu, 41 Alling Street, West Haven, CT 06516. E-mail: omoigwe@yahoo.com; phone: (203) 535-7122, (203) 789-3245.
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## Calendar

**August**

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>28</td>
<td>Copy deadline, October Vision</td>
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**September**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Supervisor certification materials due at NACC office</td>
</tr>
<tr>
<td>4</td>
<td>Labor Day; national office closed</td>
</tr>
<tr>
<td>22</td>
<td>Postmark deadline for Board of Directors ballots</td>
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</tbody>
</table>