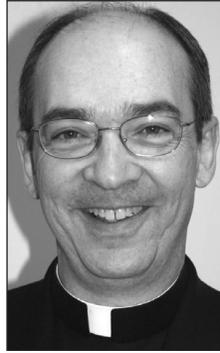


Tom Landry takes interim leadership

After 14 years as a priest, Rev. Thomas E. Landry found his vocation in chaplaincy almost by accident.

Chaplaincy has now taken him to the NACC's national office. At the request of the Board of Directors, Tom has taken over as the association's new interim executive director.

He replaces Larry Seidl, who left his job as executive director of the NACC in April for personal reasons. Seidl and the association had experimented with commuting from his home in Denver to the national office in Milwaukee, but he felt the need to spend more time with his family. As a result, he will be seeking other professional opportunities utilizing his skills and talents. He thanks the asso-



Rev. Tom Landry

ciation for the opportunity and honor to serve the NACC membership.

Tom Landry's path into the NACC began in the late 1990s, when he agreed to serve one year at Memorial Hospital in Worcester, MA, in order to broaden his general experience as a parish priest. But after six months, "I realized that this was going to be my parish," he said. "This was where my ministry would be. I loved it."

Being a chaplain has given him the opportunity to "do so many things I hadn't imagined doing," he said, such as being in a peer group with laypeople and women religious. "The whole experience of Catholic faith, the gamut of life in ministry, the wide range of people in chaplaincy working with me as their

See [Landry](#) on page 10.

In This Issue:

Genetics meeting	2
Lawrence VandeCreek	3
Research Update	4
Annual Report	Center section
Book review	7
Certification interviewers	7
Seeking your opinion	7
Thanks to our donors	8
Positions available	10
Calendar	12

A word from our new Board chair

By **Karen Pugliese,**
Chair, Board of Directors

When I stood for election to the NACC Board of Directors in June of 2004, I wrote to you, "My expertise is in working with persons, organizations and environments in significant transition. I desire to serve NACC in envisioning and implementing a meaningful, actionable and sustainable vision for the future of professional chaplaincy."

Today, those words take on deeper meaning and renewed commitment. I accept my vocational call, not only to our profession and our professional organization, but to leadership of your Board of Directors. I do so with gratitude, confidence and whole-hearted hope.

Gratitude for the shoulders I stand on, the footsteps I walk in, and the hands clasped in mine. I affirm, the words of Clarissa Pinkola Estes, who inflamed our hearts at the 2005 Conference in Albuquerque: "One of the most calming and powerful actions you can do ... is to stand up and show your soul. Struggling souls catch light from other souls who are fully lit and willing

to show it." Let us stand in soul-full solidarity as we move into the next 40 years of our existence.

Confidence in the Gospel call to replicate the healing ministry of Jesus in our lives. Let us sit at the feet of those whose wounds we seek to heal – those "living human documents" who have much to teach us about bridging life's paradoxes and ambiguities.

Hope resides in the unlimited capacity of our faith, our rituals and traditions, to integrate and reconcile all that has been, with a future yet to be conceived. I am challenged by the words of Thomas Merton: "For when our hope is pure, it no longer trusts exclusively in human and visible means, nor rests in any visible end. Those who hope in God, trust God whom they never see, to bring them to the possession of things that are beyond imagination."

Together, let us trust the wisdom, guidance and grace of the Paraclete, promised us at Pentecost, to inspire clarity of vision and infuse constancy of purpose in our pursuit of what is yet invisible and unimaginable for the future of our organization.

Genetics conference stresses discussion of risk

By Richard M. Leliaert, Ph.D.

“Hey, I recognize you. You and that other chaplain did that session on religion and genetics a couple of years ago. It’s good to see you’re still with us.”

Our colleagues in the National Coalition for Healthcare Professional Education in Genetics (NCHPEG, pronounced nitch-peg) and Genetic Resources on the Web (GROW) still continue to acknowledge my presence (representing the NACC) and that of Vincent Guss (representing the APC) at our annual conferences.

The shared belief of the 130-plus NCHPEG member organizations and their representatives, which constitute the coalition, is that *genetic advances are fast outpacing genetics education*. The goal is to help healthcare professionals (chaplains included) integrate new genetics knowledge and technologies into practice so that patients may benefit from genetic family history information and improved diagnosis, from more tailored preventive recommendations, and from disease treatments.

The theme of this year’s conference in Bethesda, MD, in February was “Risk Assessment and the Communication of Risk.” The 175 attendees represented a wide spectrum of healthcare groups, including pharmaceutical companies.

Our speakers focused on various challenges we’ll be facing in the future to determine risk assessment for genetically related diseases and how we communicate that risk. This will impact chaplains as they help patients and their families confront spiritual and ethical issues arising from genetic counseling.

Two special challenges were mentioned. One is how to understand and convey the statistical information stemming from genetic testing. For example, if there’s a history of Alzheimer’s disease in the family, what are my chances of inheriting it? Should I undergo genetic testing and/or counseling to get a clearer picture? The other is the diversity of cultural/religious perspectives and how it impacts risk assessment and communication. Would specific religious perspectives like Islam make a difference? Or divergent western and eastern cultures, say, Hispanic or Asian?

An interactive exercise illustrated the inherent challenges in risk communication. A risk figure was tucked into the name badge of each attendee. Then each was asked to rate his or her risk as high, moderate, or low based on the figure: either “You have a 96% chance of being unaffected with a disorder,” “You have a 1 in 25 chance, 1/25, of being affected by the disease;” or “You have a 4% chance of being affected.” The 96% group felt safest. But, as the speaker pointed out, all three communications conveyed the exact same information from three different points of view.

This might seem obvious, but it could make a significant difference in how test results are received. Genetic testing indicates probabilities, thus most likely increasing anxiety, since statistical probability doesn’t equate with certainty. Each way of presenting the same risk value is important, since personal experiences influ-

ence risk perception and a true understanding can lead to more informed decisions. The implications for chaplains are obvious.

Some speakers addressed these challenges from the viewpoint of cultural and religious diversity. Vinaya Murthy provided an example of how an Afro-American church in the Pittsburgh area used family health histories as a tool to influence risk perception. Her method(s) could be used in a hospital or parish/church setting to help people learn how to use family histories in risk assessment. Perhaps your institution has genetic experts or counselors who could provide help and/or information.

NCHPEG working groups continue to tap resources for improvement in cultural communication; for example, in 2005 they increased Hispanic/Latino access to NCHPEG resources and throughout 2006 they will continue to translate NCHPEG’s materials into Spanish and improve access to those resources. (Our translation services here at Oakwood Hospital helped NCHPEG translate materials into Arabic.)

From my perspective, the meeting’s highlight was the closing address by Dr. Francis Collins, Director of the Human Genome Project at the NIH. He emphatically stated that NCHPEG’s educational mission is increasingly important in light of research that is revealing gene combinations that predispose so many to common chronic diseases such as cancer, diabetes and asthma.

Dr. Collins is personally and professionally interested in increased involvement of clergy and chaplains in discussions on the ethical-spiritual aspects of genetic medicine. His personal spirituality and religious commitment has affected his efforts in the Human Genome Project; perhaps that’s why he told Vincent Guss of the APC that he would like to allow pastoral/spiritual care representatives to provide another keynote program in the future.

The various working group sessions allowed Vincent and myself to network with prominent health professionals in genetics and to provide a pastoral or ethical dimension to the discussions. At the cultural diversity working group, I talked about the importance of communication skills in talking to families about genetics risks and treatments *and* how pastoral/spiritual caregivers can facilitate more sensitive communication about the cultural/spiritual values and beliefs involved in care.

NCHPEG’s membership committee has recently structured a dues system, and the NACC has already submitted its dues, for which I’m very grateful. I understand that the APC will also consider continuing its membership. I believe NACC’s continuing participation in NCHPEG is valuable both as a networking opportunity and as a resource for the continuing education of our membership.

For more information, visit NCHPEG’s web site at www.nchpeg.org or contact the staff at 410-583-0600, or e-mail das-troth@nchpeg.org.

Rev. Richard Leliaert, NACC Cert., is Manager of Spiritual Support Services at Oakwood Hospital and Medical Center in Dearborn, MI.

vision

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

ISSN: 1527-2370

Executive Editor

Thomas G. Landry

Editor

David Lewellen
dlewellen@nacc.org

Graphic Designer

Gina Rupcic

The National Association of Catholic Chaplains is a professional association for certified chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ. We provide standards, certification, education, advocacy, and professional development for our members in service to the Church and society.

NACC National Office

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473
(414) 483-4898
Fax: (414) 483-6712
info@nacc.org
www.nacc.org

Interim Executive Director

Thomas G. Landry
tlandry@nacc.org

Director of Operations

Kathy Eldridge
keldridge@nacc.org

Director of Education & Professional Practice

Susanne Chawaszczewski, Ph.D.
schaw@nacc.org

Finances

Sue Walker
swalker@nacc.org

Membership

Barbara Hempel
bhempel@nacc.org

Certification

Marilyn Warczak
mwarczak@nacc.org

Special Projects

Philip Paradowski
pparadowski@nacc.org

Religious coping: What's the evidence?

By Lawrence VandeCreek

The authors of the article referred below note that the concept of "religious coping" has penetrated many healthcare fields, including family therapy, behavioral medicine, family medicine, mental healthcare, nursing practice, and palliative care. The authors "summarize and evaluate the most recent research" as published by 2000.

Religious coping studies are predicated on two assumptions: first, that human encounters, trials, and transitions can push persons beyond their own capabilities, and second, that persons are proactive agents in attempts to overcome these challenges. When coping efforts involve religion, they are "a search for significance related to the sacred." The authors summarize 17 methods of religious coping and they divide their article into six categories.

The authors report previous studies from hospitalized and/or long-term-care settings. In the first study, 42 percent of medically ill, hospitalized patients spontaneously reported to a researcher that their religion helped them cope with their illness. When directly asked about the role of religion, 73 percent reported using religion to a considerable degree. In a second study, 79 percent of a British sample of hospitalized patients reported using religious coping. Third, 86 percent of a medically ill and long-term care population reported using religious coping. Finally, among long-term care patients, 34 percent indicated that religion was their most important coping resource and 59 percent used religion "to a large extent."

The authors note additional studies of patients with specific diagnoses, including those with gynecological cancer, HIV, and psychosis. Most of these prevalence studies report higher levels of positive rather than negative religious coping.

However, relatively few studies attempt to identify predictors of religious coping. Pargament, a prominent author in this field, suggests that personal characteristics, life challenges, and life context are likely involved. Research results suggest that those who are inclined to use religious coping include African-Americans and persons with lower education, higher levels

of social support, and more stressful life events.

Religious coping is thought of as positive or negative, the former associated with improved recovery and/or adjustment. But negative religious coping, including spiritual discontent, interpersonal religious conflict, negative religious reframing, and self-directed religious coping, is associated with more depressive symptoms. Anxiety, worry, and post-traumatic stress are significantly associated with negative religious coping. Positive religious coping is associated with higher self-esteem, life satisfaction and quality of life scores.

The relationship between religious coping and physical symptoms is ambiguous. Three reports that studied general hospital patients, long-term care patients, and bereaved persons suggest a positive relationship. However, three other studies of individuals in diverse situations demonstrate an inverse relationship. Immune function studies identify a weak but consistent positive relationship to organizational and intrinsic religiousness.

Investigators give particular attention to the relationship of religious coping to violent behaviors and substance abuse. Alcohol consumption and tobacco use are linked to lower levels of organizational, devotional, and intrinsic religiousness in several population groups. Youth who report that religion is important to them describe less violent behaviors. The salience of religion and prayer for adolescents was not linked to violent behavior but was inversely related to sexual activity.

"Instrumental outcomes" refer to using religious resources to successfully resolve problems. Psychotic patients who used their religion to cope with the illness had more insight and were more compliant with medication protocols. Family members who drew on their religious resources managed their care-giving roles more successfully.

The authors summarize their results. First, religious coping is common among many groups. Second, religious coping can be predicted by a variety of social, personal, and situational factors. Third, religious coping and a wide range of psychological

See [Coping](#) on page 10.

Spiritual assessment can take graphic forms

By David R. Hodge

A spiritual assessment is increasingly acknowledged as an essential component of service. As chaplains have long recognized, spirituality often shapes many attitudes and behaviors that intersect healthcare services. Child care, communication norms, diet, family relations, gender interactions, marital relations, and medical care are just some of the areas that can be informed by clients' spirituality. Spiritual assessment provides a window into these areas, enabling healthcare professionals to provide services in a manner that respects clients' autonomy and values.

In addition, spiritual assessment helps identify spiritual strengths that can be used to ameliorate problems. A growing body of research indicates that spirituality is often an important strength (Koenig, McCullough & Larson, 2001). Spiritual assets — such as prayer, meditation, worship, Scripture reading, and clergy — can facilitate coping, well-being, and recovery. Spiritual assessment provides a mechanism to identify and use spiritual strengths that might otherwise remained untapped or under-utilized.

Consequently, the importance of administering spiritual assessments is increasingly recognized. Perhaps the most notable example comes from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the largest and most influential healthcare accrediting organization in the United States.

JCAHO standards

In 2001, JCAHO revised its accreditation standards to require the administration of a spiritual assessment. What might be called a "brief spiritual assessment" is now mandated in a number of settings, including hospitals, home care organizations, and long-term care facilities (Hodge, in press).

JCAHO offers two intertwined rea-

sons for conducting a brief assessment. The first is to determine the impact of spirituality. As implied above, the impact can be negative, which inhibits effective service provision, or positive, which can foster coping, well-being, and recovery.

The second reason is to identify whether a further, more comprehensive assessment is needed. For some clients, spirituality is either not a salient factor in their lives, or is unrelated to service provision. For other clients, however, spirituality may be relevant. In such cases, a comprehensive assessment is warranted.

While mental health professionals are increasingly being called upon to conduct spiritual assessments, relatively few assessment methods have been developed.

To address this need, I have developed a set of questions for conducting an initial, brief assessment in a manner that meets the JCAHO standards (Hodge, 2004). Similarly, I have developed a complementary set of assessment instruments for use in situations that call for a comprehensive assessment (Hodge, 2003).

Developing a toolbox

In contexts that require a comprehensive assessment, clients' interests and needs often vary. The type of problem, the setting in which the services are provided, the client's relational style, and his or her gifts, abilities and interests are rarely identical. This reality suggests that no single, universal assessment instrument will be applicable in all situations.

Rather, different situations suggest the use of different tools. If healthcare professionals have an assessment "toolbox" filled with a variety of assessment tools, they can select the tool that best serves the unique needs of individual clients. Five tools that may be useful are spiritual histories, spiritual lifemaps, spiritual genograms, spiritual ecomaps, and spiritual ecograms. The latter four are pen-and-paper, diagrammatic approaches, while spiritual histories are completely verbal.

Spiritual Histories

Verbal spiritual histories are analogous to family histories. To guide the conversation, two sets of questions are used. The first set of narrative questions helps clients relate their spiritual stories. The second set of anthropological questions helps healthcare professionals explore clients' spiritual reality. In other words, the anthropological questions assist in eliciting clinically important information as the stories unfold.

This assessment approach offers a number of advantages. Spiritual histories are relatively easy to conduct, and clients typically have little trouble understanding the general concept. The relatively open format allows clients to relate their stories in a straightforward manner that reflects their unique experience of transcendent reality. Indeed, spiritual histories may be the best assessment method for verbally oriented clients who prefer face-to-face interaction.

Spiritual Lifemaps

Spiritual lifemaps (**Figure 1**) represent a diagrammatic alternative to verbal spiritual histories. Spiritual lifemaps are a pictorial depiction of clients' spiritual journeys, an illustrated account of their relationship with God over time — a map of their spiritual life. Drawing pencils and other media are used to depict various spiritually significant life events on paper. Much like road maps, spiritual lifemaps tell us where we have come from, where we are now, and where we are going.

Placing a largely client-constructed medium at the center of assessment implicitly says that the client is a competent, capable individual. For clients for whom spirituality is a highly personal and sensitive area, lifemaps provide a means of shifting the focus from the client to a more neutral object, a process that may help set clients at ease. Additionally, individuals who are not verbally oriented may find pictorial expressions more conducive to their personal communication styles. Similarly, more creative individuals may feel that this assessment approach provides a forum to express their spirituality in a manner that is more congruent with gifts and abilities.



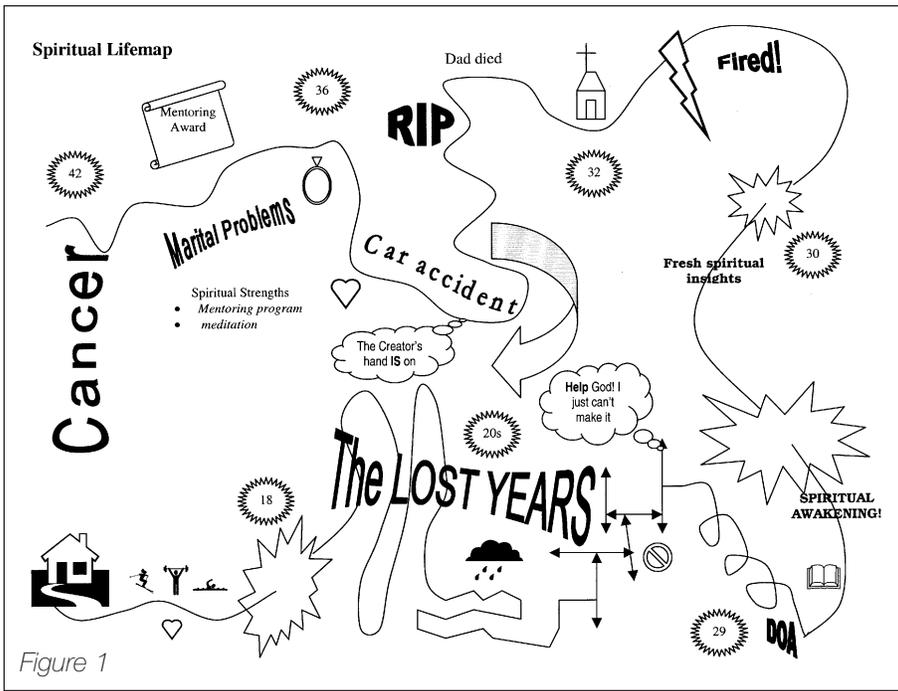


Figure 1

written inside the circles (e.g., God, church, participation in small groups, encounters with angels, etc.). A circle in the center of paper represents the client. Various types of lines, which reflect information about the relationships between the client and the systems, are then drawn between the client and the spiritual systems in the environment.

Spiritual eco-maps are relatively easy to grasp conceptually and quick to construct. They may be ideal for utilizing clients' spiritual assets quickly, since they focus upon tapping into spiritual assets present in the client's environment. All diagrammatic instruments provide an object that can serve as the focal point of discussion, which can help clients who find that approach less threatening. However, eco-maps may be particularly helpful in transferring attention from the client to the concrete, diagrammatic assessment tool, since they focus on environment rather than, for example, a client's life story. While other approaches may implicitly emphasize the client, spiritual eco-maps explicitly stress the spiritual systems in clients' environments.

Spiritual Genograms

While lifemaps typically depict a story across a single generation, spiritual genograms (Figure 2) portray a graphic representation of spirituality across at least three generations. Colors are used to depict individuals' spiritual traditions and symbols are used to portray affiliations, devoutness, spiritual awakenings, changes in affiliation, relationships between family members, significant spiritual others, etc. The end result is a graphic "color snapshot" of the overall spiritual composition of the family system that helps both healthcare professionals and clients understand the flow of historically rooted spiritual patterns through time.

Spiritual genograms may be particularly useful when the family plays an important role in the client's life. For instance, this approach may be helpful with Hispanics, as they typically show respect for tradition and family. Problems involving family members or family of origin issues are often effectively explored with spiritual genograms. For example, spiritual genograms might be used with interfaith couples to expose areas of difference and conflict as well as to highlight the respective spiritual strengths each person brings to the relationship. Genograms may also be appropriate for clients who prefer a very structured assessment approach.

Spiritual Eco-maps

Spiritual eco-maps (Figure 3) focus on clients' current spiritual relationships. While spiritual histories, lifemaps, and genograms all tap some portion of a client's spiritual story over time (typically one to three generations), spiritual eco-maps focus on the portion of a client's spiritual story that exists now.

To construct an eco-map, significant spiritual systems or domains are depicted as circles on the outskirts of the paper, with the names of the respective systems

Spiritual Ecograms

Spiritual ecograms (Figure 4) combine the assessment strengths of spiritual eco-maps and genograms in a single diagrammatic instrument. Ecograms tap informa-

See Assessment on page 6

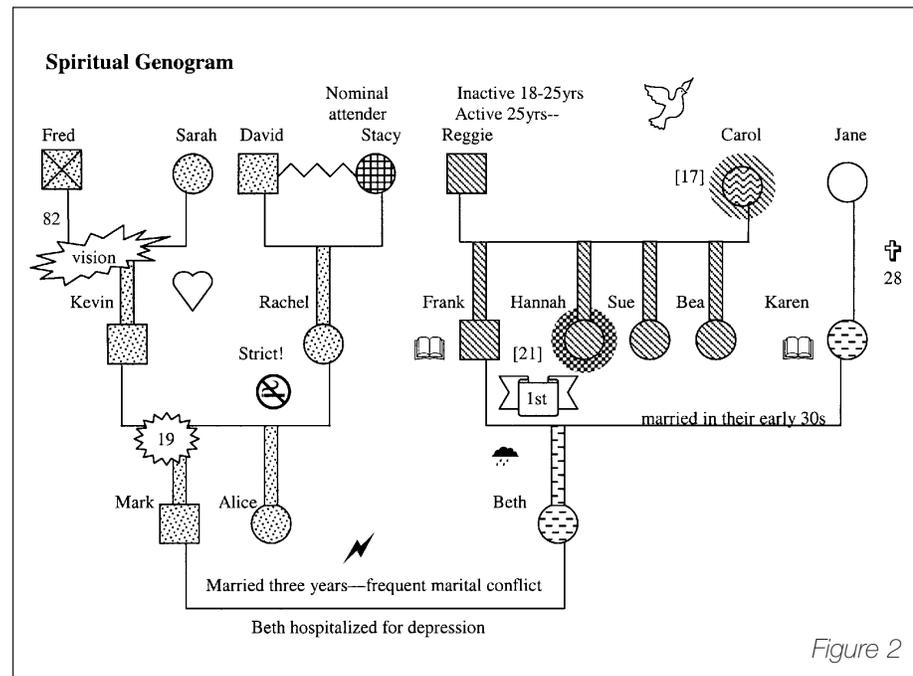


Figure 2

Assessment

Continued from page 5.

tion that exists in the present environment, like a spiritual eco-map, as well as tapping information that exists across time, as occurs with a spiritual genogram. In other words, ecograms tap information that exists in space and across time. The client is drawn in the center of the paper, with the top of the page used to chart the family tree and bottom half used to portray the client's relationships to present spiritual domains.

Consequently, ecograms depict the connections between past and present functioning. Historical influences can be seen, as well as present relationships with historical influences.

The primary asset of spiritual ecograms is their ability to illustrate current and historical resources as well as the connections between those strengths on a single sheet of paper. This ability may be particularly advantageous when working with populations in which the family plays an important role. For instance, due to the sense of cohesion and interdependency that commonly exists among Muslim family members, ecograms might be used to highlight present spiritual resources and important historical relationships.

Conclusion

As the JCAHO standards implicitly acknowledge, spiritual assessment can play a critical role in enhancing service provision. Developing an understanding of the strengths and limitations of various assessment tools helps optimize the time spent conducting assessments. By selecting an assessment tool that represents the best fit for the client, healthcare professionals are better positioned to eliminate barriers that can impede service provision while identifying spiritual assets and can help address problems.

David R. Hodge, Ph.D., is an assistant professor at Arizona State University-West campus and a senior nonresident fellow at University of Pennsylvania's Program for Research on Religion and Urban Civil Society.

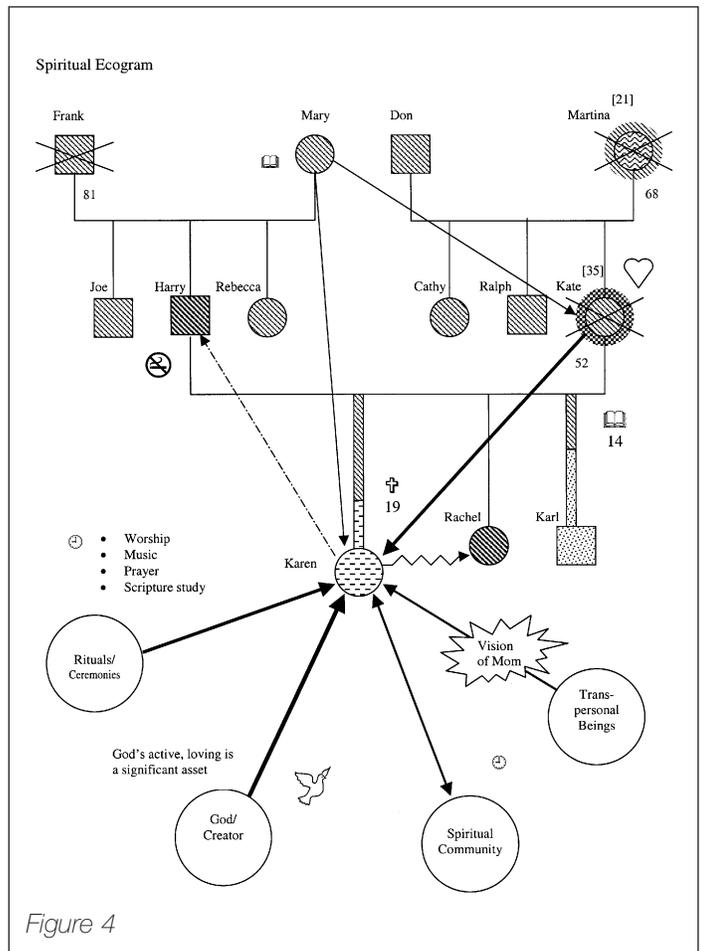
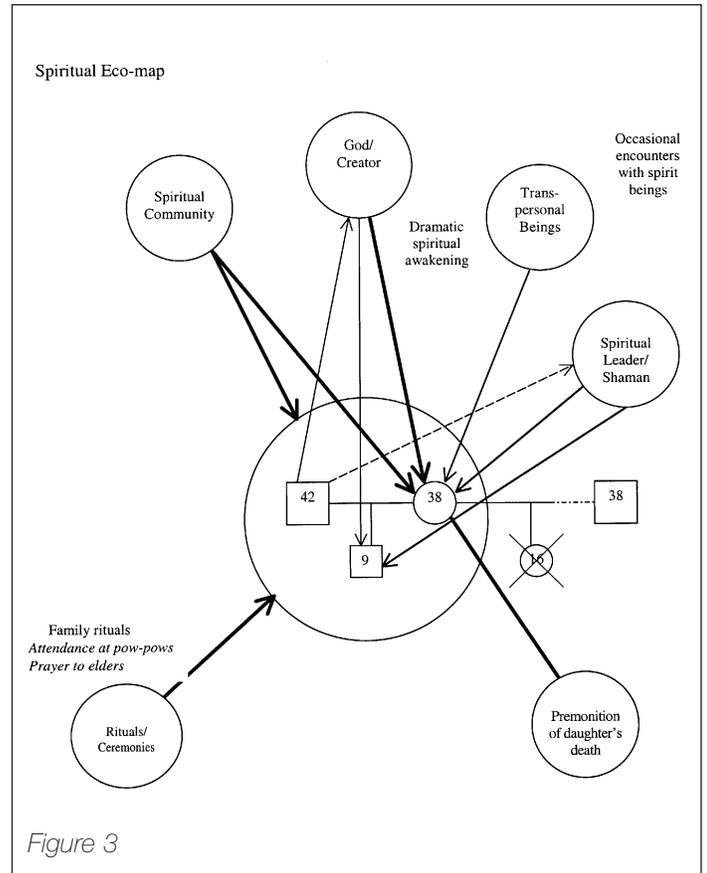
References

Hodge, D. R. (2003). *Spiritual assessment: A handbook for helping professionals*. Botsford, CT: NACSW.

Hodge, D. R. (2004). "Spirituality and people with mental illness: Developing spiritual competency in assessment and intervention." *Families in Society*, 85(1), 36-44.

Hodge, D. R. (in press). "A template for spiritual assessment: A review of the JCAHO requirements and guidelines for implementation." *Social Work*.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press.



Patients' loved ones tell their stories

Companions for the Passage: Stories of the intimate privilege of accompanying the dying

By Marjorie Ryerson; Univ. of Michigan Press, Ann Arbor, MI, 2005; \$15

By Bruce Aguilar

At the 2006 NACC conference, Celeste Mueller shared a quote during her workshop on theological reflection: "The greatest anti-mystical force is the trivialization of our experience." The 13 chapters of Marjorie Ryerson's book are the voices of people who accompanied others on their final passage. The interviewees tell their stories about what it was like to simply be there, without authorial interpretation.

This is not a book of ideas or research, but a well-rendered collection of lived experience.

Most stories begin when the dying person first received a terminal diagnosis and continue into the new grief of the companion who remains. Three chapters are from healthcare professionals. The rest, however, are the direct experiences of people who accompanied a mother, a

beloved, a child and others unto the "hour of their death."

Anita, a nurse, shares her journey with her husband, Cliff, who died of lymphoma. Cliff's age (43) seemed to be a factor in not feeling ready to die and his outspoken insistence on prolonging his life. As she tries to honor his decision, Anita finds herself signing Cliff out of the hospital against medical advice. Anita shares how Cliff's eventual tragic death at home complicated her grieving. In spite of this, Anita shares what she learned — "[Cliff and I] were never in charge." After feeling "broken in two," she makes the choice to seek to be mended rather than stay broken.

Tim recalls the dying of his partner Scott, diagnosed with AIDS. While visiting Scott in the hospital, he hears an attending physician conducting rounds: "His prognosis is not good, and he will likely be dead within two or three weeks." Tim feels called to confront the doctor on his loud pronouncement of a prognosis not yet disclosed to the patient.

Donald (Hall), a poet, shares his separation from his poet wife Jane (Kenyon),

when she dies from aggressive leukemia. Hall remembers the discussion when Jane was diagnosed: "I had asked all sort of questions, 'How long and why now?' Jane had asked only one question, which was, 'Can I die at home?'" Hall speaks eloquently of his early mourning — the emptiness left after he could no longer give Jane care. Both of these poets wrote about anticipating the death of the other: Kenyon's poem "Otherwise," and Hall's work "Without."

Along the way, my chaplain ears were attuned to common themes. How do the dying person and his or her loved ones live in the shadow of death? What helps or hinders the dying person in letting go of a beloved? How does faith make an appearance? And most interestingly, how had this "intimate privilege of accompanying the dying" been a dying for these surviving companions, and also a transforming of their living afterward — a new way of life?

Bruce Aguilar, NACC Cert., is manager of pastoral care at Youville Hospital and Rehabilitation Center in Cambridge, MA.

Book Review

NACC seeks certification interviewers

The Association needs certified chaplains and supervisors to serve on certification interview teams twice a year. Training is provided by NACC Interview Team Educators via conference call.

We ask that you commit to serving for three interviews at one location. The NACC will reimburse you for travel, Saturday night lodging, and Saturday and Sunday meals.

Besides gaining valuable professional experience, you can earn continuing education hours by serving on an interview team. The newly updated Renewal of Certification information (to be posted in the July/August 2006 *Vision*) specifies that up to 10 hours per year are permitted for volunteer service to the National Association of Catholic Chaplains. This is for volunteer service that is of an educational value to you. When determining how you decide on the use of a particular activity for continuing education, the primary question you must ask yourself is how you learned from the participation in the activity.

To volunteer and learn more about this opportunity to serve contact Marilyn Warczak at the national office: mwarczak@nacc.org

Chaplain certification interviews will be held October 7-8, 2006 in Boston, Milwaukee, St. Louis, and Portland, OR; and May 5-6, 2007 in Atlanta, Baltimore, Los Angeles, Milwaukee, and St. Louis.

What do YOU think?

Beginning in our next issue, *Vision* will inaugurate a section of reader feedback. Each issue, we will pose a question and ask all of you to submit short responses. We will run a selection of the responses in the next available issue.

We hope that this will offer you a chance to see how your colleagues in a variety of ministry settings or geographic areas are addressing situations that may be common to us all. The collective insights of a group of 3,000-plus people can often be illuminating on an individual level.

Our first question to consider: **How is your institution addressing cultural diversity?** What steps are you taking to minister more effectively to people whose background is different from your own?

Please send responses of not more than 200 words by June 16 to dlewellen@nacc.org or mail them to David Lewellen, NACC, PO Box 070473, Milwaukee, WI 53207-0473.

Thank you

We are pleased to pay tribute to the members and friends of the NACC who have contributed vital support to our Development Fund so far this year. We thank these many donors who have shared their blessings and joined with us as partners in our effort to share the healing ministry of Jesus. Together with our partners, the NACC will work toward our goal of making professional spiritual care and counseling available to all God's people.

This list represents all gifts received through May 8, 2006. Please remember that you will have many more opportunities to assist the NACC this year. We hope that you will remember us.

Br. James F. Adams, FMS, in memory of
Br. Denis Hever, FMS
Aileen S. Andrew Foundation
Rev. Thomas L. Albers, CPPS
Sr. Eileen Algeo, SHCJ
Dr. Carolyn H. Anderson-Stewart, PhD,
in memory of Howard W. Anderson, M.D.
Anonymous
Archdiocese of Hartford
Most Reverend Gregory M. Aymond
Lea Ann and Dave Baker, in memory of
Ethel Baker
Rev. James Barry, CP
Bill R. Batstone
Barbara Baudhuin
Nancy Beckenhauer, OSU
Sr. Mercedes Berbach, CDP, in honor of
Sister Clara Frances Kusif, CR
Sr. Marie Celeste Bindseil
Albert J. Blazavitch, in memory of
Robert Keane
Roseann H. Bloomfield
Michele A. Boccia
Eleanor Boegel, OP, in memory of
Rev. Joseph L. Boegel, CM
Sr. Mary Anne Bradish, BVM, in memory of
"all those who have died in our care"
Karen N. Breunig
Theresa and Edward Brier, in memory of
Adam H. Brier
Beatrice C. Britz, in memory of Christine Bloch
Sally A. Brochu
Linda A. Bronersky, in memory of
Joseph and Anne Bronersky
Patti B. Brown
Sr. Barbara Brumleve, SSND
Sr. Rina M. Brunetti, PM

Marilyn Bucheri
Sr. Eileen Buckley, RSHM, in memory of
Ellen Buckley
Rev. William T. Burke, SJ
John W. Carley, in honor of
Rev. Robert Caprio, OFM
Annette Castello, in memory of John A. Wilcox
Maria Cataldoin, in memory of
Dr. Felix G. Cataldo
Sr. Margaret Caulson
Charles Ceronsky, in honor of Larry Seidl as
new Executive Director of the NACC
Sr. Cecilia Cham, FDCC
Br. George Cherrie, OFM Conv
Gerald Christiano
Sr. Mary S.L. Cheung, FDCC
Alice C. Comperiat, in memory of
Daniel and Veronice Cambridge
Sr. Eunice Condrick, CSJ, in memory of
Fr. Angelo Lascocco
Sr. Mary Patricia Conlan, RSM, D.Min,
in memory of Lucille Conlan,
and in honor of Grace Ann Gassman
Nancy A. Conner
Ginny M. Conron, in memory of
Frances R. Watts (my mother)
Rev. Raymond J. Cossette
Sr. Maryanna Coyle, SC, in memory of
Agnes Seidl Larsen
Margaret M. Crowell
Archbishop Elden Curtiss
Ernest Dalle-Molle, in honor of Sr. Helen Roper
Sr. Betty Ann Darch, SFCC, in memory of
Jim and Mary Darch
Virginia R. Davy
Rev. Michael C. De Sciose
Mr. & Mrs. Kevin and Bridget Deegan-Krause
Carmela D'Elia, in honor of Jean Marchant —
for your many gifts to us
Sr. Mary Rose Deloria
Rev. Richard Delzingaro, CRSP
Sr. Donna Demange, OSF, in memory of
deceased Demange and Bon families
Rev. Mr. Thomas J. Devaney
Fr. Meinrad J. Dindorf, OSB
Diocese of Alexandria
Diocese of Boise
Diocese of Cleveland
Diocese of Gary
Diocese of Lansing
Diocese of Las Vegas
Diocese of Owensboro
Diocese of Orange
Diocese of Saginaw
Diocese of Steubenville
Sr. Mary Anne DiVincenzo, CSJ
Helen Edward Dodd, DC
Kelly Dunn

Rex Ehling
Rev. Fidelis I. Ekemgba, in honor of
40th Anniversary of the NACC
Anna M. Esposito, in honor of
Sr. Theresa Frere, IHM
Kathleen R. Fallon
James J. Fedor, in memory of
Edward Malone
Eileen Femous
Franciscan Sisters of Christian Charity
Health Care Ministry, in honor of
system chaplains
Sr. Elaine Frank, OSF
Sr. Theresa Frere, IHM, in memory of
Sister Katherine Sugrue, IHM
Sr. Mary John Fryc, CSSF, in memory of
John and Catherine Fryc
Sr. Verna Furiel, OSF
Sr. Janet Katherine Furman, CSJ,
in memory of John and Irene Furman
Most Reverend Joseph A. Galante
Rizalina C. Galicinao
Msgr. Francis J. Garvey
His Eminence Francis Cardinal George, OMI
Sr. Clelia Giancane, MSC
Sr. Elizabeth Gillis, OSF, in memory of
Sr. Helen Hayes, OSF
Carolyn Gloege, SCL
Rev. Robert J. Gloudeman
Pat Gordon, in honor of hospitalized and
dying veterans
Fr. Raymond Gramata
Rev. Brian M. Gray
Rev. Paul J. Hadusek
Sr. Colette Hanlon, SC, in memory of
Frances and William Hanlon
Most Reverend Bernard J. Harrington
Jean M. Harrington, in honor of
Marilyn Warczak, for all her work for us
Bishop Daniel A. Hart
Sr. Kathleen Hearn, SNJM
Roselyn Hebert-Hummert, in memory of
Sr. Helen Loria, O.Carm, NACC Cert. -
R.I.P., August 2005
Alice C. Hennessy
Sr. Elaine R. Herold, ND
Rev. Thomas C. Heskin, OSM
Sr. Nancy Hoffman, SC
Mary E. Holland
Sr. Mary Carita Holmes, RSM
Holy Family Convent of Franciscan Sisters of
Christian Charity
John E. Hopkins
Alexander N. Hud, in memory of
Reverend Donald Young
Rev. Kevin O. Ikpah, in honor of
National Association of Catholic Chaplains
Sr. Judith Jackson, SCL

- Sr. Betty Keegan, FMM, in memory of my parents, Maria and John Keegan
- Sr. Theresa J. Kilmurray, CSB
- Bro. Richard Kiniry, CSC
- Rev. David J. Klein
- Rev. Edmund Klimek
- Sr. Dorothy A. Kline, RSM in honor of Richard McGeehan
- Rev. Richard H. Klingeisen, in honor of Green Bay Diocese chaplains
- Rev. Gerald E. Knueven, in memory of James R. Hoffman, Bishop of Toledo
- Dian E. Korb, in memory of Agnes Seidl Larsen
- Sr. Mary Clement Korenic, OSF, in memory of Korenic family, deceased — A loving and Catholic family
- John & Merrilee Kralik, in memory of Ann & Steve Salata Kathleen Fallon & Jeanne Murphy
- Sr. Adelaide Kulhanek, DC, in honor of Villa Siena staff and residents
- Roland J. LaCasse
- Sr. Anita Lapeyre, RSCJ
- Sr. M. Wendelin Leadem
- Charlotte M. Leas, in honor of Helene Lesac
- Aoife C. Lee, in memory of Niall St. John Buckley
- Rev. Richard M. Leliaert
- Little Company of Mary Sisters
- Sr. Claire C. MacDonald, OP, in memory of Jennine Marie Conway
- Sr. Beatrice Mak, FDCC
- Fr. Bob Malloy, OFM Cap
- Mr. Paul Marceau
- Sr. Marie A. Marcotte, in memory of Armand, Laura and Joe Marcotte
- Sr. Johnette Marek, SSM
- Rev. James B. Martin, in memory of Rev. George Lesinski
- Diane Matera, RSM
- Anna Maria Nagy Maturro
- Sr. Jude McCluskey, RSM
- Bonnie J. McCulley
- Sr. Micheletta McGee, RSM
- Beryl T. McHale
- Linda McKnight, in memory of Sr. Ethel Richardson, SP
- Sr. Pauline McMahan, SMG
- Sr. Margaret McManus
- Sr. Mary Paul Medland, SC
- Bishop Dale J. Melczek
- Mercy Convent
- Rev. Mr. William N. Mich
- Dianne Marie Miller, MPC
- Sr. Pamela Moehring, SSND, in honor of Olivia Reindl, SSND
- Rev. Joseph M. Monahan, TOR
- Mary Beth Moran
- Barbara Murphy, in memory of Rev. Edward Fitzgerald and Charles Zulanis Jr.
- Rev. Christudas Nayak
- Sr. Patricia Nicholson, CSJ
- Sr. Laura Northcraft, SSND
- Barbara A. Norton
- Sr. Shirley A. Nugent, SCN, in memory of Josephine Barrieau, SCN
- Sue Carol Oathout
- Rev. Charles Obinwa
- Margaret M. H. Obrecht
- Alma O'Brien, SFCC
- Rev. Terry M. Odien
- Ann A. O'Donnell
- Mary Lou O'Gorman
- Kevin A. Ori, in honor of Silver Jubilee of my Ordination
- Eileen Perkins, in memory of Sister Trudy Baltus
- Rev. G. Verle Peterson
- Sr. Ruth M. Peterson, OSF
- Mary B. Philbin, IHM
- Linda F. Piotrowski, in honor of the staff of Central Vermont Medical Center
- Mary Elizabeth Pomeroy, in memory of Jim Pomeroy
- Kathy Ponce, in honor of Sister Jenny Ricci, CND
- Sr. Mary Damian Powers, OSM, in honor of Sr. Patricia Johnson, SND
- Sr. Karen Pozniak, SNDdeN, in honor of all my volunteers and staff
- Faustina O. Quayson, HHCJ
- Rev. James M. Radde, SJ, in honor of Rev. Robert E. Hoene, SJ
- Sr. Judith Raley, SCN
- Kenneth V. Rancourt
- Sr. Ellen Reilly, SND, in memory of Mary Sullivan
- Sr. Vivian Ripp, SNJM, in memory of Theresa Schindler
- Sr. Catherine D. Romancik, SND, in memory of Gary R. Hazlett
- Mary Ann Ronne-Lotz, in memory of Alissa Kathleen Warzecha
- Dr. Peter M. Ruta
- Sr. Judith A. Ryan, SNJM, in honor of Sr. Mary Clare Boland SP
- Sr. Mary Anne Ryan, CCVI, in memory of Sr. Theresa Kerley
- Clement M. Sabol, VSC
- Saint Joseph's Hospital of Atlanta
Pastoral Care Department, in honor of Pastoral Care Staff of SJHA
- Karen Sanders
- Dorothy Sandoval
- Sr. Georgine M. Schleper, PHJC
- Rev. Arthur B. Schute
- Sr. Rita Sculti, OP
- Ann Seckinger
- Georgia A. Seis
- Sr. Rose Sevenich, OSF
- Sr. M. Carmelita Shaughnessy, RSM
- Archbishop Michael Sheehan
- Sisters of Christian Charity
- Rev. Gene E. Sitzmann
- Betty Skonieczny, in memory of Sr. Antonissima Jamruk, OSF
- Jane W. Smith
- Sr. Kathleen Mary Smith, RSM, in memory of Sr. Judith Doggett, RSM
- Patricia B. Snyder
- Mary Sulgit Mallon
- Michael L. Sullivan
- Judith A. Talvacchia, M.Div.
- Mary M. Tatman
- The Roman Catholic Foundation in the Archdiocese of Baltimore, Inc.
- Sr. Lynda A. Thompson, SNJM
- Sr. Mary Toeckes, OP
- Sr. Suzanne M. Vandenheede, OSM
- Sr. Dolores Walsh, SC
- Annette M. Wasserstrom, in memory of Anne Kundra
- John and Mary C. Webb, in memory of Rev. Bernard A. Suppe, SJ
- Myra J. Wentworth
- Sr. Dorothy Wenzel, FSPA, in memory of Michael Neuwirth
- Paul West, in memory of Paul West, Sr.
- Paula K. White, in memory of Capt. H.W. "Jr" Schmahl, White Bear Lake, MN
- Sr. Regina Janet White, MSC
- Margaret T. White-Sherlock
- Rev. Edward Wilhelm
- Mary Aig Williams
- Rev. Steven L. Yander
- Sr. Cyrilla Zarek, OP, in memory of Fr. Dick Tessmer

The NACC also wants to recognize and thank the many members who offer gifts upon which we cannot place a value. Throughout the year, many volunteers give their time, or use of their facility, or simply decline reimbursement for their expenses. All of these generous actions further support the work of the association. We are grateful for contributions of all kinds.

Landry

Continued from page 1.

peer," he said. "It's been a gift to my priesthood."

Most recently, Tom has been chaplain and the Coordinator of Pastoral Care at UMass Memorial Medical Center in Worcester, MA. He has also served in the UMass Medical School End of Life Care Program as a preceptor on issues of spirituality and palliative care. At the national level, he has served on the planning committees for the NACC's conference in Columbus in 2006 and chaired the committee for the symposium in Worcester in 2002. Meeting the NACC staff and

chaplains from around the country has been broadening both professionally and personally, he said.

Looking forward, Tom anticipates "the opportunity to share the excitement and enthusiasm of being a chaplain with others, and at the same time to learn from other situations all over the country." The NACC, he said, "has a year's worth of activities always going on," and he will watch and consult with staff and volunteer committees to provide the necessary leadership during his time in the job.

The NACC's Board of Directors plans to begin the search for a permanent Executive Director in the near future.

Coping

Continued from page 1.

and physical health indicators are robustly linked. Overall, these findings underscore the salience of religion as a resource for many people struggling with illness and other critical life events.

Reference: M. O. Harrison, H. Koenig, J. Hays, A. Eme-Akwari & K. Pargament. 2003. "The epidemiology of religious coping: a review of recent literature." *International Review of Psychiatry*, 13, 86-93. 84 references

Larry VandeCreek, DMin, BCC, is a retired APC chaplain living in Bozeman, MT.

Positions Available

▼ DIRECTOR OF PASTORAL CARE

Cedar Rapids, IA – Mercy Medical Center, located in eastern Iowa, is a 353-bed private hospital and state-of-the-art Level II trauma center with a caring attitude toward employees, patients and their families. In keeping with the mission, vision and values of Mercy Medical Center, we are seeking a Director for our Pastoral Care Department. In this compassionate role, you will use your leadership and communication talents to assume responsibility for efficiently and effectively managing and directing the department, while also promoting empathy, respect and ethical decision-making. To achieve your intra-departmental initiatives, you will work collaboratively with physicians, hospital employees, volunteers and clergy persons to support quality care to patients and their families. Our ideal candidate will be a practicing Roman Catholic with strong knowledge of Ethical and Religious Directives for Catholic Health Care Services, as well as a bachelor's degree in a related field. You should have at least five years of experience in health care pastoral ministry, two years of which in a leadership capacity, and certification by the NACC, ACPE or APC. Experience the enviable quality of life, low cost of living and work/life balance you can only find in Cedar Rapids, Iowa. We are located just 25 miles from the University of Iowa and equidistant from Chicago, Minneapolis, St. Louis and Kansas City. We offer a competitive salary and excellent benefits package. Please send/fax your resume to: Human Resources, Mercy Medical Center, 701 10th St. SE, Cedar Rapids, IA, 52403. Ph: 319-369-4699. Fax: 319-369-4530. Email: empcoord@mercy.org. www.mercy.org. EOE.

▼ CHAPLAIN

Woodruff, WI – Howard Young Health Care, Inc. has an opening for a chaplain. Master's degree in a theological, ministerial, or related field. Certification by the National Association of Catholic Chaplains (NACC) or Association of Professional Chaplains (APC) required. Previous experience as a chaplain in a health care setting is preferred. Able to minister to the whole person by promoting physical, emotional, social, and spiritual well being. Capacity to foster program development skills. Conflict management, group dynamics, and grief counseling skills. Must be comfortable in crisis situations and have the ability

to work under stress and difficult situations. Excellent listening and communication skills. Ecclesial endorsement from appropriate source (e.g. local bishop, religious superior, or denominational endorsing body). The role of Spiritual Services is based upon our belief that a faithful response to Jesus Christ requires us to minister to the whole person by promoting physical, emotional, social, and spiritual well being. Our commitment compels us to assist others in finding healing and wholeness in their lives and the lives of their loved ones. Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or body ailment, but embraces the physical, psychosocial, and spiritual dimensions of the human person. The medical expertise offered through Catholic health care extends to the spiritual nature of the person. Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person. Spiritual care encompasses the full range of services including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God's will with greater joy and peace. Chaplains minister with a caring compassionate presence through pastoral visits, prayer, worship in Word and Sacrament, teaching, crisis ministry, spiritual and ethical consultations, support groups, staff support, and representation on appropriate teams. Applicants can contact Barb Barphman, (715) 361-2413, barb.barphman@ministryhealth.org., or apply directly online at www.ministryhealth.org.

▼ PASTORAL CARE CHAPLAIN

Homer Glen, IL – If you are looking for a challenging and joy-filled ministry, Marian Village may be the answer. Sponsored by the Franciscan Sisters of Chicago, we are an active senior living community. Our independent and assisted living residents come from a variety of religious traditions. They promise to challenge their pastoral care team to accompany them on a journey of deeper spiritual growth and education. Your ability to develop relationships through strong listening, theological reflection, program development, and collaboration is vital to our mission of serving as a compassionate community. It is our vision to be the optimal means which frees all we serve to experience the fullness of life. Minimum requirements include a degree in theology or related field and one unit of CPE. Certification with APC or NACC preferred. Send resume to Liz Kroncke, HR, Marian Village, 15624 Marian Dr., Homer Glen, IL 60491, or email ekroncke@franciscancommunities.com.

▼ DIRECTOR OF PASTORAL SERVICES

Oklahoma City, OK – Mercy Health System of Oklahoma is a faith based, full-service tertiary healthcare system. We are seek-

ing qualified candidates for the position of Director of Pastoral Services. This full-time position is responsible for leadership of Pastoral Services Mercy Health Center and the Oklahoma Heart Hospital. The Director will demonstrate clinical expertise and the capacity to lead a staff of 15 chaplains. Witnessing to the healing presence of Christ, the Director will perform her/his ministry in accordance with the mission, vision, and values of the Sisters of Mercy Health System and the rich heritage of the Catholic moral tradition. Requires a master's degree in theology, spirituality, pastoral ministry, or related field. Also requires certification through National Association of Catholic Chaplains. Interested candidates may apply at www.mercycareers.net or call Kerri Beasley, RN, at 405-936-5652.

▼ PASTORAL CARE TEAM MEMBER

Monroe, MI – IHM Sisters, a community of Catholic women religious, seeks qualified person to join Pastoral Care Team. Full-time position available. Duties include providing pastoral care ministry to the motherhouse resident community and staff. Position includes sharing night, weekend, on-call and holiday responsibilities. Qualifications: Clinical Pastoral Education, Spiritual Direction or other related training. Certification preferred. Geriatric, hospice, rehabilitation or other health care experience required. Applicants: Submit cover letter and resume to: SSIHM Human Resources Manager, 610 W. Elm Ave., Monroe MI 48162. Send e-mail to humanresouces@ihmsisters.org. Applicant materials reviewed upon receipt.

▼ DIRECTOR OF MISSION SERVICES

Marshfield, WI – A desire to heal ... to help ... to make a difference. Saint Joseph's Hospital, a member of Ministry Health Care, is a 504-bed tertiary care teaching hospital and the largest rural referral center in Wisconsin. We share our medical campus with Marshfield Clinic, a large multi-specialty clinic with about 700 physicians. Saint Joseph's Hospital provides comprehensive services and specialty care to people in a large geographic area of Wisconsin. The Director of Mission Services is a leadership role with primary responsibility for developing new and creative ways in which the mission and values of Sisters of the Sorrowful Mother remain visible and highly integrated into the operational functioning of Saint Joseph's Hospital, in conjunction with Ministry Health Care, our parent organization. You will assure spiritual services are delivered in a high-quality, contemporary and effective manner and that mission and value initiatives within the context of our Catholic identity are well integrated into the organization's strategic and operational activities. We require master's degree in theology, religious studies, pastoral studies, ethics or related field and five years experience in a leadership capacity in a role similar to this position. CPE certification or units of CPE from an accredited site highly preferred but not required. Must possess an understanding of and commitment to spiritually based patient care, knowledge of bioethics and its application in a health care setting as well as knowledge of issues related to Catholic health care ministry, sponsorship and social teachings of the Catholic Church. To apply on line, visit "Career Opportunities" at www.ministryhealth.org. Where caring makes the connection. An AA/EEO Employer.

▼ CPE RESIDENCY

Temple, TX – Scott & White is recruiting for the 2006-07 Residency. Our innovative CPE program offers three units of CPE in a calendar year. We provide residents time for development of relationships with doctors and staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition. \$25 application fee required. Send applications to: Chaplain Marty Aden, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508. Fax 254-724-9007, phone 254-724-5280, or email maden@swmail.sw.org

▼ PRIEST CHAPLAIN

Danville, IL – Provena United Samaritans Medical Center is currently seeking a full time Pastoral Care Associate/Priest Chaplain. Qualified candidates must be an ordained Catholic priest and have a master's degree with four units of clinical pastoral education. We offer competitive salaries and an excellent benefit package. Interested candidates are encouraged to apply online at www.provenaumc.com. Provena United Samaritans Medical Center exemplifies excellence in patient care, quality, and service for the Danville community. We've earned the trust of people in our surrounding communities as well as national recognition, having recently received the Total Benchmark Solutions (TBS) Top 25 Health System Quality Award.

▼ REGIONAL DIRECTOR OF CPE

Orange County, CA – For 76 years, St. Joseph Hospital has continually improved the health and quality of life of the people in the communities it serves. Situated in central Orange County, we are a 412-bed, not-for-profit, acute care facility that as a flagship hospital within the St. Joseph Health System (SJHS) provides comprehensive care to the County of Orange and surrounding areas. We have an outstanding opportunity for a compassionate and courageous leader to oversee the CPE program located at our facility, serving the Southern California region of SJHS (4 acute care facilities). With a deep understanding of Catholic identity and organizational mission, the regional director of CPE is actively involved in supervision of clinical pastoral education; design and implementation of training programs of clinical pastoral education within the southern California region of SJHS under the standards of the Association for Clinical Pastoral Education (ACPE); development of CPE curriculum; student recruitment, and subsequent supervision and evaluation of students' clinical work, including educational opportunities; in collaboration with the Spiritual Care Directors, oversight of the delivery of pastoral care services as assigned throughout the region; maintenance of the APCE accreditation. Qualifications for this position include certification as a Supervisor by the National Association of Catholic Chaplains (NACC) or ACPE. This certification requires a college degree, a master's level theological degree or equivalent, several years of clinical training in chaplaincy and chaplaincy supervision, ordination or commissioning for ministry by a recognized religious group, a current endorsement for chaplaincy by a recognized religious group, and appearance before a national certifying commission for assessment of competency. Experience with the accreditation process is also required. We are proud to offer an environment where collaboration is encouraged and contributions are recognized. For consideration, please submit your resume to: sjhsr@stjoe.org. EOE

Positions Wanted

NACC-member chaplain seeks a full-time position as a staff chaplain as a Catholic priest in any part of the U.S., beginning in June. Prefer a hospital facility. Please contact Rev. Donatus Ajoko, 4521 Brownfield Highway #254, Lubbock, TX 79407; e-mail: ajokodonatus@yahoo.com; Phone: (434) 227-6985.

NACC-certification-eligible chaplain, upon completion of St. Mary's Bay Area CPE, seeks a full-time position as a staff chaplain, preferably in the San Francisco Bay area, beginning in October 2006. Prefer a hospital or rehab facility. Please contact Sister Patty Riley, OP, 2515 Pine Street, San Francisco, CA 94115; fieryop@sanrafaelop.org

Board of Directors

CHAIR

Karen Pugliese
Chaplain
Central DuPage Hospital
Winfield, IL
karen_pugliese@cdh.org

VICE CHAIR

Bridget Deegan-Krause
Ferndale, MI
krausebd@udmercy.edu

SECRETARY

Paul Marceau
Vice president, Mission Services and Ethics
Trinity Health
Novi, MI
marceaup@trinity-health.org

TREASURER

Theresa Vithayathil Edmonson
Chaplain
Providence St. Vincent Medical Center
Portland, OR
theresa.edmonson@providence.org

EPISCOPAL LIAISON

Most Rev. Dale Melczek, DD
Bishop of Gary
Merrillville, IN

INTERIM DIRECTOR

Rev. Thomas G. Landry
National Association of Catholic Chaplains
Milwaukee, WI
tlandry@nacc.org

Patrick H. Bolton
Director of Pastoral Care
Mercy Medical Center
Daphne, AL
patrickb@sa-mercymedical.org

Sr. Mary Eileen Wilhelm, RSM
President Emeritus
Mercy Medical
Daphne, AL
smew@sa-mercymedical.org

Sr. Barbara Brumleve, SSND
CPE Supervisor
Alegent Health Care
Omaha, NE
bbrumlev@alegent.org

Sr. Geraldine Hoyler, CSC
Notre Dame, IN
ghoyler@cscsisters.org

Sr. Norma Gutierrez, MCDP
Chaplain
St. Mary Medical Center
Apple Valley, CA
norma.gutierrez@stjoe.org

Calendar

July

- 1 Chaplain certification materials due at NACC office
- 4 Independence Day; national office closed
- 8-9 Board of Directors retreat, Lincolnshire, IL
National Certification Commission meeting in Milwaukee
- 13-15 Interview Team Educator meeting in Milwaukee
- 24 Copy deadline, September *Vision*

August

- 28 Copy deadline, October *Vision*

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

3501 South Lake Drive
P.O. Box 070473
Milwaukee, WI 53207-0473

ADDRESS SERVICE REQUESTED

NONPROFIT ORG
U.S. POSTAGE PAID
MILWAUKEE, WI
PERMIT NO. 4872