By D.W. Donovan

I’m sitting in the Columbus airport engaging in my second-favorite pastime: people-watching. I’m early for my flight, and I sit and watch as my colleagues who have gathered from all over the country for the 2006 conference of the National Association of Catholic Chaplains prepare to return home.

We are a diverse group, and not only ethnically. Some are ordained, to the priesthood or the diaconate; some are vowed as religious brothers or sisters; and the rest of us are what the Vatican now calls “lay ecclesial ministers,” professional lay ministers who have also dedicated our lives to the service of our brothers and sisters in Christ.

Our average age, I just learned, is 63. But over there is a 25-year-old who was just certified. She’s asking good questions, contributing to the discussion, and it would be a mistake to say she is the future of our ministry. She is very much a part of our present.

There is also much that unites us. As I look around the airport course, there is a shared sense of exhausted anticipation. The conference itself, combined with valuable pre-conference workshops and a retreat, was pleasantly packed with keynotes and workshops of true theological and professional substance. Given that we started early and prayed late, I am not surprised to see the exhaustion.

But there is also great anticipation. As I look around, I see groups of NACC members talking with animation. I overhear probing questions: “What was your Conference-goers left tired but enthusiastic

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Dear members and friends of the NACC,

It is with deep sadness and pain that I inform you that I must resign from my position on the Board of the NACC, effective April 30, 2006. My employer has asked me to return 100% of my focus and time back to their needs. They have been very generous for 10 years, allowing me to serve the NACC.

While my resignation seems to come at a rather crucial yet exciting time for us, I am confident in the Board’s and staff’s ability to have a vision for the future and lead the NACC. We also have some wonderful committees/commissions made up of our members, who are doing some marvelous work on your behalf. I will certainly miss the opportunity to be part of that work, as well as working with the wonderful individuals on the Board, the staff and NACC members such as you.

It has been my pleasure to serve the NACC in various ways over the years. I have had an opportunity to meet many of you and hope to continue to see you in the future at our national conferences. Your lives and dedication have been an inspiration as well as very life-giving for me. I am extremely proud to be among you and know you as my colleagues and friends.

The Board will announce soon who the next President and Chair will be. That person is appointed by the Board from within the Board. So while it is an intentional and discerning process, it is not a long one. If a new President and Chair has not been chosen before April 30, Bridget Deegan-Krause, your current Vice Chair, will step in until an appointment is made. The NACC is in great hands. It is in the hands of the Board, the staff, and us, its members.

It has been a pleasure to serve you, and I have appreciated the trust that you have placed in my hands for many years. I have also appreciated your service to the NACC and your ministry on behalf of the Church.

Sincerely,
Joan Bumpus
Conference
Continued from page 1.

Continued from page 1.

greatest insight from the conference? “Is there something in particular you plan to take home?” I myself have typed up close to thirty pages of notes from the conference, and I can hardly wait to get back to Richmond and start unpacking what I have learned with my colleagues there.

It began with the retreat led by Sr. Maxine Shonk. She reminded me that what I had learned in CPE was the key to a sense of Lenten spirituality: Get yourself out of the way, enter the simplicity of the desert, and there you will find the clarity of God’s presence. I’m still pondering ways to make my own life, my own ministry, more simple.

As the conference formally began, I was pleased with the theological weight of the first keynote, given by Dr. Michael Downey. Upon returning home, I will print off both “Christifideles Laici: The Lay Members of Christ’s Faithful People” and “Redemptoris Missio: The Mission of Christ the Redeemer.” He focused on the concept of kenosis, and I see the consistency between emptying oneself for another and the mantra of both Aquinas and CPE to know yourself in order to be fully present for the benefit of another. I end up printing off Deus Caritas Est as well, as I ponder what impact pastoral care can have on supporting the Catholic identity of our ministry.

As I began to grapple with what kenosis means for me, Dr. Mary Rose D’Angelo used the Markan text to further our understanding of “shared power.” As a lay minister, this talk was particularly powerful for me. She made it very clear that the ministry of Jesus was among the disempowered. I indict myself: We as Catholic lay ministers talk a lot about empowering others UNTIL we start talking about the sacramental care of our patients. Do I really and truly believe in this Markan view of shared power? If I could anoint another, would I do so in a way that perpetuated the sense of “magic” or in a way that invited and highlighted the patient’s own pastoral authority?

After a powerful talk by Dr. Diana Hayes, Chaplain Joan Bumpus, the Chair/President of our Board of Directors, invited us to consider these questions: “What is God calling us to be? What is the Church calling us to be?” I was happy to see so many people present for the business meeting and subsequent breakout sessions.

Between the two, I attended Dean Marek’s workshop, “Naming and Describing Services Chaplains Provide.” It was that combination of business meetings and Marek’s workshop that helped crystallize my thinking on an issue I’d been grappling with. One of my colleagues in Richmond had asked me why we would want to develop a standardized pastoral care assessment. I thought this was a great question, one that I should be able to answer with clarity. By the end of the day, I had at least the start of an answer.

Why would we want to develop a standardized pastoral care assessment? For the exact same reasons we gather together as an association.

1) To promote the professionalism of pastoral care.

I’m a big fan of Sr. Jean deBlois, and her talk in Kansas City on emerging as a true profession continues to inspire me. As I work to promote pastoral care as a true profession, my own language is changing to demonstrate that professionalism. For example, I no longer “visit” patients; I consult. (Family members visit — and only during visiting hours.) I no longer provide a “listening presence” (something my puppy is quite good at); I facilitate the patient’s expression of emotional distress. And I no longer dismiss a well-trained intervention as “just being there;” I celebrate that it is grounded in master’s-level training, a clinical residency, and annual continuing education that feeds both the mind and the soul.

2) To contribute the unique insights of pastoral care to the overall plan of care.

As we continue to promote the professionalism of pastoral care, and our language evolves to reflect that, we will become more comfortable celebrating the unique insights that we offer. While being careful not to violate the sacred trust of confidentiality, there are key takeaways that can assist the healthcare team in better understanding how to engage with the patient/family.

However, in order to provide such insights, we must remain sharp in our theological and pastoral expertise. As I have often said, I believe that the future of pastoral care lies at the crossroads of biomedical ethics. Our credibility will rest in our ability to manage complex situations in a grace-filled way. Gathering together to “think theologically” prepares us for that future.

3) To gather data that supports an appropriate allotment of board-certified chaplains for the services provided.

Such documentation can be “crunched” to show how chaplains spend their time and what additional resources would be required to deliver additional services. Attaching a cost to what we do, no matter how much we might resist that, is the essential first step to illustrating the value of our service.

Having finished reviewing my notes, I take one last look around the airport concourse. It’s almost time to board the plane. On the way home, I’ll enjoy dinner with two chaplains from the Baltimore area, further unpacking what we have learned and rejoicing in the great honor that God and God’s people have bestowed upon us.

D.W. Donovan, NACC Cert., is Manager of the Bon Secours Richmond Department of Pastoral Care in Virginia. He has master’s degrees in theology and patient counseling, and is completing a third in medical ethics. His favorite pastime is reading theology and ethics … or playing with his dog, Mille.
Conference didn't combine head, heart

Having recently experienced my first national NACC conference in Columbus, OH, I have a mixture of appreciation and improved organizational understanding. These feelings are accompanied by disappointment and wondering. I came away feeling un-nurtured because of the lack of program integration of head and heart.

I experienced the conference as highly intellectual — mostly focused on cognitive and organizational input. At the tables, there was little time for communal processing of the material. I was saddened that there was no effective use of table ritual after the general sessions. Obviously we need the intellectual, yet as an organization meeting nationally, the conference did not clearly reflect the integration we so highly value.

I was disappointed also by the lack of challenging input on cutting-edge issues of theology and the best practices of our ministries. For example: what about the contemporary theology which connects the science of our universe with the profound theological lessons we are just beginning to explore in holons, supernovas, etc.? Where was any perspective from contemporary challenges and rich diversity of theologies from those among us who are gay/lesbian, foreign born, etc.? Where was any perspective from contemporary challenges and rich diversity of theologies from those among us who are gay/lesbian, foreign born, etc.? The workshops also lacked the diversity of choices for various ministries we encompass and topics around the issues that we, as well as the church, deal with daily.

More than once at my tables I was struck by comments from other participants that were very fundamentalist in their Catholic theology. I also heard NACC members cut off discussion with dogmatic answers. I know we highly value the CPE process and therefore the value of questioning, diversity, and group reflection, but I lacked this at some table discussions.

As a result, several questions arose in me:

Do we value our standards and strong belief of integration only for purposes of individual chaplain certification and continued practice, or for ongoing development of the entire organization and its processes?

Are we melting into the culture of the present church and not acting as a cutting-edge instrument for change and movement of God’s Spirit?

Is the national conference only for intellectual input, or to promote experiences of the rich diversity among us and to challenge us to deal with the resulting tensions as a model of our church?

I raise these questions because I value this organization and I hunger for us to be struggling with practical, contemporary issues.

Renee Krisko, NACC Cert.
Federal Way, WA

Research article was affirming

I was diagnosed with stage one breast cancer in December, 2005! I have certainly experienced some anxiety and some blue moods as I have engaged in the various treatment regimens. In fact, I read the article, “Spirituality May Help Mood of Women With Cancer” (March 2006) while awaiting my third round of chemotherapy.

Your article was so uplifting and affirming as I go through this rough journey because it pointed out the category of the world as a meaningful phenomenon that is mostly understandable and which I mostly manage. I also resonated with the notion that meaning plus relationships with others and with God ameliorate against cancer’s very real distress. I have been offered advice by well-meaning people who really want to be helpful, and many are. I have and do believe that God is Love and that God’s love envelops me all the time and in all ways. Illness is illness, and God is not the author of my cancer. Thank you for printing such a powerful and affirming article.

Sheila Madigan Levatino, MTS, LMFT
Dallas, TX
Having arrived and yet to be

By Lawrence G. Seidl
Executive Director

At a recent meeting someone described the NACC as “both having arrived and yet to be.” That can be said of most pastoral care organizations, as well as the movement in general. For we live at the intersection of the past and the future. As an association, we know our strengths. We have found our niche. We are an organization of certified chaplains. Our certifying process is the best in the ministry. Our standards are universal and strongly reflect our Catholic tradition. Our committees are rich with talents and deep with passion. Our membership is stable. Our finances are solid.

Yet most of these criteria appear to be more reflective of the past than a blueprint for the future.

You and others, the membership of the NACC, live at your own crossroads, also somewhere between the past and the future. Members minister at the intersection of the sacred and the secular. Members minister between the inpatient arena and outpatient arena. Members seek to live at that delicate crossroad between presence and productivity.

Nowhere was this more evident than at the just-completed NACC Conference in Columbus, OH. Properly so, the conference gave those assembled an opportunity to speak to what is going well, to share their dreams and so much more. With that opportunity to talk, the Board and the staff of the NACC heard members’ concerns and joys.

The NACC is blessed with members who represent a wide range of viewpoints and perspectives on how prophetic the association should be and in what time things should be accomplished. Some members want to keep things as is, for it is there that they feel safe. Others expect the NACC to be very prophetic, cutting edge, leading the charge. So we are challenged to represent a constituency that wants us to be both safe and radical.

This July, in Chicago, your NACC board will be meeting with others to take a couple of days to discern what the future is calling us to be. The visioning will be about chaplaincy, the healing ministry, and the organization’s response to the changes around us.

On one hand, the membership of the association must grow. The question is how and where. We must be more aggressive about fundraising outside the organization. The question is: What do you want to raise money for? New partnerships may be the life blood of growing and building our image. The question is with whom, and where are our boundaries. Can, should, must we move beyond certification as the only level of professional membership? Our image has generally been at the bedside. How do we imagine and market ourselves in other settings, and perhaps in non-institutional settings? These inquiries are only a fraction of that which challenges our imagination.

But more than just the environment is changing. The culture is changing. The Church is changing, and perhaps the very nature of membership associations is changing. Hence the need for an environmental scan to look at the strengths, weaknesses, opportunities and threats that our organization may face.

As the Board moves toward its time of discernment, it needs your valuable input and insight. Focus groups will be convened, and environmental scans will be sought. Members will be engaged to be architects of our own future.

As your input is sought, push your limits and push the Board’s limits. Our most fruitful thought may lie in the counterintuitive. Share your “aha” moments. In the end, we have a wonderful opportunity to think outside the box of our first 40 years. We have the opportunity and responsibility to both tweak and reinvent.

And we have the opportunity to drive the NACC and its membership to achieve a previously unimaginable level of accomplishment. In reaching for the stars, for both ourselves and future generations of chaplains, we will discover a little bit of heaven.

Let’s do it.

Board members react to chair’s departure

Members of the NACC’s Board of Directors expressed sadness and surprise at the recent resignation of Joan Bumpus.

“She’s brought some really good faithful leadership to our organization,” said Vice-Chair Bridget Deegan-Krause. With a history of 10 years of leadership in the organization, “she has a bigger picture of what the NACC’s been up to the past few years. She’s given us an appreciation of the NACC’s rich history.”

Personally, Deegan-Krause said that the departing chair is “one of the most humble, most earnest people. I’m such a fan of Joan. She’s been such a good friend as well as colleague. I’m going to miss her terribly, because I’ve gotten used to working comfortably with her.”

But, she said, “The reality is, we have a terrific board, with members who are committed and bring various gifts.”

“I was very sad to hear the news,” said board Treasurer Theresa Vithayathil Edmonson. “(Joan) very definitely has deep care and concern for chaplaincy and the NACC. She put more than her heart and soul into it.”

“She values everyone’s comments and perspectives. She treats people with great respect. I will miss working directly with her on the board, but I hope and pray that she’ll continue gifting the NACC with her experience.”

Executive Director Lawrence Seidl said, “It is with a heartfelt sense of gratitude that the NACC says goodbye to one of our most enduring and faithful board leaders. In the 10-plus years that Joan has tirelessly served the membership of the NACC, the association has called on her to be a creative, catalytic leader. Joan has always risen to the challenge, especially in leading the association in some challenging and difficult times. I have appreciated her fresh, contagious style of leadership.”

“As Joan leaves, we stand to applaud and say thank you,” Seidl added. “We look forward to seeing you again. May God bless you in all of your future endeavors.”
Finding the heart of Christ in Columbus

Columbus was the destination and March 11-14 was the time, as chaplains from around the country gathered for the NACC’s annual conference. Nearly 600 attendees listened to theologians, attended Mass, and went to a wide array of workshops. They renewed their energies on a retreat, networked, reunited, ate, compared notes, and explored the city. They greeted old friends and made new ones. They got out of their routine for a few days and brought back new ideas and new energy to their jobs.

The following pages contain a sampling of what went on during that busy weekend.

Chaplains’ aid benefits charity

NACC conference attendees continued their history of generously supporting a designated charity in the conference’s host city. At the banquet Monday night, and throughout the weekend, more than $2,600 was donated to aid Mid-Ohio Food Bank. The organization has provided more than 330 million pounds of food to a network of 550 food pantries, soup kitchens, homeless shelters, and other programs since it began in 1980.

Retreat prepares many for conference

More than 150 conference attendees took advantage of the NACC’s first ever pre-conference retreat.

Opening the event, conference committee chair Julianne Dickelman told the group, “Either you’re really good at self-care, or you’re really burned out.” Several people called out, “Both!”

Dim light, candles, and scent helped set the mood for Sr. Maxine Shonk, OP, the retreat facilitator. “In the seat next to you, and in your very chair, sits the greatest miracle you will ever meet,” she intoned. “Look around you, brothers and sisters, for God is here.”

Sr. Shonk said that the unexpected popularity of the retreat required a change in approach. “It is a whole different dynamic” than a group that fits in one circle, she said. “But little conversations happen at the tables.”

The retreat “sets the tone for the conference and gives us a chance to get spiritually prepared,” said Sr. Carole DeCrane, CSA, of Cleveland. “Usually you just skid in and skid out, and there’s no chance to get focused. This gave us the chance to quiet ourselves and listen.”

Ceremony honors newly certified

Thirty-seven newly certified chaplains and one associate supervisor were greeted with warm prayers and long applause at a special Mass at the NACC’s conference.

Sr. Anita Lapeyre, RSCJ, the chair of the Certification Commission, called the chaplains’ names as they came forward to receive their certificates from NACC Executive Director Larry Seidl; Joan Bumpus, chair of the board; and Bishop Dale Melczek, the association’s Episcopal Liaison.

The ceremony “brought back a lot of memories of all you go through in ministry and put a seal on it,” said Christine Dixon of Birmingham, MI. “It was important to come here to be really affirmed by my community,” said Mary Beth Moran of Bedford, MA. “I’m still kind of glowing from it. There was a strong sense of being loved and affirmed.”

These newly certified chaplains received their certificates at the NACC’s annual conference in Columbus.
Dr. Michael Downey

Downey praises self-emptying, adventing

Kenosis means emptiness — and Dr. Michael Downey used the opening plenary session of the NACC conference to explain how emptying leads to the heart of Christ. “That is how God came to us and comes to us,” he said, “but more importantly, it is how we go to God.”

Downey described God’s love as uniting, and humanity’s task as cultivating and sustaining it, in ways such as respecting education, human rights, the rights of women, the environment, and “the last, littlest, lost, and least.”

“If God had God’s way in the world,” Downey said, “holiness, truth, justice, love, and peace would hold sway forever.” Chaplains invite others to live that vision, he said.

Different eras see Christ in different ways, he said, and he pondered the most apt image for today’s mostly secular world, with institutions that don’t stand for much and that value products and outcomes — even in healthcare, it has become harder to maintain a sense of mission. God, he said, emptied himself into Christ and identified with human reality. “God comes without pretension, in contrast to our own arrogance.” The ultimate mystery, he said, is “that God should appear in such a fashion, as vulnerable, as weak, as fragile.”

Jesus, he said, refuses to identify with human achievement or measures of success; he represents “a god who does not fill in the gaps, who does not fill in for human wants and longings and desires, but is present amidst it” — as well as being present amidst suffering and death. The practical lesson for chaplains, Downey said, is that “we must give up painfully the naive view of an active God, intervening and filling in the gaps when human efforts fail and only then we turn to God. God is not a Hollywood super-hero entering the world by force to change it for the better.” Instead, the Holy Spirit touches people at their weakest point.

Chaplains see plenty of innocent suffering, which has no comprehensible explanation. But Downey said, “One of the most important things in life is learning how not to know.” People need to guard against compassion burnout, accept their limits, and seek “wisdom that knows when not to speak, when not to try to explain God’s plan or excuse pain or innocent suffering.” Instead, they must “stand in the bosom of the one who was silent.”

When people empty themselves, going to the edge of their own limits, “it’s awful,” Downey said. But “here is room for God to enter, at our most vulnerable point.”

Non-ordained chaplains lead to “the thorny question of sacramental anointing,” Downey said. “I don’t know how it’s going to be resolved. … Make the best of a provisional, awkward situation. Some provisional situations have lasted for centuries in the church.”

Chaplains should see themselves “as an icon of the Church adventing, coming to be. The Church is always coming to be.”

D’Angelo shares vision of Mark’s Gospel

The Gospel of Mark offers a vision of Jesus acting in conjunction with others, Dr. Mary Rose D’Angelo told a plenary session at the NACC Conference in Columbus.

Deeds of power are never done by Jesus alone in Mark’s version, D’Angelo said; they happen only when others participate by faith. She gave a detailed explanation of Mark 5:25-31, the story of the woman cured of a hemorrhage by touching Jesus’ clothes, pointing out that it was the woman who took the initiative in that miracle.

Also, she said, when Jesus was rejected at Nazareth, he could perform very few cures — because the belief of others was not at work. Jesus, she said, was a locus of miracles at work in him, but power was shared.

The scene of Jesus’ anointing is frequently misinterpreted, D’Angelo said; but she pointed out that anointing was used both to prepare bodies for burial and to recognize a king; the words “Christ” and “Messiah” both mean “anointed one.” She pointed out the significance of a woman’s recognizing Jesus as the Christ, and his acceptance of her identification.

During the question period, D’Angelo was asked if the anointing story could be used as a justification for lay people to offer the sacrament of anointing today. “You could try,” she said. “You could try anything. I don’t think it would violate the basis of the story. … In the New Testament, no one is ordained.”

The example of shared spiritual power is inspiring, D’Angelo said, when people feel powerless in dealing with a rigid country and church. She urged the audience to listen to the voices of the powerless, martyred, and jailed, and warned that “the Church is satisfied with mistaking obedience for faith and silence for acquiescence. The odds against us are great.”

She concluded her speech by pointing out the parallels between the baptism and crucifixion of Jesus in Mark’s account. When he is baptized, the Spirit descends upon him; when he is crucified, it departs. In both cases, the dwelling of God is torn (the heavens, and then the Temple curtain) and in both cases, a voice identifies Jesus as the son of God (the Holy Spirit, and then the centurion.)
The vision of Columbus: Is the world flat?

By Richard Leliaert, Ph.D.

On returning home from Columbus, I reflected on our 2006 NACC National Conference. Overall it was a much better conference than I thought it would be, both in terms of the number of attendees and the content. One woman told me, “This is the best conference I’ve ever attended.” However, one NACC member told me that, apart from other reasons, she wasn’t going because the program didn’t look that good. I admit to not being overly impressed at first, but as the plenary speakers, the liturgies/worship services, and the breakouts began to unfold, we moved more and more into the heart of Christ.

I begin my reflections by noting a recently published book that has shaped my thinking about where we are in our journey as chaplains and as citizens, Thomas L. Friedman’s The World Is Flat: A Brief History of the 21st Century (2005). His basic premise is that the world is flat because of a rapid globalization that has leveled many of our hierarchical political, economic, social (and even religious) structures into more democratic structures, enabling entrepreneurs in countries like India, China, and Mexico to compete with powerful corporations — thanks mainly to the Internet and technology. The amazing thing (as well as the most painful and challenging) is not simply that the world is changing, but that the pace of change is unprecedented. (I encourage you to read this book for its insights and the questions it raises; whether one agrees with the author or not, one is driven to think, and most likely to think anew about our world today.)

Let me put Columbus into this framework. Our Sunday Liturgy took us to mountaintops. Last year in Albuquerque, I thought it was a mountaintop experience. But we can’t be on the mountain forever. So Columbus to me was like coming back into the valley. Just as Jesus in Sunday’s Gospel took his disciples from the mount of Transfiguration back into the valley below, I sensed Jesus calling us into the valley. Usually a valley is somewhat flat. So if the world is flat, we were reminded of the growing declericalization of our membership toward a greater involvement of lay chaplains and religious women, primarily. Even in chaplaincy, there’s a kind of correlation between the leveling of the playing field as Friedman describes it and leveling of the playing field religiously and spiritually.

Dr. Mary Rose D’Angelo’s talk on Sunday reflected this reality very well. She took us into Mark’s Gospel to energize us with Mark’s vision of shared spiritual power. I don’t want to go into detail here, but the highlighting of the women and their faith/ministry in Mark’s Gospel is one way we can relate our world today with the world of chaplaincy as we experience it: a flat world of shared spiritual power. Her detailed exegesis of the woman healed of a flow of blood (Mark 5:21-34) was very uplifting to me. Other speakers like Michael Downey spent a lot of time talking about the implications of the growing number of lay chaplains and theologians for chaplaincy and ministry.

Our host city, of course, is named after Christopher Columbus. Well, Columbus is an ambivalent and controversial figure in history, depending on your point of view. But he set out with a vision of a new route and maybe a new world order, and in popular imagination, people told him, “The world is flat, you’ll go off the edge.” He knew the world is not flat, but if he had read Friedman (I know, I’m talking tongue in cheek) he might have had greater respect for the cultural/religious diversity of the native populations. In my experience, cultural and religious diversity reflects the flat world in this sense. Diana Hayes’ powerful talk on Monday truly provided an insightful perspective on the challenges of diversity in our ministry as we experience it daily.

The breakouts for me were stimulating. Jean Marchant explicating the role of the laity in a way that complemented Downey’s presentation. Fr. Joe Sica’s session on humor was simply delightful. Others told me of their appreciation of the breakouts they attended. Then Fr. Malloy’s closing plenary helped me discern how we as chaplains might better cope with some of the darker realities of this flat world, especially from the viewpoint of unequal access to healthcare and health insurance, from the viewpoint of bureaucratic obstacles, from the viewpoint of burnout.

There were many facets to Columbus for me. The business meeting and the later workshops on the strategic plan and future directions on Monday told me that the NACC is working hard to provide even clearer vision on how our journey back into the flat world of the valley can be energized by our shared vision and the hope provided for a suffering world by the Christ of the Transfiguration. The same Christ who emptied himself of his own glory and divinity (kenosis) to share the suffering and hopes of each person as truly one of us. Christ indeed by his kenosis flattened our world. We are all one.

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

By Michelle Lemiesz

Almost a year ago, I heard that the NACC conference of 2006 might be headed to my hometown of Columbus. The final announcement came in Albuquerque: “Next year’s conference will be held in Columbus, Ohio … see you there.” Cheers arose from the Ohio contingent at our table, and I thought: “WOW! Very cool… and at least I won’t have to worry about traveling.” A few weeks later, as I was recovering from the awesome trip to New Mexico, I received a call from Susanne Chawczewskiat the national office, asking if I would be one of the local chairpersons for the event. Without hesitation I said “Yes.”

We began planning near the end of June, and through conference calls and e-mails we learned about the people who would become part of our lives and inboxes for the next nine or so months. We were a diverse group: a laywoman from Washington (Julianne Dickelman), a priest from Massachusetts (Tom Landry), a deacon (Jack Rankin) and a liturgist (Pete McClernon) from Columbus and me; together, along with Larry Seidl, Susanne, and the rest of the national office, we were entrusted with putting together a conference. Sometimes I wonder if we knew all that it would entail and the fantastic learning journey awaiting us.

Larry clearly had a vision of what he wanted this conference to look like, and after some discussion, we all agreed that the educational focus should be a re-emphasis and re-claiming of our rich Catholic theological tradition. Ideas were bantered back and forth in brainstorming sessions as we sought to focus on both the flavor of our host town and the essence of the theme. One of the tourist slogans for Ohio is “The heart of it all,” and Columbus is located in the heart of Ohio. As we mused further, Tom noted that Christ is the heart of our theology and our ministry. After some tweaking, the conference theme was born: “Deep Roots, Wide Reach: Journeying into the Heart of Christ.”

Now that we had our theme, it was time to find our plenary speakers. I was nervous; could we find quality theologians in such a short period of time? I seriously doubted it. However, once again the infamous brainstorming took place; many names were brought to the table, some of us even had connections with them. And we found four whom we wanted and who were available.

Each person was responsible for a part of the whole. Julianne, however, was responsible for all of us. It was she, along with Larry, who needed to keep track of the big picture. I was glad to stick with what I knew best, fostering a hospitable experience for our members through networking within the community, creative thinking, and fundraising efforts. I learned much about the essence of team (on the local and national level), and I was grateful for the support of my boss and my wonderful staff who shared their time and talents to make these initiatives a success. I honestly could not have done it without them!

Additionally, I learned much about my community, about the willingness of the people and businesses of Columbus to extend themselves, and about the political realities of fundraising. While so many of these things were a source of frustration (and sometimes anger), they have also become a source of great insight and learning.

It is interesting to become intimately involved in almost every aspect of a national conference, to plan and to fret, to worry and to rejoice and then to stand and watch months and months of planning unfold. Believe me when I say there were times I truly wondered how it was all going to unfold! I pride myself as a detail person, someone who likes to know what needs to be done and then does it. I don’t like surprises and I don’t like monkey wrenches thrown into my well-coordinated planning. It seemed like every day I needed to address kinks which forced plans to be changed or even aborted. And I knew that at the same time, my colleagues were dealing with their own issues and their own roadblocks, and all the while the calendar crept on, steadily moving to March — until lo and behold, the time arrived when we would take all those months of planning and piece them together to form the whole, to unveil it as a reality to our membership.

The team and I were so pleased when we heard comments from our membership saying: “This is a wonderful event, so well done. Thank you.” By God, we did it, I would think … if they only knew how we had to punt at the last minute or catch up with some unplanned reality. It delighted me anew every time someone said, “It is going so well.” And I was so grateful that somehow, some way, God in his mercy made it all seem like a seamless garment, perfectly tailored, and the faults were disguised as part of a beautiful garment. Now, that is grace!

The actual days of the conference seem to me to be a fog, I truly do not remember much of what occurred because I was intent on making Columbus an awesome event. I so wanted to share some of that wonderful Midwestern Buckeye hospitality and to make people feel their time here was well spent. In all honesty, I could not give my opinion of the plenary speakers or the workshops, as I attended few. However, so many who did attend them appeared to be happy and verbalized grateful comments about the wonderful educational opportunities.

Similarly, I did not get to use the meditation room myself, but developing it was a sacred opportunity for me and our team. The vision was to create a “healing garden,” a place where God’s creation could renew and center our participants. It was meant to be warm and hospitable, a little oasis of calm and respite (especially after those days spent sharing the Hyatt with
the teenagers!). I would often peek in during the day to check on the water level in the fountain or fill the baskets with candy, and when I saw people resting quietly in prayer and reflection while the little fountain bubbled away in the background, I was at peace. For to me, it is these little touches and extensions of hospitality which make a conference a special occasion, and I am so pleased and grateful to have been a part of it.

At the end of our closing Mass, I was a little teary as I looked around. I saw tears, I saw joy, and I saw people dancing to some awesome worship music while Tom, our presider and my fellow committee member, seemed to be alive with the Spirit. “This is what it was about” I thought. “This is what Church should be.” And now many months of planning were coming to a close; and our time together here in Columbus was over.

I smiled and checked my tears. “I don’t have time for this,” I thought. “I need to get Fr. Malloy out to the airport, and then get back to the hotel to disassemble the meditation room — and maybe then, I will go home and sit in my recliner and collapse.”

It is over, and I pass the baton on to others to carry the next experience forth!

Michelle Lemiesz, NACC Cert., was the local co-chair of the Columbus conference and is the Director of Chaplaincy Services at Mount Carmel East in Columbus, OH. She is now up and ready for new challenges (like competing at the Ohio State Fair)!

Chaplains’ dilemma is also opportunity

“W

hat does success look like?” That question is the chaplain’s dilemma and opportunity, said Rev. Edward “Monk” Malloy, CSC, in his plenary address to the NACC conference.

It is similar to what other professions face, he suggested – no matter how successful doctors are, eventually every patient dies. And for chaplains, “the way you mediate the Christian Gospel is always fraught in the end with the outcome of death.”

The task is made more difficult in modern America, he said, which has a broad culture of “the denial of death,” in which everyone wants to be young and preventative medicine and wellness keep more people healthier for longer. Most of his students at Notre Dame University, where he recently retired as president, have never known someone their own age who died; the exceptions are usually by car accident or suicide. But that very success, Malloy said, makes it harder to deal with death when it happens, because of people’s lack of experience.

That same trend of preventative care has de-populated hospitals and moved treatment into outpatient clinics, where there are few pastoral care facilities. “I don’t think there’s any colonoscopy chaplains,” Malloy joked.

But Catholics have unique gifts to offer, he continued, such as the sacramental mindset that sees the relationship of body, mind and spirit. Avoiding the prickly issue of anointing, he told the audience, “We do the best we can with the resources available to us.”

Another resource is the tradition of Catholic ethics, particularly as applied to medical issues. Malloy said that active devotion of resources to the issue began around 1970, when organ transplants were becoming more common. Catholicism reached a consensus that those were acceptable; now discussion has moved to the moment of death and prolonging life. In a culture reluctant to accept death, Malloy said, it is not surprising that many people want to do everything possible to prevent it, but sometimes “we have to decide simply to let people go.”

Success for chaplains, he said, will almost always be behind the scenes, with little outside praise. But, he said, “In a sense, you are Christ to others. … Jesus had the same dilemma we do. After Lazarus was raised from the dead, he had to die again.” The two great human dilemmas, he said, are sin and death. Both are connected to our inability to control our own lives, and both are areas in which chaplains can minister.
Chaplains offer particular source of hope

The following homily was preached at the NACC’s Sunday Mass.

Readings: Genesis 22 (selections), Romans 8:31-34, Mark 9:2-10

By Bishop Dale J. Melczek, DD

Dear Sisters and Brothers in the Lord Jesus:

How good it is for us to come together to reaffirm our commitment to bring Jesus’ compassionate and healing love to those who are sick, to those who are dying, to those in prison, to all who suffer in mind, heart, body, or soul, to their families, and to our collaborators in the healing ministry.

In the name of the Church, I thank each one of you for responding to the Lord’s call to bring His healing presence to those who are at a critically vulnerable point in their lives, perhaps separated from families or friends, perhaps fearful that they are alone and will be forgotten, perhaps anxious for what lies ahead of them, perhaps facing limitations that they have never before experienced, perhaps afraid of the unknown future.

Thank you for being the presence of the Church to those in such needs and for assuring them that God loves them, that God stands ready to forgive them, and that God is their sure hope. Thank you for first recognizing the face of Jesus in the sick, the dying, the vulnerable, and the poor. Thank you for then extending the compassionate and healing hands of Jesus to them in their time of need.

In his very first encyclical, Pope Benedict XVI reminds us that the summary of Christian life is found in the First Letter of John: “God is love, and he who abides in love abides in God, and God abides in him. …We have come to know and to believe in the love God has for us.” Often it is through your presence, your words and prayer, and through your listening that people come to experience deep within their hearts and souls the love that God has for them. You have been well prepared for your ministry. You bring to it two key elements identified by Pope Benedict in his encyclical: professional competence with heartfelt concern. Very importantly, there is a song in your heart for what you are privileged to do.

Often those to whom you minister seek most of all hope. Teilhard de Chardin said that the world will belong to those who can offer it most hope. The Second Vatican Council called us to be people of light and hope. Hope was more than the theme of the apostles’ preaching. It was the purpose of their preaching. Hope is what you offer to those who are perhaps at a crisis point in their lives. You offer not a shallow hope but a hope which comes from the mystery of the death and resurrection of Jesus, that mystery which we now celebrate.

The Lord speaks to us of hope through today’s Scripture readings. The story told in the first reading from Genesis is shocking and absolutely heart-rending. Why would God ask Abraham to sacrifice so brutally the son who is a gift of divine favor and the embodiment of God’s pledge that the patriarch would be the father of a great nation? The answer lies in the reason the story was told in the first place. It is an example of Abraham’s unquestioning trust. Previously, God had asked Abraham to leave everything and go to a land that he would show him. Without a word, Abraham had obeyed. After God brought Abraham to the land of Canaan, against all hope, God gave him and his aged wife Sarah a son, who would be the pledge of a numberless progeny. Now God asks Abraham to destroy that son and seemingly to abandon all hope for the future. Abraham has absolute trust once again and without a word, he prepared to obey. God rewards Abraham’s obedient trust and repeats His original promise of numberless descendents, “all this because you have obeyed my command.”
This promise of hope is echoed in our second reading from Romans. Paul recounts God's love: “If God is with us, who can be against us? He who did not spare his own Son but handed Him over for us all, how will He not also give us everything else along with Him?” God’s unparalleled love is the reason for our hope. As Paul says: “Christ Jesus who died and was raised and who now sits at the right hand of God, indeed intercedes for us.”

In the Responsorial Psalm, we who believe even in our affliction proclaim: “I will walk before the Lord in the land of the living.” What a profession of hope!

The Gospel story of the Transfiguration celebrates the ultimate basis for our hope, the resurrection of Jesus. The glorified Christ is the central figure of all history, the one who gives meaning to the past and promise of hope for the future. The past is represented by Elijah (The Prophets) and Moses (The Law). The present and the future are personified by Peter, James, and John. Peter is overwhelmed by the dazzling spectacle and wants to make this extraordinary experience permanent. But the climax of history is not the whole of history. Jesus, Peter, James, and John must come down from the heights of ecstasy to the harsh reality of the journey yet before them. There is yet suffering to endure: the bitter rejection, passion, and death of Jesus and the apostles’ own trials and struggles. But they have learned that Jesus holds the key to the meaning of their lives and of all human history. “This is my beloved Son. Listen to Him.” In Jesus, they find meaning, strength, and hope. He is the resurrection and the life.

My brothers and sisters, you have been called to be ministers of Jesus and His Gospel of Hope. We have been strengthened by His Word. We will be nourished with His Body and Blood in order that we might go forth with confidence to be bearers of hope and ministers of His healing love.

Bishop Melczek is the Bishop of Gary, IN, and the episcopal liaison to the NACC.

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**Wounded healers reach out to others**

_The following homily was given at the Monday liturgy of the NACC conference._

**Readings:** Daniel 9:4b – 10; Luke 6:36-38

**By Rev. Jerome Rodenfels**

We know the 10 Commandments of Moses. We know the two Commandments of Jesus. We know the two of Jesus summarize the 10 of Moses.

We know the commandments. We are human. We are imperfect. We sin. Sometimes it is easy to sin. Sometimes it is easy to disobey. Sometimes it is easy to allow our humanity, our imperfection to get in the way of our ministry. I suppose we have our “favorite sins,” e.g. gossiping, envy, criticism, judging, impatience, etc., things we do daily without thinking twice. Then our heads hit the pillows at night, and with a review of our day, we catch ourselves, and say our Act of Contrition, and fall asleep.

We are called with Lent to examine the ordinary and change, become more Christlike. We are called to accept our sinfulness as Daniel reminds us of that. But Daniel also reminds us that God is compassionate and forgiving.

We are called by Jesus, from today’s Gospel, to be merciful, stop judging, stop condemning, to forgive. We are called by both readings to be: the most compassionate, obedient, objective, forgiving chaplains in the United States of America, not only to the patients, but also to our co-workers in pastoral care or chaplaincy services; to the nurses, the respiratory therapists, the staff of environmental services, case managers, doctors, administration (despite cuts in staff), etc., and to one another at a national convention. What an ideal, and CPE helped us with that.

The reality is we approach patients, staff, co-workers, etc., with our sinfulness, our humanity, our imperfections.

We are “wounded healers,” called to help heal the wounds of others.

It is Lent. Traditionally we “give up” things. I have challenged my parishioners to “take down” vs. “give up”: Take down the barriers, attitudes, etc., that prevent us from: loving God with heart, soul, mind, and strength, and from loving our neighbors as ourselves. Our gathering today, to hear Word and to receive Eucharist, is another step in that process to love better, to become a better presence of Jesus Christ to one another.

Our gathering is another step in that process of “Deep Roots, Wide Reach – Journeying into the Heart of Christ,” the theme of our convention.

The ashes of Ash Wednesday are gone. Our journeys as Christian Catholics continue. Our ministry as chaplains continues. Lent continues.

*Rev. Rodenfels, NACC Cert., is pastor of Church of the Resurrection in New Albany, OH.*
Chaplains’ gift is to accept people’s wrinkles

The following homily was given at the closing Mass of the NACC’s conference.

By Rev. Thomas Landry

Three years ago, minus half an hour, I woke up in my bedroom at home — not at the rectory — and asked myself if what I remembered from the night before had actually happened. It had. Three years ago last night, my mother died. And I was reminded of her when we came to this hotel. How many of you saw crucifixes as you checked into your hotel room? No? How many noticed an ironing board? Yes? OK.

When I was in high school, my mother was known as the mad ironing lady. It began when I went off to school in first grade, and it carried on all through elementary school, until I arrived at an age when Mom was working when I arrived home from school. For most of the years this happened, we lived on the top floor of a three-decker — an earlier version of condos, but people didn’t own them, they only rented. So at the end of the day, I’d run all the way up three flights of stairs and land in the main room of the apartment, which was the kitchen, and flop myself down in the rocking chair, which had been very intentionally placed there by this very wise woman who was standing at the ironing board. “How was your day?” she’d say. And she listened.

She listened in the same manner for the better part of 10 years, every day I came home from school. The stories changed — they began with the face of the sister who taught at school and seemed to just move so differently from other human beings I knew, so that I felt that perhaps my vocation in life was to be one of them. Mom knew she’d better listen for a long time to that.

She listened as I began to have troubles with other kids at school — problems on the playground, walking home, the kind of things that simply go on as we move through the early stages of our development. She listened. And she knew so much about me when it became time in my life to begin sharing things with her intentionally, by choice. I was fascinated how much she knew of me, how carefully she had crafted her efforts to teach — at times to chastise, occasionally to punish, always to love. She used the ironing board; she didn’t use the iron.

I think the tremendous challenge to us of God’s word today in this season of transfiguration — the gift being given to us to bring to others — the challenge, the cutting edge of our work as chaplains in this church and chaplains in this society about which we’ve been speaking at this conference — is to listen with this ironing-board posture and not to wield the iron.

The church will not become more the church that is being birthed by the Holy Spirit by trying to iron all the wrinkles and character out of it. At times, we’re a very wrinkled dress or shirt. I believe that’s the nature of our society, for which we’re meant to be a source and catalyst for growth. Not growth per capita, not growth in someone’s bottom line, but growth in the hearts and souls of children and elders. And it will not occur as we iron out all the messiness and ugliness that occurs in life, because that’s not what the Christ whom we claim and who claims us did. He became enfolded in the wrinkles. He walked into our mess, lived it, blessed it, died it, and then rose so that this mess of ours could be embraced in the transforming power that is only God’s to give.

I think it would be an extraordinary international campaign if we got together and fashioned a process of mailing ironing boards to the Oval Office, to the boardrooms of all our CEOs and institutions, to our chanceries, to the Vatican. Because I believe the greatest gift we bring as chaplains within that healthcare setting — whether it’s in the ICU, in ambulatory care, in hospice, helping care for family members dying as they did for my mother — the extraordinary gift we bring is the listening, the willingness to bear witness to the truth that this man, woman or child is experiencing; at times to hear the patient as grieving spouse, child, parent, brother or sister. There is more that we do, but we bring the gift of bearing faithful witness of being melded into the wrinkles, of not walking away from the mess.

There is much in life that can be judged, and once it’s judged, it’s dismissed — the process, the suggestion, or the person. If our hospital judges and dismisses persons who require care or who seek in creative and faithful ways to offer care, it is our responsibility as chaplains to bear witness to that truth, to hear the truth that is actually occurring, and then perhaps to be able to articulate it as an advocate. To the extent that it goes on in our society, our state or nation, we as chaplains and as an organization must be there to allow the wrinkles to show, not to collude with others to try to iron them out. If we feel people’s lives in the church being addressed with a flat hot iron, being made invisible, being counted as unnecessary, unsalvageable, being told they are persons incapable of loving except in ways that are destructive — to the extent that we hear that being said, it is our gift to know that is not true — to embrace one another with the gift of the ironing board, that says, “I have taken time to hear and see and experience you. God’s grace is powerfully present in you and for you.”

Now, I can’t guarantee that you will find a crucifix or an ironing board every place our ministry calls us. But as one who presides here today, who is the child of Georgiana, who was the student of Sister Martha, who is an associate of the Sisters of Mercy, who is a chaplain among an extraordinary cadre of ministers in the name and power of Jesus Christ, I pray that we may be blessed in the mystery of this altar where God is broken because we are, where God’s love is poured out because that is the only purpose for which we were created. St. Catherine of Siena says, “Love, you see, is the reason, for God’s eye was fixed on nothing but the Father’s honor.” In Christ, God saw this desire for us being realized, that we might experience God,
why God has created us, wrinkles and all.

My role here in these days ends by being strengthened at this altar that God has set for us. May we be prepared to hear the church that God is birthing, and not fear it. May we empty ourselves for it, as he did.

Rev. Landry, NACC Cert., is a chaplain at University of Massachusetts Medical Center in Worcester, MA.

Hayes addresses diversity in church and world

If the problem of the 20th century was the problem of the color line, things will only get more complicated in the future, Diana L. Hayes believes.

Hayes, an associate professor of systemic theology at Georgetown University, told NACC conference attendees that pluralism, multiculturalism, religion, and economic class will be issues that the new century must face, as “people are finding that the ladder has been lifted out of reach, permanently removed, or had its rungs cut. … In other words, the safety net no longer exists.”

Catholic teachings on social justice, she said, are “the best-kept secret of our church.” To Cain’s rhetorical question about being his brother’s keeper, “the answer is a resounding yes,” Hayes said. “Yes, I am my brother and sister’s keeper. … It’s not restricted to biological ties or family connections.” The modern Western values of individualism, she said, are “alien to rather than outgrowths of Jewish and Christian life.”

New census data showing far more Hispanics and Asians in this country represent “the browning of the face of the Catholic church,” she said, with the modern difference that “people are not seeking to assimilate or melt. … They want to be accepted as they are. They want to keep their languages and traditions, but they want to share them with us.” The idea of the melting pot, she said, was always problematic: “No matter what I do, I will always have this skin.”

The multicultural church isn’t even new, Hayes pointed out; African and Asian Christians have been around in various forms for millennia, although most in the West don’t know it. “We have been here and been faithful for 2,000 years,” she said. “It is our church, too.”

At Georgetown, where she has served as a chaplain and professor for more than 20 years, Hayes has seen changes in the student body – from mostly “white, rich, and Catholic” when she began to today, when she always has Jews and Muslims in her classes, and frequently Hindus and Buddhists — but nearly all are American in their dress and speech. And even within those groups, they are reluctant to affiliate with an institution. “Everyone is spiritual,” she said, drawing a laugh.

The key to understanding in the future will be listening. “I would never say I have grasped the fullness of any faith, including mine,” Hayes said. “But I know enough to ask, How can I help you? How can we work together? How can we share?”

Hayes, who has battled rheumatoid arthritis since 1987, said that disability was “another layer of difference for someone who didn’t want to be different,” but it has made her more keenly attuned to issues of economic justice. “There are 46 million people in the United States without health insurance,” she said, “most of them children and those who really need it.”

She told of her mother’s struggle with both terminal illness and insurance companies, and asked, “How do we make it possible for people to maintain their humanity from womb to tomb?” But that is exactly what chaplains are called to do, she concluded. “It’s a sacred calling, and you are all in God’s hands. Blessings.”

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.
Business meeting discusses priorities, strategy

The NACC's annual business meeting gave conference attendees a chance to see where the association has been in the past year and where it hopes to go.

Board Chair Joan Bumpus said that it is nearly time to prepare another strategic plan for the association, and the board is planning a retreat to discuss its options. “Are we being called to be more than we currently are?” she asked.

Executive Director Larry Seidl said that total membership in the association is about 3,100, with a net decline of 31 in 2005. He suggested that the NACC may want to make itself more friendly to those who are not certified chaplains, encouraging deacons, parish nurses, or bereavement counselors to join. The organization will look for partnership opportunities with other groups whose missions overlap its own, and will have a booth at the upcoming Catholic Health Assembly.

About the NACC’s existing partnership in the Council on Collaboration, Bumpus said, “There’s a boatload of energy around the exciting and collaborative work we’re doing.” Other organizations are interesting in joining the six charter members, she said, and a joint conference of the existing members is planned for 2009.

Seidl said the association is hiring a marketing firm to raise its profile among young people and to let them know that chaplaincy is a possible career. First-career chaplains could help the association by remaining members for 30 years or more.

After the business meeting, members had a choice of four “commitment sessions” to explore specific areas in which the association hopes to take new initiatives.

Networks and Partnerships:
Suggested groups that the NACC could work with included universities; bishops; laicized priests in good standing; deacons; nursing-home associations; advocacy groups for the homeless and mentally ill; and parish nurses. There was also discussion of the best way to use the talents of volunteers.

Advancing Pastoral Practice:
Attendees’ suggestions included establishing CPE programs in African countries or in Spanish; using JCAHO to build visibility; being ecumenical and both individual and communal. “We wanted the community at prayer to be the source of healing,” Van Orsdal said, “like the body of Christ.”

Congregants could receive anointing from four priests, and then were prayed over by four volunteers. Nearly everyone at the service came forward, because “illness has lots of different forms,” Van Orsdal said. “Maybe for some people, illness was being close to burnout in their ministry — or frailty or vulnerability.”

“I just prayed as the Spirit moved me,” said Sr. Eunice Atsu, who volunteered to participate in the service. It was her first Taizé experience, but she said, “I liked it. It was solemn and prayerful.”

2007 details to come

Rather than having one national conference in 2007, the NACC will offer a number of smaller conferences around the nation, in an attempt to give members the local connection that they feel they have lacked since the regions were ended in 2000. Cities and dates have not been finalized yet; watch future issues of Vision for details.

Anointing service inspired by Taizé

Like C.S. Lewis’ description of heaven, the Taizé anointing service consisted largely of music and silence.

The grand ballroom of the Hyatt Regency Hotel was arranged with chairs in a circle, surrounding anointing stations. Wherever people sat, they were both adjacent to and facing others in the congregation. Lights dimmed for the service.

The music, in traditional Taizé style, consisted of simple tunes sung repeatedly by the congregation, sometimes while the choir sang a more elaborate theme above it. “It works like a mantra,” said Claire Van Orsdal, a Columbus chaplain who presided at the service. “It’s supposed to be meditative and free your mind.”

The worship style, which began at the Taizé monastery in France, is meant to be ecumenical and both individual and communal. “We wanted the hotel ballroom’s setup was transformed into something more intimate for the anointing service.

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2006 ANNUAL NACC CONVENTION
Deep Roots, Wide Reach - Journeying into the Heart of Christ
Hyatt Regency Hotel - Columbus, Ohio
March 11-14, 2006

Conference Recordings

Plenary Sessions

Audio CD DVD

NACC-06-101 “Kenosis as Key to the Heart of Christ”
Dr. Michael Downey

NACC-06-103 “Many Faces, One Church: The Challenges of Diversity”
Dr. Diana L. Hayes

NACC-06-104 “The Chaplain’s Challenge”
Rev. Edward “Monk” Malloy, CSC

Workshop Sessions

Audio CD Audio CD Audio CD

NACC-06-105 - S1 “A Gospel-Based Reflection on the Chaplain as Shaman, Servant, and Mystic”
Tom Stella, M.Div., M.A., S.T.M.

NACC-06-106 - S2 “Rooted in Jesus, Welcoming to One and All”
Sr. Norma Gutierrez, MCDP

NACC-06-107 - S3 “Palliative Care, Chaplains and Physicians: Going Forward to Basics”
James Shaw, M.D.

- Jean Marchant, M.Div., D.Min., (Cand.)

NACC-06-109 - S5 “Teology of Disaster - God and the Broken Spirit”
- Timothy Serban, M.A.

NACC-06-110 - S6 “Sharing the Long Walk on the Pediatric Palliative Care Journey”
Sr. Maxine M. Young, SND; Beth McBurney-White

NACC-06-111 - S7 “Helping Strangers in a Strange Land”
Rev. Mr. T. Patrick Bradley, M.A., NACC Cert.; Rabbi David J. Zucker, Ph.D., BCC

NACC-06-112 - S8 “Reframing Conflict”
Betsey Cowardin, LSW

NACC-06-113 - S9 “R”

NACC-06-114 - S10 “The Theory and Practice of Theological Reflection”
Celeste Mueller, M.A., D.Min., (Cand.)

NACC-06-115 - M1 “Building Relationships with Physicians”
Ms. Mary E. Johnson, M.A.

NACC-06-116 - M2 “Rooted in Jesus, Welcoming to One and All”
Sr. Norma Gutierrez, MCDP

NACC-06-117 - M3 “Hysterical Living (for the Humor-impaired)”
Rev. Joseph F. Sica

NACC-06-118 - M4 “The Pentecost Possibilities of Taize”

NACC-06-119 - M5 “Naming and Claiming the Power of Our Ministry: Describing Chaplain Services, Part II”
Rev. Dean V. Merek

NACC-06-120 - M6 “A Gospel-Based Reflection on the Chaplain as Shaman, Servant, and Mystic”
Tom Stella, M.Div., M.A., S.T.M.

NACC-06-121 - M7 “Many Faces, One Church: The Challenges of Diversity”
Dr. Diana L. Hayes

NACC-06-122 - M8 “The Chaplain’s Challenge”
Rev. Edward “Monk” Malloy, CSC

NACC-06-123 - M9 “Palliative Care, Chaplains and Physicians: Going Forward to Basics”
James Shaw, M.D.

- Jean Marchant, M.Div., D.Min., (Cand.)

NACC-06-125 - M11 “Teology of Disaster - God and the Broken Spirit”
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NACC-06-126 - M12 “Sharing the Long Walk on the Pediatric Palliative Care Journey”
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NACC-06-127 - M13 “Helping Strangers in a Strange Land”
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Betsey Cowardin, LSW

NACC-06-129 - M15 “R”

NACC-06-130 - M16 “The Theory and Practice of Theological Reflection”
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NACC-06-131 - M17 “Building Relationships with Physicians”
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NACC-06-132 - M18 “Rooted in Jesus, Welcoming to One and All”
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NACC-06-133 - M19 “Hysterical Living (for the Humor-impaired)”
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NACC-06-134 - M20 “The Pentecost Possibilities of Taize”

NACC-06-135 - M21 “Naming and Claiming the Power of Our Ministry: Describing Chaplain Services, Part II”
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YOUR SATISFACTION IS GUARANTEED.
Feeling at home in a place like the morgue, I provide the service of hospitality

By Charles Farrar

The young woman sat staring at her open cell phone as the doctor glanced down to notice that the woman had mismatched gym shoes on, one white and one pink. The doctor was explaining that she had pronounced the woman’s 49-year-old mother dead about a half-hour earlier. “We’ll have to wait for the autopsy. For now, all we can say is …” the doctor’s voice droned on, echoing through the walls of the daughter’s oblivion.

The social worker mentioned that the mother’s body “would be ready to be viewed in the morgue in a few minutes if you want to see her.” Without looking up, the woman with the pink and white gym shoes shook her head very deliberately, painfully. “I don’t think I can do that. No. No, thanks.” A solitary tear dropped to the floor. Looking at me, seated to the daughter’s right, the social worker gave her a second chance. “You wouldn’t be alone. The chaplain here will go with you.”

And I felt butterflies in my stomach and a surge of blood rushing to my head. Morgue: the word immediately filled me with dread. (“Geez,” I thought to myself. “I hope she says no.”) Then the social worker added, “He goes down there all the time.”

That comment sounds very odd. At first, it might not seem like such a good thing. After all, who wants to be known for going to the morgue all the time? But the social worker’s intention was to allay the daughter’s misgivings. “If you’re accompanied by the chaplain, who is familiar with it,” he was implying, “it might not seem so threatening to you.”

Another effect of this comment, albeit unintended, was to allay my own misgivings. What a fresh, powerful way to describe my job as a hospital chaplain. Apparently, I am seen as a sort of cicerone for bereaved visitors. Among my credentials is my familiarity with the morgue. Feeling at home in my environment, including a place like the morgue, I am able to provide the valuable service of hospitality.

I found myself reaching to place my left hand on the woman’s shoulder. “I’d be glad to accompany you if you want.” And the interesting thing was — I meant it. I would be glad to be the one who would help her feel to some degree at home here. I would be glad to show hospitality to this vulnerable person.

This kind of relationship calls to mind one of my favorite Biblical figures: Jethro, the Midianite priest and Moses’ father-in-law. My CPE supervisor offered Jethro as role model for pastoral care. “Can you see why he was able to help Moses learn to survive in the desert?” he asked, eyes wide with the glow of his own insight. “He lived there. The desert was Jethro’s home.” Just so, his logic followed, “See yourselves as chaplains as the one who would help her feel to some degree at home here. I would be glad to show hospitality to this vulnerable person.”

Moses found himself in the desert of Midian simply because he was afraid to stay in Egypt. His life had no real purpose. But after having been welcomed into Jethro’s family in Midian and then living there for the next forty years, Moses’ character was gradually transformed. He went from a pampered hothead to hero.

How much of a role did Jethro play in Moses’ transformation and success as leader? It’s mostly speculation, but I’d say quite a lot. Certainly, it’s true that Moses’ formation as potential leader coincided with his being welcomed into Jethro’s family. Most likely, however, it was more than coincidence. Jethro was able to offer something which none of the Egyptian sorcerers or scholars could have: the wisdom of a desert dweller.

Jethro first appears after Moses has fled Egypt for the land of Midian. On the lam for a possible homicide rap, Moses seeks refuge in this desert area. At a well, he immediately comes upon seven daughters of the priest of Midian — that’s Jethro. Impressed after he protects them from some brazen shepherds at the well, the seven daughters speak of him to their father as “an Egyptian.” In this hostile environment, identifying individuals by their nationality would have been the norm. Such knowledge might have been critical to surviving. Interestingly, however, Jethro’s reply is, “Where is this man?” Then he has his daughters invite Moses to eat with them. He thinks of Moses, not as a foreigner, but as a fellow “man,” a man who needs food and companionship and who deserves to be treated with dignity. In time this invitation is extended to join Jethro’s own family circle by marriage. He might have said something like this to Moses: “We live here in this desert of Midian. It’s hard, but we survive together. You are welcome to make your home with us here.”

We could further imagine how this sort of offer might have transformed Moses’ experience of his environment. His attitude toward the desert may have changed from a fatalistic to a confident, if not hopeful, orientation. Jethro offers Moses the insight that one can prosper even in the harshness of the desert. Dignity, hospitality, companionship, and prayer (for, after all, he holds the office of priest) are virtues that contribute to this prosperity.

In this sense Jethro is archetypal. We’ve probably all experienced moments of Jethro power in our lives. There are times when we can think and act powerfully and peacefully.
We’re able to relate to others in a spirit of freedom and receptivity. We have let go of all the baggage that keeps us from following the creative impulses of our internal authority. Curiously, this kind of power often comes in the hardest of times. It may be precisely when we’re in the desert that this freedom comes — or rather, it may be precisely when we’ve stopped trying to fight the desert. All that energy that we waste in frustration about the oppressiveness of our environments and in unrealistic hopes that things will change can now be invested in the relationships and opportunities available within this desert. And prayer becomes, not a desperate bargaining with God, but a serene embrace.

Jethro’s intervention with Moses in Exodus 18 models this power. In the midst of what must have seemed like an intractable problem — Moses being overwhelmed with serving as judge for the entire Israelite nation — Jethro proposes a solution. Each case to be arbitrated is unique, and not all merit the same weight of Moses’ attention. It’s not about fighting against the problem, nor is it about ignoring or abdicating the task; instead, the solution is more relational. Furthermore, it nicely appreciates and utilizes the giftedness of other members of his community.

Surely, Jethro cultivated this sangfroid from living in the desert. He had no illusions about the hardships of life. He knew the folly of overestimating one’s own ability to confront danger, and especially to confront it alone. And he knew that since in the desert no two days are alike, you will perish without the ability to respond creatively to new challenges. So it was only natural that his proposed solution was realistic, relational, and creative.

Can we live with this vision, too? The first step is to accept the fact that our life really is a lot like a desert. We need to be at home in the desert, especially in the desert of our own feelings. We come into our ministerial environments full of them. We arrive neatly groomed and dressed on the outside, but, invariably, messy on the inside. One response is to hope no one notices. We can so impress people by our professionalism, charm, and technical skill, that there’s a pretty good chance all of our vulnerability slips under the radar.

But a real desert-dweller, like Jethro, approaches life and ministry differently. The wind, sun and sand have whipped his skin into a dried-out, shriveled shell. He knows the foolishness of ignoring how overwhelming life’s challenges can be. Yet, precisely for this reason, he savors every moment, in a state of wonder that he is surviving. When he is called to enter into relationships or simply to lend someone a hand, he does so with a freedom that people can’t help but sense. That’s because he wastes no energy on foolish efforts to mask or compensate his own vulnerability, and also because living in a state of wonder is in itself liberating. He understands that his role is not to lead people out of the desert, nor to hide its harshness from them, but, rather, to model the good news that, even in the desert, a community can celebrate, pray, love, and be surprised.

This quality, which seems so conceptually simple, is too seldom realized in ministry. Under the guise of protecting ourselves from distraction or counter-transference, we sometimes attempt to check our feelings at the door. But, try as we might to compartmentalize our attention so that we can focus on others, our heart will always be — whether we like it or not — on what’s most intimately important to us. So the key is to maintain an awareness of how intensely that pre-eminent relationship, situation, or feeling in our personal lives is affecting our hearts.

Then we can allow that self-awareness to be an empathetic bridge with other people.

So when the young woman in the white and pink gym shoes finally agreed to view her mother’s body, then looked in my direction, it dawned on me: we were both dealing with fear. Although our fears had very different causes, and hers was certainly more overwhelming than mine, still, there was an emotional bridge. The awareness of my own fear helped me be aware of hers. Fear, which I too often think of as something I need to “get over,” was now helping me empathize with her. We were both in the desert of fear.

I walked her to the elevator, then down the gray cement floors of the underground corridor. I described what she might expect to see in the morgue and how her mother might look. She listened. For the first minute or so of viewing her mother, she was silent. Then her face began to crack and the tears flowed. She sat down and covered her face with her hands. “What am I going to do now?” she said, again and again. “What am I going to do?”

I wasn’t sure what I was going to do, either. So I thought about what helps me when I don’t know what to do. Invariably, I pray. “Could I pray with you right now?” I asked. She nodded. I don’t recall my words, but I know that at some point the prayer morphed into the Twenty-third Psalm, which we both knew by heart. “...Yea, though I walk through the valley of the shadow of death....” We all walk through the “shadow of death” — the desert — don’t we. It’s where we come together.

Charles Farrar, NACC Cert., is a chaplain at Detroit Receiving Hospital in Detroit, MI.
Screening can help chaplains set priorities

By George Fitchett

Diagnosis with a serious illness or other traumas can create emotional and religious turmoil. For example, a woman in her fifties with advanced cancer told a chaplain, “Why? Why me? I just can’t figure it out. And I get so depressed that I just want to give up on life altogether, you know? And I’m so very angry at God. So angry, I refuse to speak to Him. You know what I mean?” As people attempt to integrate the reality of illness or other adverse life events into their religious beliefs, they may ask, “God, why did you let this happen to me?” (1). For some, this period of religious struggle may be brief, for others it can be quite protracted. It may lead to growth and transformation for some people and to distress and despair for others.

Research Evidence

Over the past few years, evidence has accumulated of the physical and emotional harm of religious struggle. In a study of medical rehabilitation patients, my colleagues and I found that higher levels of religious struggle were associated with less recovery of independence in activities of daily living (4). In a study of hospitalized, medically ill older patients, Koenig and colleagues found that some aspects of religious struggle were associated with poorer physical health, worse quality of life, and greater depressive symptoms (5). In a two-year follow-up of this sample, Pargament and colleagues reported that people with chronic religious struggle had poorer quality of life, greater depression, and increased disability (7).

This team also examined the effects of religious struggle on mortality among these patients. They found that religious struggle was a significant predictor of increased mortality, even after controlling for demographic, physical health, and mental health factors (6). In a recent study, my colleagues and I found that religious struggle was associated with poorer quality of life and greater emotional distress among patients with diabetes, congestive heart failure, and cancer (3). Other research, among both patients and community samples, gives further evidence of the adverse emotional effects of religious struggle.

Implications for Care

I see at least three implications of this research for our spiritual care.

Stewardship: How did you decide which patients to see this week? In most hospitals and other healthcare settings, there are not enough professional chaplains to meet all the spiritual needs of the patients, families, and staff. Chaplains have developed a variety of ways to find the patients and families that need them the most. Some departments use trained volunteers or pastoral care students to visit newly admitted patients and make referrals to staff chaplains. One chaplain expressed what is probably a common approach: “I ask God to lead me to the ones who need me.” By implementing a program of screening for religious struggle, chaplains can reduce the time that is currently spent in case-finding and increase the time available for spiritual care with patients with religious struggle. I describe one model of screening for religious struggle in the attached article.

Referrals: How did the staff you work with determine whom to refer and whom not to refer? A growing number of physicians, nurses, and other healthcare colleagues are interested in the religious dimension of their patients and wonder when they should call on the chaplain. A protocol for screening for religious struggle would provide a clear answer; colleagues should make a referral when there is evidence of possible religious struggle.

Documentation: What evidence did you generate this week about the proportion of patients who needed spiritual care, or about the impact of your spiritual care on those whom you visited? By developing a process of screening for religious struggle, chaplains will be able to document the number of patients with religious struggle who were identified and referred to a chaplain, and whether there were any changes in the level of religious struggle, or other outcomes associated with the spiritual care provided.

Will focusing on patients with religious struggle create an impossible increase in the chaplain’s workload? Data from several studies suggests that the proportion of patients with religious struggle in most populations ranges from 10% to 30%. But chaplains will have the time for intensive ministry with patients with religious struggle if they can spend less time in case-finding. If a program of screening for religious struggle creates more work than a chaplain can complete, there would be a documented basis for requesting additional personnel.

Screening for religious struggle is not the same as in-depth spiritual assessment. Like medical screening or triage, spiritual screening can be accomplished quickly, with just a few questions. This screening does not need to be done by trained, certified chaplains. Other health professionals, trained volunteers, or chaplains in training can do it. Where the screening suggests the patient may be experiencing religious struggle, then a referral should be made to a professional chaplain, who can conduct an in-depth spiritual assessment (2).

Conclusion

The research we currently have suggests there is a group of patients with religious struggle whose healing and adjustment to illness are compromised by that struggle. Identifying patients with religious struggle, through a protocol of screening, can help chaplains in three important ways. It can help reduce the time chaplains spend in case finding. It provides healthcare colleagues with a clear understanding of when they should make a referral to the chaplain. It enables chaplains to document the proportion of their patients who are at risk for poor recovery or adjustment to illness because of religious struggle.

Providing spiritual care to patients in the midst of religious struggle may enable them to have better recovery or adjustment to chronic illness. We will be able to provide evidence of the benefits of spiritual care by documenting these improvements. We will also restore the healing function to an important place in spiritual care.

George Fitchett, D.Min., is Associate Professor and Director of Research in the
Screening for Religious Struggle

The aim of screening for religious struggle is to identify the appropriate level of initial spiritual care for each patient. The model assumes three levels of initial spiritual care.

1. No indication of religious struggle, no chaplain visit requested.
2. No indication of religious struggle, chaplain visit requested.
3. Screening indicates possible religious struggle, refer for spiritual assessment.

Religious Struggle Screening Questions

1. Is religion or spirituality important to you as you cope with your illness?
   a. No If No, then SKIP to Question 4.
   b. Yes If Yes, then proceed to Question 2.

2. How much strength and comfort would you say that you get from your religion/spirituality right now? Would you say:
   a. All that I need If a or b, then proceed to Question 3.
   b. Somewhat less than I need
   c. Much less than I need If c or d, then thank the patient, terminate the interview, and refer for assessment for religious struggle.
   d. None at all

3. Would you like a visit from a chaplain?
   a. No If No, then thank the patient and terminate the interview
   b. Yes If Yes, then make referral to chaplain for routine initial visit.

If response to Question 1 was NO, then ask

4. Has there ever been a time when religion/spirituality was important to you?
   a. No If No, then GO BACK to Question 3 above.
   b. Yes If Yes, thank the patient, terminate the interview, and refer for assessment for religious struggle.

Assumptions

1. Screening is a brief effort to identify people who show signs of religious struggle. As such, it is imperfect and may miss some people who are in the midst of religious struggle (in medical terms, this would be a false negative). It may also misidentify people who are not in the midst of religious struggle (false positive). Where the screening indicates possible religious struggle, we suggest a follow-up spiritual assessment to confirm that assessment.
2. Screening need not be done by trained, certified chaplains. Other health professionals, trained volunteers, or chaplains in training can perform it.
3. When patient’s responses to the screening questions indicate possible religious struggle, we suggest a referral for more in-depth spiritual assessment. We do not suggest that the person doing the screening ask the patient if they wish to have any further assessment for possible religious struggle. This may be a very sensitive question. It is best left to a trained, certified chaplain to discuss it with the patient as part of the assessment visit.
4. This model of screening for religious struggle is applicable in a variety of healthcare settings, including, acute care, long-term care, aged care, and hospice.
5. The present model was developed to screen for religious struggle in patients, but it may also be important to identify religious struggle in family members.

Use of This Model

Any interested chaplains or other healthcare colleagues should feel free to use this model. We welcome hearing any reports of how you find it working in your setting.

We are looking for a few colleagues in acute-care settings to collaborate with us in testing the model. If you are interested in collaborating, please contact Jay Risk, James_L_Risk@rush.edu.
Positions Available

▼ CHAPLAIN
Red Bluff, CA – Part-time NACC chaplain wanted for St. Elizabeth Hospital, a 76-bed acute care hospital in Red Bluff, CA, 133 miles north of Sacramento. Must be willing to work weekends, holidays, and some evenings in rotation with current staff. 32 hours with excellent employer-provided benefits. If interested please contact Sr. Patricia J. Manoli, Senior Director of Mission Integration/Spiritual Care, 2550 Sr. Mary Columba Drive, Red Bluff, CA 96080; phone: 530-529-8015; fax: 530-529-8009

▼ VICE PRESIDENT, MISSION & MINISTRY
Reading, PA – St. Joseph Medical Center is seeking a Vice President of Mission and Ministry. The senior management position is responsible for integration of mission, core values, spirituality, cultural development & promotion of Catholic identity throughout organization. The position requires a master’s degree in theology or health related specialty, knowledge of operations and finance, government affairs, health care trends and concerns, at least 3 years strong leadership/management experience. Catholic faith tradition of faith community preferred. Experience with groups in complex/matrix organization, knowledge of health care ethics and the Ethical & Religious Directives for Health Care Services (ERDS) required. Reading is located 1 hour NW of Philadelphia, 2 hours from NYC and Baltimore. The community is diverse and provides multi-cultural musical, culinary and sporting opportunities. Please send resume to: Scott Mengle, Vice President, Human Resources, St. Joseph Medical Center, P.O. Box 316, Reading, PA 19603.

▼ CHAPLAIN
Chandler, AZ – The chaplain is responsible for providing spiritual care to patients, families and staff. The chaplain functions as a collaborative member of the interdisciplinary health care team at Chandler Regional Hospital. Certification by an organization recognized by JCAPS (NACC, APC, NJCC, etc) required within 1 year of hire. Minimum education: Master of divinity or master of arts in theology, pastoral ministry or other related field; completion of 4 units of clinical pastoral education. Minimum Experience/Skills: Completion of a certified clinical pastoral education program at an acute care hospital. Computer and basic office equipment skills required. Full-time position, second shift. Contact: Judy Esway, chaplain; 480-728-8331; jesway@chw.edu; 475 S. Dobson Rd., Chandler, AZ 85224

▼ HOSPICE STAFF CHAPLAIN
Kennewick, WA – Part-time to full-time. Join our collegial team of 15 chaplains and CPE interns sponsored by The Chaplaincy (www.tricitieschaplaincy.org). Our Hospice program is looking for a bilingual (Spanish), bi-cultural chaplain to join our interdisciplinary team. This position requires flexible hours and on-call rotation with other members of the Chaplain team. Candidates with board certification and hospice experience will receive first consideration. Send resume to: Chaplain Wes McIntyre, The Chaplaincy, 2108 W. Entiat, Kennewick, WA 99336; (509) 783-7416, ext. 2101; wes@tricitieschaplaincy.org

▼ PASTORAL CARE DIRECTOR
Edgewood, KY – Excellent opportunity to join our management team! This position requires a master’s degree in divinity, religious education, or counseling, NACC or APC certification, 3 CPE units, 2 years hospital pastoral care, as well as solid management experience, knowledge and acceptance of the Ethical and Religious Directives for Catholic Healthcare Services, as well as ministering to various faith traditions. Advanced CPE preferred. St. Elizabeth Medical Center, located just minutes from downtown Cincinnati, provides nationally recognized health care and has been serving the needs of Northern Kentucky since 1861. Resumes can be submitted in confidence by faxing to (859) 578-5178 or mailing directly to St. Elizabeth Medical Center, 20 Meical Village Dr., Suite 271, Edgewood, KY 41017; www.stelizabeth.com.

▼ SISTER CHAPLAIN
Long Beach, CA - St. Mary Medical Center, in Long Beach, CA, has a long tradition of having a Sister presence and ministry. We are seeking qualified certified chaplain candidates who are members of Catholic women’s religious orders to complement our Pastoral Care Services team. St. Mary is a member of Catholic Healthcare West, a 500-bed tertiary medical center associated with UCLA Medical School. Spanish language competencies and sensitivities preferred. Clinical pastoral training and experience in oncology, palliative care, or women’s services a plus. To apply, visit our career website at www.chwcareers.org.

▼ CPE RESIDENCIES
Rochester, MN - Residency positions beginning August 24, 2006 through August 22, 2007 for Resident I applicants. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children’s hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and three different certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to Residents at a reasonable rate. The Resident stipend is $26,200 for 12 months, four consecutive quarters of CPE. For program information e-mail cpeprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

▼ PRIEST CHAPLAIN
Fort Lauderdale, FL - Catholic Health Services operates 26 facilities providing a continuum of healthcare and services to the SE Florida community serving 5,000-plus people. CHS is currently seeking a Priest Director of Pastoral Care for our growing north campus, comprised of a skilled nursing center, rehabilitation hospital, ALF and elderly housing. The successful candidate will be responsible for coordinating and providing spiritual care services and ministry to a culturally diverse population. Certification as a chaplain by the NACC or APC is required, and experi-
ence as a healthcare chaplain is preferred. Offering excellent compensation/benefit package and work environment! For immediate consideration submit resume to: Catholic Health Services, 4790 N State Rd 7, Lauderdale Lakes, FL 33319. Fax: 954-484-5416; email: hrs@chsfla.com.

▼ REGIONAL DIRECTOR OF CLINICAL PASTORAL EDUCATION

Billings, MT – St. Vincent Healthcare is an affiliate of the Sisters of Charity of Leavenworth Health System (SCLHS), Lenexa, KS. This is a 314-bed facility rated as a Level II trauma center with a strong history of over 100 years of compassion for our patients. The Regional Director of CPE is actively involved in the supervision of Clinical Pastoral Education. The director is responsible to design and implement training programs of Clinical Pastoral Education within the Montana Region of SCLHS under the standards of the Association for Clinical Pastoral Education (ACPE). S/he develops curriculum, recruits, supervises students’ clinical work, provides educational opportunities, and evaluates students. S/he takes responsibility, in consultation with the Director of Spiritual Care, for delivery of pastoral care services as assigned. S/he cooperates with other supervisors in the planning and administration of the overall training program at the institution. Develops and maintains community relations for the purpose of securing religious and spiritual resources for hospital patients and their families, and maintains the Chaplaincy Services Department. Qualifications for this position include certification as a supervisor by the National Association of Catholic Chaplains 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. St. Vincent Healthcare provides a competitive salary and benefits package. To apply on-line go to www.svh-mt.org or call 800-237-9008 for more information.

▼ CHAPLAIN

Florence, AZ – Jesuit Refugee Service/USA is looking to fill a chaplaincy position at the US Department of Homeland Security Service Processing Center. The chaplain, also known as Religious Services Coordinator, provides religious worship, education, counseling, spiritual direction, support and crisis intervention to accommodate the diverse religious and spiritual needs of all detainees. Applicants should be ordained clergy or members of ecclesiastically recognized religious institutes of vowed men or women. In lieu of professional ordination credentials, adequate documentation of the applicants’ recognized religious and ministerial roles in their respective faith communities is required. Prospective candidates must possess a Master of Divinity degree. Spanish-speaking language skills are required for this position. Please send your resume via e-mail to Armando Borja, Director for Management and Programs, at aborja@jesuit.org or write to: JRS/USA, 1616 P Street NW, Suite 300, Washington, DC 20036. JRS/USA is an equal opportunity employer.

▼ DIRECTOR OF SPIRITUAL CARE

Billings, MT – Located in the heart of Big Sky country, St. Vincent Healthcare is a 314-bed, level II trauma center. An affiliate of the Sisters of Charity of Leavenworth Health System (SCLHS) in Leavenworth, Kansas, St. Vincent Healthcare is a not-for-profit, regional health facility with a strong history of over 100 years of compassion for our patients. The Spiritual Care Director provides leadership for the development, integration, and coordination of spiritual care activities throughout St. Vincent Healthcare. This includes the development and implementation of a comprehensive program of spiritual care services for patients, their families, and hospital staff. The Spiritual Care Director supports the Catholic identity and mission, and functions as an effective multi-disciplinary team member. Requirements to be considered for this position are a bachelor’s degree in theology or related field, certification through the National Association of Catholic Chaplains or Association of Professional Chaplains, one year of management experience in a hospital setting, and excellent interpersonal skills. St. Vincent Healthcare provides a competitive salary and benefits package. Come and experience all Montana has to offer. Apply online at www.svh-mt.org or call (800) 237-9008 for more information.

▼ PASTORAL MINISTER

Fargo, ND – Rosewood on Broadway and Villa Maria are seeking a full-time pastoral minister to provide ministry to residents, their families and visitors throughout the continuum of care. Rosewood on Broadway, 111-bed skilled care and rehabilitation facility, and Villa Maria, 138-bed skilled care and rehabilitation facility, are organizations of the Sisters of Mary of the Presentation Health System. This position includes day hours and some on-call coverage and working collaboratively with other pastoral staff. Qualified candidates will be NACC certified or have equivalent pastoral care experience. Send resume to: CEO, Villa Maria, 3102 S. University Drive, Fargo, ND 58103, or by email to villaemploy@smphs.org

▼ CHAPLAIN

Athens, GA – St. Mary’s Health Care System, a member of Catholic Health East and sponsored by the Sisters of Mercy, Baltimore Regional Community, has opportunities for full and part-time chaplains. As a member of a collaborative interfaith team, the chaplain is responsible for providing spiritual care to patients, families and staff. Qualifications: Board certification or eligibility as chaplain by NACC or APC required. Forward resume to: Human Resources, 1230 Baxter St., Athens, GA 30606, or apply online: www.stmarysathens.org

▼ CHAPLAIN/PRIEST

Langhorne, PA – St. Mary Medical Center, the premier healthcare facility in Bucks County, PA, in suburban Philadelphia, seeks a caring, people-oriented chaplain/priest for an immediate assignment. As an integral member of our professional staff, you will provide healing and comfort attending to the spiritual, emotional and physical needs of our patients, their families and our staff. A bachelor’s degree and a minimum of three years experience in an acute care hospital required; master’s degree in theology or equivalent and NACC certification
Positions Available

preferred. We offer an excellent compensation package, including competitive salary, full benefits after first month of hire, pension plan, 403(b), free parking, and tuition reimbursement. Please fax (215) 710-5190, e-mail smm-cjjobs@che-east.org, or send resume to J. Rodriguez, Human Resources Dept., St. Mary Medical Center, Langhorne-Newtown Rd., Langhorne, PA 19047. EOE.

▼ COLLEGE MULTIFAITH CHAPLAIN

Lewiston, ME – The Multifaith Chaplain has primary responsibility for the encouragement, programming and administrative oversight of the religious and spiritual life of students, faculty, and staff at Bates College. Bates College is a nonsectarian liberal arts college where over a dozen faith traditions are represented. The successful candidate will provide leadership by coordinating multifaith outreach and programming for the campus in cooperation with the College’s diverse religious and spiritual communities; serving as a religious leader in one’s own faith tradition; offering counsel and spiritual support to students, faculty and staff; planning and implementing a wide range of programs that engage the campus in social service, social justice and educational projects; participating in the ceremonial life of the College; and supervising the work, staff, budget and public communications of the Multifaith Chaplain’s Office. A bachelor’s degree is the minimum educational background; a relevant advanced degree is highly recommended. Also required is a strong grounding and training in one’s own religious tradition. Areas of relevant experience include: experience with chaplaincy in an educational setting; work on social justice issues; leadership in a congregational or religious setting or with a faith-based organization; counseling and training experience; and work with young adults. Review of resumés will begin immediately, and the position will remain open until filled. Additional information about the position is available on the Bates Website. Interested candidates should send a cover letter, resume, and names and contact information of three references to: Multifaith Chaplain Search Committee; Bates College; Human Resources; 215 College St.; Lewiston, ME 04240. Visit our Web Page at http://www.bates.edu or call our job line at (207) 753-6959. Bates College, a liberal arts undergraduate educational institution, values a diverse college community and seeks to assure equal opportunity through a continuing and effective affirmative action program.

▼ CHAPLAIN/PRIEST

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 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, 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 multi-disciplinary care team and its services. The Chaplain/Priest 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 certified as Chaplain with experience in healthcare setting. Chaplain training in a CPE residency expected for someone interested in making the transition from parish ministry to healthcare chaplaincy. All of the beauty and adventure of Alaska awaits you. From hiking to skiing snow-capped mountains, fishing in wild streams to exploring the open wilderness, Alaska offers a spectacular way of life. If you’re looking for a rewarding ministry in a beautiful setting, consider Anchorage and Providence Alaska Medical Center your destination. We offer a generous benefits package along with relocation assistance. Please complete an online application at www.providence.org/alaska/jobs.htm or call (800) 478-9940 for more information. Providence Health & Services is an Equal Opportunity Employer.

▼ RESIDENCY POSITIONS

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 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, 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 multi-disciplinary care team and its services. Dates: September 5, 2006 - May 25, 2007. Three consecutive units, one prior unit of CPE required. Stipend $2,000/month, plus excellent employee benefits.
Tuition ($500 per unit) waived. No application fee. Serve at Alaska's premier health care provider with a dedicated and diverse team of staff chaplains. Develop your interpersonal and professional ministry skills in a caring and challenging environment. Live in a stunningly beautiful setting and discover the adventurous spirit of Alaska. All of the beauty and adventure of Alaska awaits you. From hiking to snow-capped mountains, fishing in wild streams to exploring the open wilderness, Alaska offers a spectacular way of life. If you're looking for a rewarding ministry in a beautiful setting, consider Anchorage and Providence Alaska Medical Center your destination. For more information, contact Rev. Frank Macht at fmaacht@provak.org or (907) 261-2991. Send application to same at Spiritual Care, Providence Alaska Medical Center. 3200 Providence Drive, P.O. Box 196604, Anchorage, AK 99519-6604. Providence Health & Services is an Equal Opportunity Employer.

**PRIEST CHAPLAIN CPE RESIDENCY**

**Edmonton, Alberta, Canada** – A year-long residency position is funded by the Archdiocese of Edmonton in partnership with Pastoral Care Services at University of Alberta and Stollery Children's Hospitals. The candidate (an ordained priest) who meets the prerequisites for admission to the chaplain residency program (http://www.cappe.org/positions/residencies/residency_edmonton.htm) will have an opportunity to provide ministry to Roman Catholic patients/families at our hospitals. For additional information contact: Pastoral Care Services, WMG 1H1.26, University of Alberta Hospital, 8440 – 112 Street, Edmonton, AB T6G 2B7, Phone (780) 407-1961, Fax (780) 407-3462, e-mail: Dr. Margaret Clark, Teaching Supervisor, CPE, mbclark@cha.ab.ca

**CHAPLAIN**

**Schenectady, NY** – St. Clare’s Hospital’s Pastoral Care Department seeks a full-time chaplain to serve in a collaborative team ministry. Flexibility, vision for the future and a willingness to serve people of diverse cultures and faith traditions is essential. Requirements include but are not limited to excellent interpersonal and communications skills, an ability to enhance Catholic identity, mission and values, and a compassionate pastoral presence. Bachelor’s degree or greater in theology or allied field; at least one unit of CPE; and experience within a healthcare setting preferred. Candidate is required to work alternate day and evening shifts, as well as alternate night and weekend on-call coverage. Position available July 1, 2006. Please send resume to Peter Jones, employment coordinator, St. Clare’s Hospital, 600 McClellan St., Schenectady, NY 12304, or apply online at www.stclares.org; click on “employment” and find section for non-nursing certified positions. Phone (518) 347-5633; fax (518) 347-5522; e-mail pjones@stclares.org.

**CHAPLAIN**

**Appleton, WI** – St. Elizabeth Hospital, affiliate of Affinity Health System, is seeking a certified chaplain for a part-time position. Affinity chaplains serve as a liaison to the clergy, community and medical team, in regard to the spiritual care to patients, patient families, and staff. Hours are half-time with benefits. Candidates must be certified by the NACC or APC, or eligible within 1 year. Affinity Health System is a Catholic, mission-oriented regional health care network. For more information please call 1-800-242-5650 ext.0594, or apply online at www.affinity-health.org. Job # E050548

**DIRECTOR OF SPIRITUAL CARE**

**San Pedro, CA** – Little Company of Mary Service Area, a member of Providence Health and Services, is composed of two acute facilities, three sub-acute facilities and other health services in South Bay. We provide holistic health care in a mission- and core-value-based Catholic health care ministry. Based at our southern hospital, the Director leads the Spiritual Care Department team. The position requires a graduate degree in theology. Required certification in the NACC or APC. Two years chaplaincy service in an acute setting and excellent pastoral skills, along with demonstrated administrative, organizational, and management skills for three years are necessary. Contact Cindy Mizuno, phone 310-543-5857; fax 310-543-5897; e-mail cindy.mizuno@providence.org

**CPE RESIDENCIES**

**Temple, TX** – Scott & White is recruiting for the 2006-2007 Residency. Our innovative CPE program offers 3 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 e-mail maden@swmail.sw.org.

**DIRECTOR OF MISSION INTEGRATION & SPIRITUAL CARE**

**Portland, OR** – The Director of Mission Integration and Spiritual Care assists the Regional Director, Mission Integration in carrying out the overall mission integration plan for the region and, in particular, at Providence Milwaukie Hospital. As a member of the management team, works with management, staff, physicians, the foundation, board, volunteers and community in furthering the understanding of the mission of Providence Health System and the integration of the mission and core values into the life, policies and programs of Providence Milwaukie Hospital. Qualifications: Master’s degree with specialization in theology, pastoral ministry, or healthcare-related discipline. Current endorsement of sponsoring religious group. Successful completion of CPE training. Certification by NACC or APC. Professional understanding of current developments in theology, spirituality and leadership practices relevant to role. Formal training or experience in ethics preferred. Five years of healthcare pastoral ministry preferred, but a minimum of two continuous years of successful experience in pastoral/ministerial service beyond certification. To find out more about Providence Health & Services, please visit www.providence.org. For a more detailed description and to apply, follow the link to our website https://lawson.ijob.com/servlet/com.lawson.ijob.QuickCandidate?vendor=138&fullmode=true
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Calendar

June

1- 4 National Association of
Lay Ministry conference,
Cleveland, OH

4-6 Catholic Health Assembly,
Orlando, FL

9 Board of Directors meeting
(conference call)

12 Copy deadline, July-August Vision

15-17 USCCB meeting, Los Angeles, CA

July

1 Chaplain certification materials due
at NACC office

4 Independence Day; national office closed

13-16 National Certification Commission
meeting, Milwaukee, WI

13-15 Interview Team Educator meeting,
Milwaukee, WI

24 Copy deadline, September Vision

7-9 Board Retreat, Chicago, IL