Building a relationship averts assisted suicide

By Michele Ledoux Sakurai

“My soul is bereft of peace; I have forgotten what happiness is; so I say, “Gone is my glory; and all that I had hoped for from the Lord.”

Lamentations 3:17-18

Jerry was young, intense, brilliant, and impossible. I met him when he was admitted for leukemia. His illness was complicated by his schizophrenia, and he was a source of frustration and anger to the staff — even before he showed his determination to take advantage of Oregon’s new law permitting physician-assisted suicide.

Jerry was known for his impatience, stubborn nature, and noncompliance — such as the time the tavern down the street called to report that they had a patient in a hospital gown and I.V. pole bumming cigarettes off patrons. Jerry’s autonomy meant everything to him, and neither the nurses nor the doctors could tell him what to do; all aspects of his care had to be carefully negotiated with him. His chemotherapy regime worsened his schizophrenia, and he became paranoid, questioning the motives of staff and loved ones. He had been abused as a child, was estranged from family, and had few supports, just two friends and three cats.

My first contact with Jerry was less than stellar. He was a born-again evangelical Protestant, who had given up a “life of drugs and debauchery” when he found the Lord. His tradition did not recognize women in ministry, and this plus my Catholicism gave me little credibility in his eyes. The interaction felt very much like a game of cat and mouse, and he was surprised when I came back. But over time he looked beyond what separated us; over time I looked beyond his brash, sometimes rude responses, and saw the treasure within. Ultimately Jerry would teach me more about death than any professor or textbook.

Jerry’s remission from leukemia was short-lived. Within a year he was back in the hospital; this time the chemotherapy was not effective. At age 33, he was confronting death, and he wanted answers. Was he being punished by God? Would his faith be enough? What comes next? What does the afterlife look like? I had few answers and primarily sat as a witness to his questions and his fears. We talked — what had meaning in his life? His friends, his cats, his sense of freedom, his love of music. What frightened him in this time? Being in pain, being a burden, leaving his cats, not being in control. Where did he find strength to get through the day? God, prayer, and his cats. There was nothing exceptional in these conversations, until Oregon passed a law permitting physician-assisted suicide. This paradigm shift forever changed end-of-life perceptions for all in healthcare, including chaplains.

On October 27, 1997, physician-assisted suicide (PAS) became an option for Oregonians confronting terminal illness. Adults with less than six months to live, who are considered mentally competent and not suffering from depression, can obtain a prescription for lethal medication after two verbal requests (separated by at least 15 days) and a written request to the primary physician. Although patients are encouraged to discuss this option and their wishes with loved ones, there is no legal requirement to inform or consult next of kin. For the first time in the history of the U.S., individuals could lawfully end their own lives.

Healthcare systems, physicians, and other professionals raced to interpret the law and its expectations. The law included a conscience clause, which permitted institutions and professionals to refrain from participating in PAS. Catholic healthcare provided a strong statement of non-participation, but this did not keep the requests at bay for chaplains, nor did it help chaplains...
Vision, action, the NACC, and you
Planning process to develop strategies for coming years

By Karen Pugliese
Chair, NACC Board of Directors

In my September Vision article I reported on the July Board of Directors retreat leading to a process involving all our members in a new Vision and Action Initiative.

The adventure is well underway, but in a way, it began prior to the retreat. John Reid, founder and co-director of The Reid Group (a national Church consulting and mediation company) was one of 12 people interviewed in our environmental scan in preparation for the retreat. Later, Fr. Tom Landry and I met with John to discuss his organization’s work with faith-based and nonprofit groups. Impressed by their “prophetic planning” approach, we proposed that the board engage the Reid Group in a dynamic, practical and creative planning process. Four main elements were crucial factors in the Board’s unanimous approval of our recommendation:

- The planning process is based on knowledge and appreciation for the evolving story of the organization.
- The approach is primarily about faith, conversion and healing, and secondarily about organizational development.
- The methodology is bold and asks questions like: “What would we do if we really considered ourselves a For Prophet organization?”
- Prophetic planning seeks to discern the movement of the Spirit and the will of God for an organization at this moment in time.

In late August, we launched the NACC Vision and Action Initiative with Reid Group consultants John Reid and Maureen Gallagher, who reviewed all the materials from the board retreat and prepared an analysis of key themes and questions.

We are discovering a wonderful synchronicity in the strengths and in the issues surfacing so far during the board retreat, the focus groups, and the Planning Committee. Many of you applaud advances in working with cognate groups on issues of common interest and concern, and see possibilities for more collaborative relationships with universities, seminaries, and theology schools. Others see a need to be prophetic in ministry formation and mission leadership.

Some are asking bold questions: is our vision too narrow? Should NACC be a certifying body for chaplains or an endorsement body for all Catholics in ministry? Could we see ourselves as more than healthcare chaplaincy and support diverse ministries? How do we build collegial relationships among ourselves, between members and the national office staff, between NACC and the Bishops? How do we creatively reach out to provide continuing education for our members as well as provide outreach to diverse constituents?

Web survey coming soon
As part of our Vision and Action Initiative, the NACC will seek input from all of its members in January.
Please be sure to visit our website between Jan. 1 and Jan. 24 to complete a brief survey on your view of the NACC, its needs, and its goals. The data will be analyzed by The Reid Group and incorporated into the plan that will be presented at our annual conference in March.

At the end of our first gathering, John Reid asked us to describe our feelings about the journey. Comments included: “Engaged,” “Hopeful,” “Wow! Lots of possibilities,” “Enthusiastic and excited.” Focus group contributors expressed similar reactions.

As I re-read my “Journey Journal,” I am moved by the enthusiasm of all who have been involved so far. I remember that the word enthusiasm has its root in the Greek language. Literally it means “the God (entheo) inside (iasm).” The etymology of the word points at its divine origin, and renews my spirit of hope and confidence that our discernment process will result in a clear and compelling prophetic direction for our organization. I am most grateful to John Reid and Maureen Gallagher of The Reid Group; they are gifted guides and inspiring traveling companions. I take delight in the warm and generous response of our members and welcome your questions, comments and feedback along the way.

We will continue to discover issues to address as the process continues, but we trust that the end result will be a strong, clear direction for our association. We welcome hearing from you, too. Do some of these issues resonate with your experience, concerns, hopes and dreams for NACC?
Bolton, Bowman elected to Board of Directors

NACC chaplains have chosen one new member and re-elected one member for the association’s Board of Directors.

Patrick Bolton will serve a second three-year term on the board as a result of the election that concluded in September. He will be joined by Alan Bowman, the director of spiritual development for Catholic Health Initiatives in Denver, CO. The new terms begin in January and run through December of 2009.

“I’m really excited and honored to be re-elected,” said Bolton, the manager of pastoral care at Mercy Medical in Daphne, AL. “It allows me to continue the work I’ve been doing with the board for the past three years in the midst of a lot of transition.”

With the conclusion of the association’s previous strategic plan, the NACC is currently working on a new Vision and Action Initiative (see articles on pages 2 and 5). “There are so many variables at this point,” Bolton said. “We have to continue to become a professional ministry that has a place in business, in healthcare, in the church, and in agencies that promote the well-being of others. … We can’t take for granted that that’s going to exist.”

Starting his second term, Bolton said, “This board truly uses a collaborative style of ministry and decision-making that is creative and integrative. … I’ve been touched by the incredible amount of commitment and energy people have for this work. Together we can make wonderful things happen.”

As Bowman joins the board, he said that he will first “listen to what the current priorities are, and also listen to members.”

As a supervisor who is also certified by the Association for Clinical Pastoral Education and the Association of Professional Chaplains, Bowman sees many opportunities for collaboration, going even beyond the joint standards that are now being put in place. A recent teleconference educational program that he directed was “an exciting way to reach out to chaplains and offer them continuing education with no travel money.” More collaboration with cognate groups may lead to other, more widespread programs, he said.

Since the average age of NACC members is is in the low 60s, Bowman also hopes to offer his supervisory experience in assessing how the association attracts and prepares young chaplains.

Thinking back to the lessons he learned from Sr. Helen Hayes and Fr. Joseph Driscoll, former directors of the NACC, Bowman said, “I’ve benefited from a lot of good leadership, and I do feel the desire to contribute back.”

This year’s election, in which approximately 43 percent of eligible voters participated, was closer than in past years. The NACC made more complete use of the system of instant runoff voting, in which members ranked all five candidates in order of preference. When no candidate gained a clear majority, the lower-ranked votes of members who preferred unsuccessful candidates were redistributed until two candidates received the required 50 percent. For a detailed description of the voting process, visit http://www.cix.co.uk/~rosenstiel/stvrules/index.htm

Thank you to all who participated, and to all who offered themselves in nomination to serve on the Board of Directors!
I had 18 patients request PAS. For 17, I was able to get below the politics of rights, to focus on what was motivating this request at this time. Patients reported fear of poor pain management, being a burden, being abandoned, financially hurting spouse or children (because of the cost of care), loss of dignity, and fear of losing control. For those who feared pain, I brought in interdisciplinary team members to create an acceptable plan of care; for those who feared loss of control, we explored tools such as advance directives and finding people in their lives who could advocate effectively.

The 18th patient was unrelenting in his investigation of PAS. Yes, it was Jerry, and he would take me on this journey that would span eight months. “Why won’t the hospital support PAS? It is my life, isn’t it?” “If I chose to die, who do I hurt?” Traditionally the state had always protected the vulnerable; if someone threatened suicide, measures were taken to keep the person safe and address this loss of hope. With Oregon’s law, it seemed that hope lost out to autonomy and fear.

Over the months, I responded to Jerry’s request by asking many of the same questions that I would ask those threatening suicide. “Is there no one who would grieve your death?” “How will this impact your loved ones?” “What does this do to your relationship with God?” Jerry took the questions seriously. He gave them thought and then acted on them. He told me that his friends would understand if he took his life. He arranged for new homes for his cats. For the question of God, he sought his answers from the Bible, and this took longer. The community story was grounded in two words, “born again,” and his faith in the salvation of Jesus seemed to be his answer to questions centering on PAS. Finally we were at an impasse; it seemed that everything that could be said had been said. One morning as he poured me coffee in his living room, he said, “Chaplain, I will NOT be a burden; if I have to, I will take the pills.” After a long pause, I asked, “Will you do me one favor?” He looked suspiciously at me, then tentatively nodded. “Jerry, I know you have a strong prayer life. Before you act on this decision, will you take this deep into that prayer life and talk to God about it?” He nodded, “Yes, Chaplain, that I can do.”

“But this I call to mind and therefore I have hope. The steadfast love of the Lord never ceases, his mercies never come to an end…”

Lamentations 3:21-22

That was our last conversation. Ten days later I received a call from Jerry’s best friend. Jerry had been getting weaker and weaker and was now in a coma. When I arrived, Jerry was unresponsive. I sat next to him, took his hand, and thanked him for allowing me to journey with him. I also thanked him for his many gifts, especially his searing honesty, and calling me on my assumptions and biases. Three days later Jerry died, and the hospice nurse told me that they had found the pills he had been stockpiling.

I do not believe for one moment that Jerry chose to forego the pills because of dogma or belief, for he found no theological problem with PAS. His decision did not lie in the intellectual argument of rights, but in the invitation to be engaged in the biblical narrative; it was here that Jerry could give voice to his memory that runs deeper than self, and to a place of vulnerable hope. This gave him the strength and wherewithal to wait on the Lord. In doing so, Jerry affirmed for me the roots of my chaplaincy, that is to trust the process as is reflected in the words,

“The Lord is my portion,” says my soul, “therefore I will hope in him.”

Lamentations 3:24
National office set to ‘put the wheels on the wagon’

By Rev. Thomas G. Landry
Interim Executive Director

While the Vision and Action Initiative considers what the NACC should be and do, the national offices here in Milwaukee are laying the foundation for those developments — what a childhood friend would call “getting ready to put the wheels on the wagon!”

On page 2, you can read the report of Karen Pugliese, NACC President and Chair of our Board of Directors, on our initial stages of the Vision and Action Initiative, done in consultation with the Reid Group. With this consulting firm, which specializes in faith-based and nonprofit organizations, we have taken the next steps suggested by the Board of Directors’ retreat. The information I am sharing with you should be read as companion to what Karen shares with us.

Recently I wrote and sent a letter which all NACC members and Vision subscribers should have received by now. In this letter I shared with all of you the need to increase our NACC membership and subscription fees. As I reported in my letter, these fees have remained the same since 2001. The increase recommended by the Finance Committee and approved by the Board of helps bring revenues into line with increasing expenses. It does not catch us up even with the rate of inflation for the six years since our last increase, but it does head us in that direction.

Today and in the weeks and months to come we are reinvesting in the present and future of the NACC. The modest increase approved for 2007 will be the first of annual determinations of the level of revenue necessary to support the work of our association in the years to come. I think you will find upon comparison that even our new fees are still lower than our sister organizations and associations.

In another important area, I am pleased to report that we are well on our way to new quarters for the national offices of the NACC. We are compelled to move by the planned sale of the Archbishop Cousins Center, which has been our home in Milwaukee for the last 18 years. Relocating to currently vacant Church property would leave us vulnerable to further moves, so we are adjusting to the sticker shock of the commercial real-estate market. But moving into professional office space also presents a tremendous opportunity for development of our tasks, policies, and procedures.

We are making arrangements for space in an office building near Milwaukee’s General Mitchell Airport, which will provide us with more professional and accommodating space — e.g. heat and air conditioning that actually works for everyone, and electrical current that is not crippled by turning on the coffee maker! In addition to the airport, we plan to be very close to Interstates 43 and 94, as well as the Amtrak station and most of the hotels we use for meetings. We hope to keep our national staff within a single office suite and provide a bright, uplifting atmosphere for all who work there and all who visit there. It will give us a solid platform to address the following opportunities in the months ahead:

- A three-year cycle of planned annual conferences. (You know what we know about 2007, and we’re working on 2008 and 2009)
- A fall cycle of annual educational programs to be held in various locales around the country (probably six the first year in fall of 2007, and more as our experience dictates).
- Specific initiatives to provide more local connection and identification among chaplains in geographical areas or clusters, possibly a state-level “communication tree” online.
- New collaborative programs with partners such as CHA. We are now working on the oft-discussed and much anticipated survey that will be discussed at our March conference and will build upon the outcome of the Vision and Action Initiative.
- Outreach and recruitment initiatives that also will build upon the wisdom gleaned during the Vision and Action Initiative.
- New opportunities for educational and relational development in concert with our Council on Collaboration / Spiritual Care Collaborative Partners (APC, NAJC, ACPE, AAPC, CAPPE), including a proposed joint conference in 2008 and 2009!
- New grant-writing for specific projects, or grants given in recognition of our association’s quality of ministry (see the box on this page for an example).
- New advocacy within the healthcare community, within the wider community, and within the Church — reclaiming our prophetic voice.
- New ways of perceiving our place in and our contributions to the world of spiritual and pastoral care with

Grant honors NACC

The SC Ministry Foundation has recognized the work of the NACC with an unsolicited grant.

The foundation, a mission of the Sisters of Charity in Cincinnati, OH, is celebrating its 10th anniversary. Its mission is “to give compelling witness to Christ’s active presence by doing justice … and sharing our individual and Congregational resources for the liberation of the oppressed.”

The letter from Sr. Sally Duffy, SC, the foundation’s president, honors the NACC’s “partnership and collaboration in effecting our mission.”

See National office on page 11
Igbo tale of Ndo birds offers model for chaplains

By Rev. Monsignor Felix C. Ojimba

Among the Igbo people of Nigeria, conventional wisdom is often locked in stories from the animal kingdom. As a hospital chaplain, I am particularly fascinated by the story told of a pigeon-like flock of birds called the Ndo. They seem to have a lot to offer in terms of a group approach to self-care. The Ndo birds embody many of the caregiving gifts that are needed in chaplaincy: vigilance, care, compassion and teamwork. Listen to the story and consider what we can learn from nature.

Once upon a time, the Ndo birds were cruising right along in the sky on a bright and beautiful day, savoring the gentle breeze. Something you must know is that whenever the Ndo birds fly from one place to another, they always maintain a line formation similar to jet planes on an air show. As they fly, each bird scans the environment for warning signs of danger and is ever ready to swing into action to save a neighbor in need. Suddenly, out of the blue they found themselves under attack from a local hunter. A bullet directly hit one of the members of their flock. They were all in shock. One of their own was on its way to fall from the sky to the foot of the hunter. As the bird started its descent, the hunter had a smile on his face and was beginning to count on what was for dinner.

Immediately, the birds rallied together to form a rescue mission. Four of them pulled their wings together, dived beneath the falling bird and carried him back to safety to their nest. As the traumatized bird was suffering, they sat around offering caring presence and support, continually saying, “Ndo.” (Ndo is also an Igbo word for conveying empathy to someone experiencing pain and loss). After several days in recovery, with teams of two or three members looking after the injured bird, the bird was cured and healed.

In appreciation, the healed bird said, “What could I have done without you? But for you, I would have become the hunter’s dinner.” But the bird’s teammates were only satisfied that they could be there to save one of their own from danger. If they were in such a state, they knew the same support and presence would be given to them as well. The birds were able to save their colleague in distress because of their care for one another and because of their covenant relationship empowering them to provide saving intervention without hesitation.

The work that chaplains do is very important, but it is often stress-inducing. Without an effective mechanism for recycling the stress, a chaplain’s effectiveness in ministry is greatly impaired. Who can understand a chaplain better than another professional peer who understands and has been there themselves? Even family members sometimes are weary from providing emotional support when they might not have the endurance or the training to withstand the powerful and dramatic events that occur in the life and work of a chaplain. In distress, a chaplain might turn to a colleague for assistance in processing a difficult pastoral experience. Given the fast-paced clinical setting, there is hardly enough time to fully meet/respond to this need for self-care. The chaplain is off to the next visit or crisis. Furthermore, many chaplains work in pastoral care settings where they are the only chaplain in-house and have no other team members to turn to for support. This is tragedy in the majority of healthcare environments.

What can be done to assist such chaplains to find their sense of balance and to carry on by the grace of God or of a higher presence? This changing issue has no real solution. However, support amongst colleagues must be paramount to effective team ministry. Where do you find such support among colleagues with the cultural understanding around the autonomy principles of privacy with the correct boundaries associated with home and work?

Such an understanding varies greatly among chaplains from diverse cultures. While a person from a Western culture sees the rights of the individual as paramount, others from another part of the world may emphasize the welfare of the primary group to which the individual belongs. Under normal circumstances, rigid respect for these principles is desirable. However, under conditions of serious emotional pain or harm, intervention is seriously justified. The story of the Ndo birds reflects an Igbo cultural understanding of autonomy and privacy in moment of distress. The Igbos of Nigeria are very egalitarian and believe in respecting the individual’s right to non-interference under normal circumstances. However, when an individual’s physical or emotional health is impaired, the primary group members have an obligation to intervene and do everything possible, including visits, to restore the individual to health.

How can chaplains become support systems of one another and still respect the principles of privacy and non-interference in each other’s lives? How could the Ndo...
Hearing Confessions at the Convent

By Rev. James F. Buryska

“Being stoned with popcorn” was the joke among the Catholic priests and those who joked with them, when now and then they spoke of hearing nuns’ confessions.

It’s a great and tempting metaphor. Popcorn’s lightweight, though mostly tasty, and with crunch enough to entertain, amuse and pass the time, it doesn’t fill you much or nourish you at all: just what you might imagine Sisters’ lives and sins to be.

Over the years I’ve heard enough confessions – and that’s not just nuns! – that fall with a resounding thud into that category.

Still, with time and wear humility does come, they say, if you’re devout or lucky, take your pick. Perhaps even the wisdom to appreciate humility that brings an inner life, when taken seriously – small or large, lurid or subtle – into the daylight for scrutiny: the sane conviction that one’s spirit growth’s too valuable a load – no burden to be borne alone.

Besides – but this takes time – one has to hear the same confessors month by month, year after year. (The pinnacle of boredom, some would claim.) But in that time slow process is revealed: no annual flower, this, but more like growth rings on a tree, the scars and wounds of life – though mostly healed, the record’s there to see.

The growth so slow: the singular grafted to the communal, forms as one a life astonishing in its variety, longevity – rather like that of the bristlecone pine. It is a privilege to witness this, audacious to presume to guide it, humbling to be in such delightful and alarming company.

Rev. James F. Buryska, NACC Cert., is an NACC and ACPE supervisor at the Mayo Medical Center in Rochester, MN.
Doe in the woods is reminder of miracles

By Linda F. Piotrowski

In the flurry of the day-to-day — bills to be paid, work obligations to be met, loved ones to care for — it’s alarmingly easy to neglect life’s little, magical moments. All too often, we live so distractedly that we miss the spectacle of simple beauty. We spend our days waiting, or planning, or remembering while life passes us right by.

Occasionally, though, something so meaningful comes along that it compels us to pause. Think about it for a moment. Can you remember the last time something unexpected and breathtakingly beautiful stopped you in your tracks?

For me, it happened in late August of this year. I parked my car and began walking to the hospital, as usual, to begin my workday. As my feet took their automatic stride down the walkway toward the medical center, my mind wandered, reviewing the tasks and appointments that faced me in the coming hours. I was exceptionally preoccupied that morning. My husband and I had just signed the papers to purchase a home in Lebanon, NH, close to my new job at the medical center. The evening before, my father had called to say that my mother had fallen, and it appeared that she had a bleed in her head. She had been taken to the hospital and was in intensive care. Now I was trying to conjure up a way to leave work early the next day in order to take advantage of the long Labor Day weekend to travel to Quakertown, PA, to be with my mother and family.

At the point where the walkway turned into a tree-lined lined path, I encountered a sight that snapped me right out of my early morning, pre-work fog. Directly in front of me — just an arm’s length away — was a striking, physically perfect young doe. For a moment I couldn’t believe my eyes. But sure enough, there she was!

Stunned, I did what any animal lover might: I began speaking to her in a soft, gentle voice. “Oh my,” I said. “Aren’t you a beauty? What a gift you are. What are you doing here?” As the deer began to back up a bit, I got the feeling she was as surprised as I was. “Oh! Please don’t go, pretty one. Stay here a bit longer,” I continued to whisper. I longed to touch her, to feel her warmth and the strength of her long, lean legs. She looked at me, walked a bit further away and stopped. After stopping she looked at me one last time and then turned away, slowly walking back into the woods. “Don’t go. Stay. Stay,” I said, trying desperately to will her back with my words.

But she left. As I stared at the spot in front of me where, just a few moments before, the deer had appeared out of nowhere, I felt amazed, delighted … and strangely bereft. Suddenly, she was gone. I glanced through the thicket to see where she was headed, hoping at least to hear her crunching footfalls through the leaves and sticks. I heard nothing, saw nothing. The deer had vanished.

I was perplexed. She was gone. There were no other deer following her — unusual, because when you spot one deer, you’re likely to see a whole group of them. I was alone again on the path, walking to my office as I might any other day, but now this day was changed.

At home that evening, I shared the experience with my husband. “Today I received a visit from a very special messenger.” Telling him about it, I said, “I think the doe came to tell me that everything is going to be okay. Mom is going to recover. Our decision to buy the house is a good one.”

Sadly, though, I was wrong. Oh, everything is fine with our new house. In time it will feel like a good home. However, around midnight of the same day that I saw the doe, I received a phone call. It was my sister telling me that my mother had died around 11 p.m.

Grief-stricken, praying, I reflected on the meaning of the doe crossing my path, an ordinary, yet to me miraculous, event. As I searched for its meaning, I returned repeatedly to one thought: Our God is a God of Mystery. In my prayers I had asked for my mother's healing. I prayed that I might have time to travel to Pennsylvania to be with her in the intensive care unit. Instead, my journey consisted of being with my father and my family, journeying with my mother to a celebration of her life in our parish church, then on to her final earthly resting place.

Prayerfully, I began to believe that the little doe was indeed a powerful message from God and my mother. My mother was a tiny 4-foot-11 powerhouse of prayer. Familiar with pain and loss, she exuded goodness. She was a font of gentle compassion, beloved by all. Everyone, from bank tellers to grocery store clerks, knew “Kay.” Just as God knows each of us, she knew each person and their family members, remembering them by name. She knew their trials and joys. She prayed for each and every one.

I believe that my mother's spirit came to me with the visage of a gentle little doe to let me know that everything would be okay because soon she would be with God. Her tender spirit of prayer would also guarantee that our new
God comes to us in so many ways, whether large or small, subtle or obvious, ordinary or unexpected, tragic or blessed. God’s presence is a constant in our busy lives. During this season of Christmastide, we celebrate more formally the God who does miraculous things. More than two thousand years ago, God stopped the Magi and the shepherds in their tracks: When they looked to the night sky to find their way, they saw a new star that hadn’t been there before. By following that star, they came to discover the wonder of the newborn Christ.

Had the Magi and shepherds been too preoccupied to notice God’s newly placed star, beaming its brilliant light and joyous message equally to the rich and poor, uniting those across the nations, our Christmas story might read quite differently.

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The “waiting attitude” that sacred scripture invites us to embrace is not passive but rather, “active waiting — waiting on God’s promise to be fulfilled,” which is much different than what usually comes to mind when one thinks of waiting. The people we meet in the first pages of St. Luke’s gospel are all waiting people; Zechariah, Elizabeth and Mary are waiting. In fact, the whole opening scene of the gospel story is full of waiting people who all hear, in one way or another, the words, “do not be afraid, I have something good to tell you” — it is then that they are able to wait for something new to happen. The psalms are full of this attitude of waiting: “My soul is waiting on the Lord … more than the watchman for daybreak.” This message reverberates throughout the Hebrew and New Testament scriptures.

During Advent the community of the faithful wait, as did the waiting Israel, anticipating the coming of Christ into our hearts bringing peace, healing and wholeness — we will not be disappointed. Some things we can do to help nurture the attitude of waiting on the Lord would include: Participation in the special Advent liturgies; songs and opportunities for community prayer, silent reflection, prayerful reading of sacred scripture (the psalms are especially good), conversations with God, faith-sharing opportunities and the practice of spiritual reading. There are many other helpful ways to pray as well, but perhaps more important are these words taken from a book written by Anthony DeMello about how Christ comes to us.

“Is there anything I can do to make myself enlightened?”

“As little as you can do to make the sun rise in the morning.”

“Then of what use are the spiritual exercises you prescribe?”

“To make sure you are not asleep when the sun begins to rise.”

May we be attentive as the light of Christ, born anew, begins to rise in our hearts during the holy season of Advent.

Chuck Sidoti, NACC Cert., is a chaplain at South Pointe Hospital in Warrensville Heights, OH.

I believe that my mother’s spirit came to me with the visage of a gentle little doe.

Advent, and the rest of life, is time of waiting

By Chuck Sidoti

One of the greatest influences in my own spiritual life is an audiotape called “A Spirituality of Waiting” by the late Fr. Henri J.M. Nouwen. Over the years, I have returned to this wonderful tape during the season of Advent, always finding its message fresh and meaningful. I have come to realize though, that having “a waiting heart” not only fits well with the Advent theme of waiting, but it also describes a “basic and central stance toward life” that is essential to Christianity and of which sacred scripture is full of examples.

Fr. Nouwen begins by stating the obvious, that waiting is “something that goes against our grain.” Few people look forward to a situation in which they know they will have to wait. Being told that we have to wait seems to force us into passivity. Our society looks at waiting as a “kind of desert between were we are and where we want to be, and we don't like that place.” We want to get going.

Life’s surprising, stop-in-your-tracks, drop-everything moments shine like that miraculous star, reminding us of God’s constant presence as we follow our lives’ many paths.

As Emily Dickinson wrote, “To live is so startling it leaves little time for anything else.” In this blessed season, let us all be startled not by day-to-day life or the frantic pace of the holidays, but by God’s miraculous presence in the everyday happenings around us. Let us take notice of God’s ever-present shining star, and let our souls be stirred … for that moment, and for a lifetime.
New plan for spiritual diagnosis may be helpful

By Wesley L. Brun, D.Min., L.P.C.

There have been three principal thrusts in the literature of “pastoral diagnosis.” First, and likely the best known, is that of “faith development.” While it has not been put forward, necessarily, as a “diagnostic” schema, many have been intrigued by the notion that “faith” might be thought of as developing through “stages,” and that some expressions of faith are clearly more primitive and immature than others, and that certain persons may attain a level of maturity achieved by only a handful of persons. There is some scriptural warrant for such a notion: the Apostle Paul makes reference to the idea that some disciples are ready for “meat,” whereas others are still on “milk.”(I Cor. 3:2) The scholar most associated with this movement and the person who has done the most research to support his developmental “stages” is James W. Fowler, Ph.D.

A second body of literature in “pastoral diagnosis” might be referred to as “methodologically” focused. These scholars are writing about the issues which underlie our praxis of pastoral care and counseling. A good example of this genre of work is Nancy J. Ramsey’s Pastoral Diagnosis, which addresses issues such as “authority” (Where does our claim to authority come from, and what is the nature of that authority? And what is the nature of the authority attributed to us by the client/parishioner: is it magical or more mature?). Ramsey is also interested in the theological meaning of pastoral work. In addition, writers in this area are often interested in issues of “process,” and whether the caregiver is willing/able to work with a person’s own initiative and sense of direction, or whether the caregiver must claim the last word. This, too, is a significant body of work and contributes much to our understanding of pastoral care and counseling.

The third type of literature in the diagnosis of religious/spiritual problems might be called “categorically” focused. An early version of this was the Gifford Lectures of William James (later published as Varieties of Religious Experience). In more recent years, the late Paul Pruyser, Ph.D., in his book, The Minister as Diagnostician, suggested seven categories which might describe areas where particular parishioners/clients might be experiencing difficulties in their religious/spiritual journey. This “categorical” approach is the least developed of the three major types of literature in pastoral diagnosis. Yet I believe that this type offers the greatest promise of compatibility with the DSM-IV.

In the article, I further suggested that in the multi-axial system of DSM-IV, an added sixth axis was needed on which to make the religious/spiritual assessment. This sixth axis is needed since religion and spirituality are all-pervasive dimensions of our human lives and experiences and often inform (and, in turn, are informed by) the other aspects of bio-psycho-social dimensions. I have tried to define these categories and their respective criteria as broadly as possible so as to include as many religious/spiritual expressions as possible. At the same time, I have endeavored to make the categories and criteria specific enough that they might help focus the counseling/spiritual direction that follows. I do believe that some religious/spiritual expressions are healthier or more mature than others.

Future Directions for Research

There are several tasks this work needs yet to accomplish. To become credible to some, particularly clinical/scientific...
types, research is needed to determine if, in fact, the categories proposed help to focus the issues of people’s religious/spiritual lives. We need to do quantitative research to determine the demographics of these issues and categories — who is affected by them, how many, when, and in what ways? We also need qualitative research to determine if there are areas we have overlooked, or if our current conceptualization needs to be broadened, combined, or expanded.

In addition, it is not only possible, but desirable, to bring this categorical approach together with the developmental approach. The developmental phases through which all of us go involve each of these categories. In fact, if we were to deal with developmental theory using these categories, we might have a more detailed understanding of how our religious/spiritual lives evolve, or fail to evolve, over time. This is the next phase of the work to which I intend to put my energies; I hope to demonstrate how developmental stages, such as Fowler’s, help to clarify each of these categories, and at the same time, how each of these categories might contribute to the expansion of our understanding of the developmental phases. Hopefully, this work will eventually make the evaluation of a person’s religious/spiritual concerns a major factor in any comprehensive assessment of bio-psycho-social functioning.

Wesley Brun is a United Methodist pastor and recently retired as Executive Director of the Samaritan Counseling Center of Southeastern Michigan.

References

Brun, Wesley L. (2005). “A Proposed Diagnostic Schema for Religious/Spiritual Concerns.” The Journal of Pastoral Care and Counseling, Vol. 59, No. 5, Supplement. (Copies of this article may be obtained by contacting the JPCC office at 1068 Harbor Dr. SW, Calabash, NC 28467.)

Please remember in your prayers:

Rev. David J. Fick, who died Sept. 25 at age 53. He was a priest of the Diocese of Allentown, PA, and worked as a chaplain at Reading Hospital. He joined the NACC in 2005 and was certified earlier this year.
Sr. Nadine Miller, HM, who died earlier this year at age 83. She joined the NACC in 1977, when the available category for women religious was “pastoral associate,” and was certified in 1978. She worked at St. Elizabeth Hospital and retired in 1994. At the time of her death, she lived in Villa Maria, PA.
Deacon William Zoeller, who died Sept. 24 at age 89 in Greenfield, WI. He joined the NACC and was certified in 1978, and worked at hospitals in Dallas, TX, before retiring to Wisconsin.
NACC Certification Interview Dates - 2007

Spring Locations and Dates
Saturday/Sunday, May 5-6, 2007
Atlanta, Georgia
Baltimore, Maryland
Los Angeles, California
Milwaukee, Wisconsin
St. Louis, Missouri

Due date for materials
February 1, 2007

The locations and interview dates for the next round of certification are being determined and will be published in an upcoming issue of Vision.

Due date for materials
July 1, 2007

Procedure for Certification Process

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

2. Submit the original certification application, copies of your supportive materials (see Checklist for Supportive Materials Required for Certification Interview), and the certification application fee to the national office by the due date for materials listed above. Materials must be postmarked no later than February 1, 2007, or July 1, 2007.

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

4. Retain a copy of all materials submitted to the national office, including the application form, as additional copies (3) must be made and sent to your interview team members when you are notified that a team has been assigned. Please request that any recommendation letters sent directly to the national office be copied to you for your file.

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

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

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

There is a chance that you may not receive your first preference for an interview location. The number of interviews scheduled at any one site will be determined by the number of available interview team members living in, or close to, the interview site.

The Certification Commission recommends that you seek mentoring from a certified NACC chaplain or supervisor as you enter the certification process.
World Day of the Sick  

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

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

For 2007, the National Association of Catholic Chaplains has returned to its previous custom of creating two separate prayer cards for World Day of the Sick: Prayer for the Caregiver and Prayer for the Sick. On both cards, the prayer appears in English on one side of the card and in Spanish on the reverse.

Prayer Card Order Form

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Cost (each)</th>
<th>Total</th>
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<tbody>
<tr>
<td>Card 1 – Prayer of the Caregiver</td>
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<td>15¢</td>
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</tr>
<tr>
<td>Card 2 – Prayer for Sick Persons</td>
<td></td>
<td>15¢</td>
<td></td>
</tr>
<tr>
<td>Set of both cards</td>
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<td>25¢</td>
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</tbody>
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*A minimum of 10 cards must be ordered. (Includes shipping & handling.)

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

Name ____________________________________________
Title ____________________________________________
Institution ______________________________________
Street address ____________________________________
City & state _______________ Zip code _____________
Phone number ________________________________

Grand Total __________________

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

For delivery by Feb. 11, orders must be received in the NACC office no later than Feb. 2, 2007. However, the prayer cards will continue to be available throughout the year. Orders will be shipped via U.S. Postal Service.

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.
“Personal transformation can and does have
global effects. As we go, so goes the world,
for the world is us. The revolution that
will save the world is ultimately a
personal one.”

Marianne Williamson

Your 2007 Conference Planning Committee
has been hard at work developing a theme and direction for the 2007 Conference: “Bridges to Peace, Paths to Transformation.” As the committee prayed and reflected on ideas for the theme, certain issues came to the forefront in their discussion which they felt were critical to the lives of our members. These issues involve personal, professional, organizational and prophetic frameworks for peace and transformation. In developing critical questions out of these four issues, it is important to be aware that these questions are not only critical for the conference and its own framework, but also for the everyday framework of your lives.

2007 Conference Critical Issues and Questions:

**Personal:** How do we transform ourselves personally through Scripture?

**Professional:** What do we need to do as a professional to experience transformation?

**Organizational:** How do we transform organizations in the context of Catholic social teaching?

**Prophetic:** How do we speak the truth in a world in need of healing? When do we speak? When do we listen?

As you prepare to attend this year’s National Conference, March 17-20, 2007, in Portland, OR, it is important to spend some of your own time reflecting upon the same issues that the committee reflected upon in their discussion of the conference theme. In a world of competing demands on our personal and professional lives, it is so necessary for us to take some personal time for quiet, for reflection, for peace for ourselves and for the storing up of our own transformational power. We offer these questions to you now so you can have some time to be with them, to hold them in your heart and in your mind:

- How do the social teachings of the Church relate to your work?
- How are you a “voice of justice” that also leads to peacemaking?
- How do you name your voice, which is so integral to your life? And what does your voice call you to do?
- How can you contribute to creating peace-filled environments in your personal life and in your institutions?
- How can you be open to God’s work in your life in order to translate it and transform it into your work with others?
- Who are the prophetic voices in your world who affect what you do every day?
- How do you speak the truth in a world challenged by or in need of transformation, healing, and chaos?
- What is your vocation to a world in need of healing?

In the coming weeks, you will be receiving more information about the 2007 National Conference. In addition to four plenary speakers, you will have the opportunity again for a pre-conference retreat, 18 workshops, time for interaction and fellowship with your companions, prayer and worship, and perhaps most important, the opportunity for transformation. Please watch your mail and the NACC website (www.nacc.org) for more information.

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2007 Conference Planning Committee

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National conference to stress peace, transformation
Bereavement ministers value collaboration

By Marilyn Hess

Back in the early ’90s, while attending a National Catholic Ministry to the Bereaved conference, I met a most unusual man, whom I came to call the “dirt man.” I just happened to sit at the lunch table next to Ray Deabel, a Catholic deacon who was also working for a funeral home in Chicago.

Since this was my first NCMB conference and I was fairly new to bereavement ministry, I had a hunger for more than lunch. I wanted to learn how others involved in grief ministry were serving the bereaved, so I began asking Ray, whom I had never met before, about his work. I was totally fascinated by how he used his creativity, knowledge of theology and understanding of the grief process to create personalized rituals around grief and loss. The “dirt man” title came from the huge assortment of dirt samples, which he kept in coffee cans in his garage. His collection consisted of dirt from every state in the union and many foreign countries, and Ray used this dirt in his funerary services to comfort those who mourned in a “foreign land.” A person who was born and raised in Georgia could have little red Georgia soil poured over his casket before being lowered into the black earth of Illinois.

I still remember a story about a prayer service he held for a family who was grieving the need to sell their childhood home following the death of both parents. In personalizing the service by using relevant scripture passages, Ray accompanied the family around the home, listening as they shared precious memories. Moving from the home into the yard, he ended the service by taking some of the earth, mixing it with dirt from the parent’s homeland and sharing a part of this blessed dirt with each family member. In a gesture reminding me of mixing water with wine and blessing and breaking bread, Ray proceeded to offer packets of the newly blended soil to all in attendance, with instructions to take this soil and add it to the ground of the homes they were now creating for their own families.

I was energized and excited in hearing how Ray incorporated his understanding of scripture and the process of grief and loss, combined with the experience of sight, sound and touch to create closing rituals. Ray promoted healing at every level of human experience. I knew at once that I wanted to bring this healer into my diocese to share his stories.

This is a powerful example of collaboration, which becomes more than just a buzzword as tight budgets force organizations to cut services. For those of us who work with the bereaved, collaborating with cognate groups becomes essential, despite the inherent difficulties which at first appear to threaten rather than aid our ministries and services. Perhaps we see others as belonging to mutually exclusive professions or even as the competition — but in the long term, taking the leap and entering into partnership can open new ways of seeing and serving, enriching everyone, especially those whom we serve.

My short but fascinating luncheon with Ray Deabel led me to invite him to facilitate an all-day conference for grievers in Indianapolis. In addition to his “dirt stories,” fifty-two coffee cans of them, he brought his collection of wooden angels, cut from plywood and painted with leftover house paint, to represent each of the dying patients he befriended on their journey toward death.

That early NCMB conference over a decade ago inspired me to begin tapping the resources of national organizations so that parishes in the Indianapolis Archdiocese could benefit by finding healing and growth in service to others. This connection with NCMB provided a renewable wellspring of resources, flowing into the church of central and southern Indiana, including implementation of the NCMB Ministry of Consolation Training Program, which was uniquely designed around the Order of Christian Funerals. Most recently, we have begun collaborating with our diocesan Catholic cemeteries to offer an annual mission day for enrichment and networking. The attendees come from various disciplines, including cemetery workers, funeral directors, social workers, chaplains, clergy, pastoral associates and parish volunteers. Each year the number grows, mostly through word of mouth.

My membership in other national organizations, such as the National Association of Catholic Family Life Ministers (NACFLM), has allowed me to network on an even broader scale, introducing me to many talented people and new ideas. A personal benefit has been my service on NCMB board. The invitation to become a board member actually came from Sister Mauryeen O’Brien, O.P., whom I met through my involvement with the NACFLM organization. And interestingly, one of the presidents on the NCMB board during my term of service was Ray Deabel, whose friendship I gained by listening to the lunchtime storytelling of the “dirt man.”

Marilyn Hess works in the Office of Family Ministries in the Archdiocese of Indianapolis, IN. She is a member of the Board of Trustees and on the Executive Committee of the National Catholic Ministry to the Bereaved.
Book Review

A helpful guide through traumatic injury

*Hold Fast to Hope: Help for Caregivers of Those with Traumatic Injuries* by Linda Perrone Rooney; Catholic Book Publishing Co., 2006; 96 pp.; $6.95

By Kathleen Duffy

As a chaplain in a busy inner-city hospital with a Level I trauma center, I frequently encounter families dealing with the challenge of caring for a loved one with a traumatic injury. When the injured family member survives the initial trauma, I may deal with both the patient and the involved family for a long period of time.

Linda Perrone Rooney’s new book, *Hold Fast to Hope*, has important things to say to me and to these families. It provides a simple, yet comprehensive guide for the families/caregivers of patients suffering severe trauma. Her personal experience from the brain injury of her husband, combined with her own spirituality and professional knowledge, makes this little book unique.

It is difficult to sort out what caregivers are feeling and what their needs are, especially in the early days after a traumatic injury. Ms. Perrone Rooney’s practical, down-to-earth approach sorts out and presents these needs simply enough for caregivers to relate and to recognize themselves.

By describing some of her own experience, Ms. Perrone Rooney invites the reader to compare his/her own reactions and reflect. One of the truest things she says is her first sentence in Chapter One: “Caregivers do not choose their role.” Throughout the remainder of the book, she assists these co-opted caregivers to accept and live out their role in a positive way leading to hope and healing. Her advice is extremely practical, e.g. “Questions you should feel free to ask until you receive a clear and satisfactory response,” yet sensitive to the caregiver’s feelings.

Spirituality is a cornerstone of this book. It is interwoven throughout the practicalities of caring for a loved one. Ms. Perrone Rooney’s approach is deeply rooted in a profound personal spirituality, even when she is describing more mundane topics such as survival skills for caregivers. Each chapter ends with a prayer as well as suggestions for actions, such as listing feelings, keeping a journal or reflecting on the events of the past day.

Healthcare professionals, including chaplains, would also do well to read this book. We need to learn the empathy of seeing through the eyes of our patients and their families. This text provides many reminders of the why and how of being a compassionate professional. Although caregivers cannot choose their role, chaplains can and do, and that role should be one of support for the family as well as the patient.

My only difficulty is that Ms. Perrone Rooney does not follow through on her own story. Only in the acknowledgments do we learn that her husband eventually dies. Throughout the book we rely on the narrative of her real-life drama, but it ends abruptly, leaving me feeling adrift. However, the focus is on the here-and-now caregivers, with chapters filled with helpful facts and advice leading to the final chapters on hope and prayer. What better place to end?

Kathleen M. Duffy, RN, MA, is Coordinator of Pastoral Care at Lincoln Hospital, Bronx, NY.

New staffer joins NACC national office

The NACC is pleased to welcome Cindy Bridges aboard as its new Administrative Assistant. Cindy assists Interim Executive Director Tom Landry, arranges travel, looks after the NACC’s boards and committees, and coordinates activity for the Vision and Action Initiative.

She is originally from Minnesota, where she lived for 39 years. Her husband’s career has brought her to Milwaukee after previous relocations in Kansas and Texas. She has a professional background as a human resources manager in a hospital and clinic and hotel settings, an occupational health manager for a frozen foods company, and an executive administrative assistant in a medical setting.

She and her husband, Gene, together have seven children in South Dakota, Iowa and Wisconsin, and four grandchildren in Iowa. Her hobbies include walking, scrapbooking, baking and cooking, and fishing and boating. Cindy is delighted to be a part of the National Association of Catholic Chaplains, and finds it to be an outstanding organization.
\textbf{DIRECTOR OF PASTORAL CARE}  
\textbf{Lindenhurst, IL} – The Village at Victory Lakes, part of the Franciscan Sisters of Chicago, seeks a Director of Pastoral Care. Primary responsibilities include the development and implementation of a continuum of pastoral services and programs aimed at raising the identification of and association with the Franciscan Sisters of Chicago mission and values. This position also requires the ability to provide chaplain services according to need. The position collaborates with Community Based Services to ensure continuity of mission and pastoral care services across the campus. Current certification as a chaplain is preferred. Send resumes to Amanda Bryan, HR Manager, 1055 E. Grand Avenue, Lindenhurst, IL 60046, or fax to 847-356-4599. EOE. franciscancommunities.com

\textbf{RELIGIOUS SERVICES COORDINATOR}  
\textbf{El Centro, CA} – Church World Service seeks a Religious Services Coordinator for our El Centro office. Candidate must provide pastoral care to detainees and facilitate pursuit of religious beliefs in accordance with law, federal regulations, and the DHS Detention Standards; provide worship, education, counseling, spiritual direction, and crisis intervention to accommodate detainees’ diverse religious needs; must function as facility’s subject matter expert, be a non-judgmental, caring presence, and model of respect. Starting salary up to $43,000. Visit www.churchworldservice.org/employment. Deadline open until filled. Send application to PO Box 968, Elkhart, IN 46515; fax (574) 266-0087; or e-mail cwshr@churchworldservice.org.

\textbf{CHAPLAIN}  
\textbf{Tucson, AZ} – Carondelet Health Network is built on a tradition of caring, and our commitment to helping people in Southern Arizona dates back over a century. We are a nonprofit health care provider comprised of St. Joseph’s, St. Mary’s and Tucson Heart Hospital in Tucson and Holy Cross Hospital in Nogales, AZ. Our healing mission is to provide the health care needs of our communities, embracing the whole person in mind, body, and spirit. We seek a chaplain to provide pastoral care to patients, families and associates. Requirements include certification from an accredited organization (NACC or APC); prior experience in a hospital ministry; and Spanish speaking preferred. Send resume to Debbie Moreno, dmoreno@carondelet.org, (520) 873-3830, or apply at www.carondelet.org.

\textbf{DIRECTOR OF MISSION INTEGRATION}  
\textbf{Homewood, IL} – Franciscan Communities, the nation’s seventh largest provider of Catholic senior housing and healthcare, seeks a Director of Mission Integration/Pastoral Care for Villa de San Antonio. The incumbent will use their assessment and counseling skills to journey with seniors through the many transitions that occur at this stage of our lives. Qualified candidates must possess an undergraduate degree in theology or related field, and one unit of CPE; certification with APC or NACC is preferred. Three to five years related work experience; strong understanding of the Catholic religion; possess cooperative relationship with individuals of various faiths.

\textbf{Positions Available}  

Submit resume with salary requirements to: FSCSC, Attn. HR, 1055 W. 175th Street, Ste 202, Homewood, IL 60430; Fax: (708) 647-6982; HR_CORP@franciscancommunities.com. M/F EOE

\textbf{PART-TIME HOSPICE CHAPLAIN}  
\textbf{Addison, IL} – Chaplain will participate as an integral member of the interdisciplinary team to coordinate and provide spiritual care, support emotional and bereavement needs of hospice patients and families in either a patient’s home or a nursing home setting. The Chaplain is interfaith in orientation and comfortable with diverse religious beliefs and spiritual values. Qualifications include: master’s in divinity, theology, pastoral care or related subject; minimum one unit of CPE; two years pastoral care experience in hospice; CPE and/or equivalent experience; effective communication skills. E-mail your resume to mjohnson@familyhhs.com or fax to (630) 317-3310. EEO

\textbf{DIRECTOR OF PASTORAL CARE SERVICES}  
\textbf{St. Petersburg, FL} – St. Anthony’s Health Care, a Catholic-sponsored health care organization, is seeking an ordained Roman Catholic priest chaplain to be our Director of Pastoral Care Services. This spiritually focused individual will promote holistic care for the faith, beliefs and values of patients and staff; establish a healing environment and interfaith collaboration with local community clergy and organizations; and direct staff in planning, coordinating and fulfilling chaplaincy services needs of patients, families and staff from a spiritual, religious and emotional perspective. As a Director of Pastoral Services, the selected candidate must possess a master’s degree in theology or related ministry field; two years experience as a clinical pastor; and the ability to demonstrate spiritual, theological and pastoral care knowledge and formation; and excellent communication, teamwork, organizational and management skills. Exceptional interpersonal skills are also required to effectively relate to a diversity of age groups as well as ethnic, socioeconomic and educational backgrounds, while demonstrating a respect for the Catholic Ethical & Religious Directives; social justice issues; and the values and traditions of the Franciscan Sisters of Allegany. PhD and CPE certification preferred. For confidential consideration, please e-mail Michelle Nelson at michelle.nelson@baycare.org; call (727) 825-1161; or fax (727) 825-1302. EOE/DFWP

\textbf{DIRECTOR OF PASTORAL CARE AND MISSION EFFECTIVENESS}  
\textbf{St. Louis, MO} – Nazareth Living Center, Sponsored by the Sisters of St. Joseph of Carondelet. This administrative position is responsible for leadership in the planning, implementation, supervision and evaluation of the Pastoral Care department and mission effectiveness. The director will serve as Chairperson of the Mission Effectiveness Committee and staff liaison to the Mission...
Positions Available

Effectiveness Committee of the Board. The Director will be charged with creatively educating staff on living the mission of Nazareth. The Director will compassionately assist families in coping with the spiritual aspects of end-of-life care and issues, coordinate Catholic and other religious sacramental ministry as appropriate for residents, plan and direct funeral services, coordinate crisis and grief ministry for residents, families and staff. The Director will prepare and manage the department annual operating budget. Seeking a candidate who is certified by the NACC. Please submit a resume to Human Resources, Nazareth Living Center, #2 Nazareth Lane, St. Louis, MO 63129. www.nazarethlivingcenter.com.

▼ STAFF CHAPLAIN-HOSPICE
Duluth, MN – St. Mary’s Duluth Clinic Health System (SMDC). Responsible for providing comprehensive spiritual care patients of all ages and their families. Services include but are not limited to, individual counseling related to spiritual matters, family support, prayer, and assistance with decision-making dealing with end of life issues. These services are provided on an ongoing basis as part of a multi-disciplinary team. Staff chaplains coordinate the provision of spiritual care on the units or with the programs they are assigned. Qualifications: Bachelor’s degree or equivalent. Completion of four or more units of clinical pastoral education (CPE). Certification or working toward certification by NACC, APC, or another nationally recognized professional chaplaincy organization. Well-developed skills in counseling techniques. Comprehensive knowledge of theological issues pertaining to health care. Able to articulate an approach to solving medical ethical dilemmas and decision-making. Capable of designing and presenting education programs to a variety of people within the medical center community (physicians, nurses, general staff). Two letters of recommendation. Sensitivity to emotional signs and spiritual needs of the sick. For confidential information contact: SMDC Human Resources Attn: Esa T. Ojala; 407 East 3rd Street; Duluth, MN 55805; (218) 786-4017 or 1-800-662-3455; www.smdc.org; fax: (218) 786-4018

▼ DIRECTOR OF PASTORAL CARE
Eastern Iowa – B.E. Smith has a client hospital in a beautiful Iowa community. This is a 350-bed not-for-profit facility. The opportunity supervises a staff of four employees and provides leadership for the development, integration and coordination of spiritual care activities for patients, their families, and hospital staff. Qualified candidates will be Catholic, hold a bachelor’s degree and have experience in a hospital setting. Must have or be willing/able to obtain NACC or APC certification. Please contact: Katie Welter, MHSA, 800-397-2078 or kwelter@besmith.com.

▼ PASTORAL CARE ASSOCIATE
Danville, IL – Provena United Samaritans Medical Center has an exciting opportunity for a Pastoral Care Associate. The Pastoral Care Associate is a member of the healthcare team who provides for the pastoral needs of patients/residents/clients, families, and staff. Specifically, the Chaplain, through professional training, assists the patients/residents/clients and family members with understanding more fully life’s events as they related to their spiritual and emotional well-being. All pastoral ministers must be endorsed by their proper ecclesiastical authority. Bachelor’s degree is required; master’s degree preferred. Four units of clinical pastoral education as well as four years experience working in pastoral care preferred. Provena Health offers a competitive compensation and an excellent benefits package. Interested candidates should submit an application and resume online at www.provena.org/usmc

▼ DIRECTOR OF SPIRITUAL CARE
Zanesville, OH – Located in beautiful southeastern Ohio, Genesis HealthCare is a 500-plus-bed, two-campus facility serving patients from an 11-county area. Among its premier services are a rapidly growing cardiothoracic surgery program, a dedicated inpatient cancer unit affiliated with the Arthur G. James Center Hospital and Richard J. Solove Research Center, and a Level II NICU. The mission of spiritual care is to promote holistic health in collaboration with other Genesis staff by providing emotional and spiritual support to patients, families, staff and the local community. The Director will supervise the provision of Spiritual services according to the standards of the spiritual Care Department, the APC and the NACC. The Director is required to work with personnel of all religious faiths and support cultural diversity in the workplace. Crisis intervention, resolving ethical issues, and implementation of a comprehensive program of spiritual care are key components of this position. Qualified candidates must possess a master of divinity, theology, or pastoral ministry degree, plus four units of CPE. Three to five years management experience in the healthcare environment is required, preferably in pastoral care program development and implementation. Ordination or commission to function in a ministry of pastoral care by appropriate religious authority is required, in addition to certification in the APC and/or the NACC. Qualified candidates please send resume to: Karen Eyberger, Employment Manager; Genesis HealthCare System; Attn: Human Resources; 2951 Maple Ave., Zanesville, OH 43701; e-mail keyberger@genesisihcs.org; fax 740-454-4529; phone 740-450-6124; website www.genesisihcs.org

▼ DIRECTOR OF PASTORAL CARE
Burtsville, MD – Full-time director of pastoral care needed for Holy Cross Rehab and Nursing Center. Director will provide spiritual leadership to residents, families and employees in the facility. Director will serve as the spiritual leader and represent the facility as the pastoral presence in the community. Candidate must possess and demonstrate personal presence that is characterized by a sense of honesty and integrity, and motivate others. Minimum education/experience required: Bachelor’s degree, satisfactory completion of at least three unites of CPE or at least five years’ experience
in acute, sub-acute, long-term or hospice settings. Please send resume to thomadeg@trinity-health.org or fax to (301) 388-1589.

**DIRECTOR OF MISSION AND SPIRITUAL CARE**

Manitowoc, WI – Felician Village is a comprehensive senior living community that provides an array of living environments and services to meet the needs of those who make it their home. We are seeking a key individual to fill the position of Director of Mission and Spiritual Care. Under the sponsorship of the Felician Sisters, you will join a team of professionals committed to continuing a 115-year tradition of quality care given to our residents. Primary responsibilities are to direct all activities relative to mission integration; organize and implement a program of spiritual care services on campus; prepare resident and staff enrichment programs; identify and address spiritual issues related to healing, suffering and dying; and establish relationships with local churches and community groups. CPE or equivalent experience is required. Prior experience working with the elderly population is preferred. Send resume to: Felician Village: Attention Director of Human Resources, 2005 Division Street, Manitowoc, WI 54220. Or e-mail resume to jsaerts@felicianvillage.org. Phone inquiries can be directed to (920) 684-7171 ext. 293.

**CPE PROGRAMS**

Temple, TX – Scott & White Hospital (http://www.pastoralcare.sw.org) is recruiting for the 2007-2008 CPE Programs. Our programs include an extended unit, a summer intensive program, and a first- and second-year residency program. Our innovative CPE residency program offers three units of CPE in a calendar year. We provide residents time for development of relationships with the medical 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: Krista Jones, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508, fax (254) 724-9007, phone (254) 724-1181, or e-mail KRJONES@swmail.sw.org

**CPE RESIDENCY**

Rochester, MN – Mayo Clinic CPE residency positions beginning August 23, 2007 through August 20, 2008 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

**CHAPLAIN**

Woodbridge, VA – Potomac Hospital, south of Washington, DC, seeks a fulltime chaplain. The incumbent must be board certified through one of the national associations which certifies chaplains for healthcare ministry [i.e., The Association of Professional Chaplains (APC), The National Association of Catholic Chaplains (NACC) and the National Association of Jewish Chaplains (NAJJC)]. Must have a graduate theological degree from an accredited seminary or school of theology. Four units of Clinical Pastoral Education required. Ordination or certification in a recognized faith group (any faith group supported by written documentation that has defined faith group principles and practices) required. Endorsement by a recognized faith group for ministry as a healthcare chaplain required; one-year minimum experience as a fulltime healthcare chaplain, apart from the four CPE units required. Ability to speak Spanish preferred. The hospital chaplain provides spiritual and pastoral care to patients, families, and staff. This position acts as the hospital liaison to local ministerial associations and coordinates the volunteer on-call chaplain program. This position takes an active role in discharge planning rounds and may take part in other meetings and committees as a member of the healthcare team. May present CME or CEU to hospital staff as requested. Apply online at www.potomachospital.com or contact Janis Simmons, Employment Manager, at (703) 670-1509.

NACC full member priest in 4th unit of CPE and well experienced in pastoral ministry seeks full-time position as a staff chaplain anywhere in the United States, beginning March 2007. Please contact Rev. Ejike I. Onyenagubo at (315) 457 7270 or ejike2@juno.com.

NACC-certification-eligible chaplain seeks a full-time position as a Catholic priest staff chaplain anywhere in the United States, beginning from November 2006. Prefers a hospital facility. Please contact: Rev. John Ugoh, P.O. Box 150753, Brooklyn, NY 11215; (718) 840 0120; e-mail: jjchimezie@yahoo.com

A Catholic deacon, presently a Pastoral Services Assistant Department Manager in Corvallis, OR, seeks a CPE / NACC Supervisory training center. I have five units of CPE; NACC certified 1983 to 1989 and 2004 to present. Please contact me at: fpotts@samhealth.org or pottola@comcast.net.

NACC full member and certification-eligible chaplain and CPSP certified pastoral counselor and clinical chaplain seeks a full-time position as a Catholic priest staff chaplain in any part of the United States, beginning from January 2007. Please contact: Rev. Charles U. Okorougo, e-mail: charlesokorougo@hotmail.com
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**Calendar**

**December**

3-5  COMISS and Spiritual Care Collaborative meeting, Alexandria, VA

6-8  NACC Vision and Action retreat, Milwaukee

18  Copy deadline, February Vision

25  National office closed for Christmas Day

26  National office closed in lieu of Christmas Eve

**January**

1  Supervisor certification materials due at national office

1  National office closed for New Year’s Day

2  National office closed in lieu of New Year’s Eve

14-17  National Association of Jewish Chaplains conference, Redondo Beach, CA

29  Copy deadline, March Vision

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**The National Association of Catholic Chaplains**  
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ADDRESS SERVICE REQUESTED