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Consensus on chaplains' unique function is elusive

By Rev. Dean Marek

Precisely what do chaplains do? I had hoped that a six-hour workshop and a 90-minute breakout session at the 2006 NACC Conference in Columbus, Ohio, would move us toward developing a catalogue of services that only chaplains could perform. The profession of chaplaincy could use such a catalogue, with clear definitions to explain the breadth and depth of these services. Perhaps it could even become a standard reference for certifying organizations.

After reviewing the results, however, one would be hard pressed to conclude that the services described were solely those of chaplains, let alone Catholic chaplains.

Pre-Conference Workshop, Part I

In groups of four, we examined six published descriptions of chaplain services. The full information is available online at www.nacc.org/conference/2006materials.asp. We attempted to eliminate generic services, those services that non-chaplains can perform. Then each service type was written on its own sticky note (51 total) and collated into 16 categories. Participants were asked to vote whether or not each category represented a service that only chaplains could provide, but there was no unanimous agreement on any. Votes ranged from 13 to one.

Dyads were formed and instructed to choose one of the 16 categories and write a clear, concise description of each service. The 16 categories are listed here by the number of times each category received a vote. They are followed by a description in italics and my comments.

Rituals – 13. *Celebration of symbolic acts of the community of faith, which provide meaning to the experience of illness, suffering, and loss.* Sacraments require ordination, but many other

religious rituals and worship services do not. The number of votes for this category indicates that ritual practices are a large part of the services chaplains provide.

Education – 12. *Interpretation of the interface between spirituality and health for the institution and community.* It was agreed that chaplains are best suited by education and training to this role.

Spiritual/Religious Assessment – 6. *Discern and understand patients' spiritual needs and concerns in light of their current health issues.* All participants believe that the professional chaplain is most qualified to make an accurate spiritual assessment.

Spiritual Interventions – 6. *(No definition was written.)* This category became a catch-all for a host of services that did not have their own category, e.g., life review, sacred stories, spiritual counsel or direction, crisis care, and support. A better term might have been *spiritual care*, which is facilitating the patient's work in bringing meaning to the experience of illness, doing a life review, coping with the loss of personal autonomy, etc. Neither *spiritual care* nor *pastoral care* were services chosen or described by the group.

Prayer/Meditation – 4. *Attention to the patient's condition, reflecting the concerns of the patient, providing comfort and reassurance.* Prayer is often viewed as something done for the patient and as such is not unique to chaplains. But together with meditation, it becomes unique when chaplains facilitate prayer as a sacred/spiritual dialogue leading patients to their soul and its healing power. Prayer and meditative practices may better be considered tools in the chaplain's toolkit and may or may not be a part of every spiritual intervention.

The idea of a non-anxious presence has attained iconic status among chaplains

Consensus

Continued from page 1

Continuing Education – 3. *Professional development and maintenance of credentials for ministry.* The writers of this description wanted to assure that the experience gained in ministry would be shared with others. This would put the service under the heading of *Education*.

Ethics Facilitation – 2. *Promote competent ethical reflection and decision making.* One would have to ask the question “Is this service unique to the office of chaplain?”

Theological Reflection – 2. *Facilitates a patient’s ability in bringing faith to his or her current experience.* As described, this is not a service by the chaplain, but the work of the patient. The facilitation, however, could well be the bread and butter of a chaplain’s role and have the name “spiritual care.”

Advocacy – 1. *Chaplains are a voice for the voiceless, vulnerable, and persons at risk.* This is the work of all institutions who call themselves Catholic. In the hospital setting it usually comes under the purview of a mission effectiveness director.

Charting Spiritual Care – 1. *Record a clear and concise summary of the patient’s spiritual concerns, how they have been addressed, and a plan of care. Communicate necessary information to the interdisciplinary team.* Charting is simply a part of the job and is a piece of every spiritual care service. It is another tool in the chaplain’s toolkit for accountability and communication.

End-of-Life Care – 1. *Pastoral care at the time of loss, grave or terminal diagnosis, withdrawal of life support, fetal demise, and sudden death.* Pastoral care was not defined.

Interpreting Religious Diversity and Spiritual Practices – 1. *Interpret the spiritual/religious teachings and practices of a diverse patient population as they impact an individual need.* This seems to be a role that is *sui generis* to the chaplain profession.

Ministry of Presence – 1. *Assist those served to access their spirituality as part of the healing process.* The idea of a non-anxious presence has attained iconic status among chaplains. This is clearly a learned skill in the service of spiritual care, but not a service on its own. Consider the illogicality of listing 10 ministries of presence as one’s productivity report for the day.

Networking – 1. *Connect community faith resources to particular patient spiritual needs.* Perhaps a different name would better describe this important role of communicating with persons outside the acute care setting who tend the spiritual well-being of a hospitalized or discharged patient.

Pastoral Presence – 1. *Ministry to a patient from an initial meeting with a spiritual assessment through appropriate spiritual interventions, follow-up ministry, and dismissal.* This is another “catch all” category that lists one service already described, i.e. assessment, but fails to parse out the services that are provided under the rubric of *spiritual interventions*. (See #4)

Religious and Moral Guidance – 1. *Caring for the soul of the institution, the chaplain provides religious and moral guidance to the system, administration, employees, and medical staff.* Again, this role seems most apropos to mission directors.

Breakout Session, Part II

On Monday, March 13, 2006, over 100 participants were instructed to name those services that only chaplains could provide by reason of education, training, certification, and professional competence. Individual responses were shared at each table. Then each table was asked to agree upon one list of services they considered unique to chaplains.

The effort resulted in 74 separate listings. Even though I had asked for one from each table, folks wanted to have their thoughts known. The typed responses are seven pages long.

I used the Find function in Microsoft Word to search for the number of times that common words and phrases were repeated. I also looked for words that one would expect to be a part of the vocabulary of Catholic chaplains. The results were surprising.

The services did not necessarily use the same phraseology as those that were named in the morning session, but all the responses were mentioned in both venues. They are listed here with the number of mentions in the 74 listings.

At the top of the list with 27 was *Spiritual Assessment. Help* to patients and families was mentioned 20 times. The iconic *Presence* was cited 18 times, followed by *Healing Presence* 17 times. *Spiritual Care* was next with 16 mentions, followed by *Listening* and *Family Care*, each with 13.

Finally, at 12 we see *Sacraments*. I say “finally” because I would have thought that sacraments play a more important part in the life of Catholic patients and chaplains. Twelve was also the number for *Support*.

Whereas the morning group chose *Rituals* as the majority service, the afternoon group mentioned *Rituals* as well as *Prayer* only 10 times.

The rest of the services mentioned were: *Care of the Dying* – 9; *Grief and Loss* – 9; *Journey With* – 8; *Theological Reflection* – 8; *Connect* – 7; *Professional Skills* – 6; *Ethics* – 5; *Address Suffering* – 5; *Staff Education* – 5; *Worship* – 4; *Crisis Care* – 3; *Relationship* – 3; *Vocation* – 3; *Wholistic Healing* – 3; *Pastoral Care* – 2; *Spiritual Counsel* – 2; *Communion* – 1.

I looked for the theological virtues and found *faith* and its opposite, *fear*, each mentioned once. *Hope* was cited twice, as was *anxiety*; *love* once. *Charity* did not appear. I searched for *Jesus*, but found no mention about participating in or carrying on the healing mission of Jesus. *God*, however, was mentioned 12 times. There also was no specific mention of the *Mass*, *reconciliation*, *baptism*, or *anointing of the sick*.

As I said at the beginning of this article, in a review of these results, one would be hard pressed to conclude that the services described were solely those of chaplains, let alone Catholic chaplains.

Have we become so homogenized that we have failed to see the wisdom of our tradition and the deeply spiritual work to which we are called? We still have a ways to go in naming and appreciating those services that are unique to us Catholic chaplains. In addition to asking what is unique, perhaps we should also be asking, “What does our ecclesial endorsement empower us to do?”

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vision

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

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Journey to NACC's new vision offers much learning

By Karen Pugliese
Chair, NACC Board of Directors

Our ministry as chaplains calls us to witness to, as well as live in, the tensions inherent in the metaphor of “the Journey and the Destination.” In the spiritual and in the natural life, we dwell in the paradox of a hope and promise that impels us to explore a desired future state, while remaining grounded in the present moment. We are called to value both the place of arrival, and the process that took us there. As T.S. Eliot so insightfully declares in the fourth of the Four Quartets:

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

The Journey itself, as well as the Destination, is pregnant with possibility of new learnings, insights and understanding.

These past nine months, the NACC Vision and Action Initiative has been leading us toward a new articulation of our Mission, Vision and Values, and a visionary, yet absolutely actionable, five-year strategic plan. The first “destination stop” on this journey is the conference in Portland, followed by formal Board approval in June, with the new “journey of implementation” to begin in July. It is important to celebrate both this prayerful good work itself, as well as the outcomes. It is equally important, I believe, to articulate and reflect on the learnings throughout the Journey. I wish to share with you some of my personal learnings, and invite your dialogue.

I learned that our members feel blessed and challenged by our vocational call to chaplaincy. We honor and celebrate our deep theological and ethical foundations, and the sacramental life of the Church which is our Catholic heritage. We delight in gifts of prayer and ritual through which we express both our own spirituality and the spiritual life of those to whom we

minister. We are humbled to be present as the Paschal Mystery, ever ancient, ever new, is revealed again and again in those we serve. We are challenged by the shortage of priests to administer the Sacrament of Anointing of the Sick. Many see opportunities for broadening and deepening our relationship with the Catholic Church at all levels, including deeper dialogue with our bishops. We are also grateful for the call to companion God's people who traverse diverse spiritual paths and religious and cultural traditions.

I learned that many of us take a healthy pride in our skills and competencies, carefully learned and demonstrated, and that we continue to develop our clinical pastoral proficiencies. Even now, we are called to a rich diversity of ministries, and many of us see potential for our ministerial gifts to explore and settle in currently uncharted, or sparsely populated, fields of service. Some are eager to mentor those who seek new skills. Many believe we have untapped potential for leadership in administration, clinical pastoral education, mission services, spiritual development, workplace spirituality, preventive and integrative medicine, and research in spirituality and health — to name a few arenas of interest to our members. And it is thought that we need to help in acquiring the education, training, and peer support required. Many would like to see us collaborate even more closely with our colleagues in the Association of Professional Chaplains, Association for Clinical Pastoral Education, and National Association of Jewish Chaplains. I was surprised by how many of our members were unaware of our partnership in the Council on Collaboration, the development of the Common

Many of our members believe we must “share our story” more effectively

See *New vision* on page 4

New vision

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Standards, and the evolution of this alliance to form the Spiritual Care Collaborative.

I learned that many of our members believe we must “share our story” more effectively. We need to be consummate professionals, while advocating for our profession, and demonstrating the value and impact of our ministry. Many would like to see the mission and values of chaplaincy have a systemic effect on healthcare systems. We want to speak publicly and credibly to institutions such as JCAHO, CHA, AHA, and to administrators of our healthcare systems. Some want to convincingly promote the value of certified chaplains, with clear expectations of outcomes based on levels of skill and proficiency. Others would like to assist spiritual care departments to provide excellent pastoral care, and to continually evaluate and improve their service delivery. Some members are eager to promote chaplaincy within their parishes and dioceses. Many see opportunities to educate college, graduate school and seminary students about chaplaincy. Almost all agree that we need to be more intentional and successful in our public relations efforts.

I learned that many, many, many of our members want to connect with colleagues on a regional level. We seek to share peer support, encouragement, and education, and to deepen collegial relationships close to home. Many suggested we use technology to provide education and enrichment opportunities for members. Many hunger for more opportunities to invite, welcome and foster greater diversity within our membership.

However, I have not experienced equally strong personal

commitments and initiative among our members to invest time and energy in these worthwhile efforts. On the other hand, many of our members have felt disconnected and out of touch with NACC as an organization, and until invited to participate in some aspect of the Vision and Action Initiative, felt uninformed, uninvolved and unappreciated. Some members still experience loss, frustration and disillusionment with transition and a perceived lack of focus and direction – a kind of midlife crisis in our 42-year-old organization. Almost everyone indicated a sincere desire and commitment to support a strong, visionary, credible and workable plan for the future viability and growth of our organization, and to become involved “closer to home.” Many members want to engage or re-engage with NACC, and strengthen participation locally, regionally and nationally.

I learned more about the very, very deep appreciation and gratitude for the investment, dedication and commitment of the NACC office staff, including our Interim Executive Director, Fr. Tom Landry. Members know the impact of change and transition for staff as well as for themselves, and wish to include in the Strategic Plan effective, healthy leadership, governance, and support structures that reflect the needs of the times. Our members are concerned about establishing a robust and realistic plan for insuring the association’s financial stability. Some see possibilities for sharing services within our partnerships in professional chaplaincy as a way to wisely steward our resources.

I learned anew how wonderfully gifted and creative my colleagues are! How deeply dedicated to our vocational call and commitment; how committed to the healing, health and wholeness of our professional association! And even as this phase of our work reaches its destination, the Journey begins anew. ... Come, journey with us, won't you?

Invitation into Paschal Mystery can take many forms

By Rev. Thomas G. Landry III
Interim Executive Director

Days revealing the fullness of God’s love for us and the signs of the new life God nurtures within us are here! The Paschal Mystery, the passion, dying, and rising of Christ call to us, and renew in us the very presence of the God of Life!

At the heart of our ministry as chaplains, we are called to be with people in the variety of circumstances that call them and us to embrace this mystery in some new way. We are invited beyond the limits we have known. When I was a child, that newness might have been symbolized by the new Easter finery we all wore to church, or by the brightly decorated eggs and little yellow chicks in the Easter basket.

As adults, within our ministry we are called to contemplate the as-yet incomplete picture. The pressing difficulty or suffering that challenges our knowledge can itself become a symbol of the mystery we attempt to more fully embrace. The cross is not just the prelude to the resurrection,

but in our lives becomes an invitation into and a rich symbol of the fullness of the Paschal Mystery.

As chaplains, we move with faith into pain and loss that people experience in many ways, at many levels. For us, suffering and even death can lead us into engagement with the Paschal Mystery. This mystery we can then proclaim in our presence, our words, and our gestures.

On Feb. 24, I went to Hamden, CT, for the memorial service for Rev. Dr. Joan Hemenway, former President of the Association for Clinical Pastoral Education. With family and friends gathered, we mourned her passing and celebrated her life and ministry among us. I share with you, in the spirit of the Paschal Mystery, the closing text of the memorial service worship aid:

“The following words were often used by Joan to her students in their final gathering: *When we walk to the edge of all the light we have, and step into the unknown, we must believe that one of two things will happen: there will be something solid for us to stand on, or we will be taught to fly.*”

Board of Directors seeks nominations

Nominations are open for **two members-at-large** for the NACC Board of Directors. Each will serve a three-year term beginning Jan. 1, 2008. Current members-at-large Ms. Karen Pugliese and Sr. Norma Gutierrez, MCDP, whose first terms end on Dec. 31, 2007, are both eligible for re-election.

The Board of Directors is the governing body of the NACC. Its membership consists of at least six members at large who are elected by NACC voting members; at least four external professionals who are appointed by the Board; an episcopal liaison who is appointed by the USCCB; and the executive director of the association.

NACC members-at-large need to be certified members of the association and must meet five of the seven Criteria for Board Membership as stipulated in the NACC bylaws.

We are enthusiastic about our current board members and the gifts they bring to the organization. As you think of nominating a candidate for board membership, the directors especially welcome suggestions of nominees who have education and/or experience in contemporary ministry, academia, ecumenical/interfaith perspectives, marketing, public relations, and business. These are important areas which can strengthen our organization during a time of exciting development and growth.

At the same time, the board continues to be sensitive to its ethnic and cultural diversity, a balance of male and female, younger and older, and geographic regions. The NACC board hopes to find individuals of vision who are involved in developing new models of chaplaincy and clinical pastoral education.

The current roster of members of the Board appears on the back page of *Vision*, and you can find short biographical sketches and photographs of the Board on the association website (go to: www.nacc.org/aboutnacc/bod.asp).

In order to nominate a person for the position of member-at-large, you must be a current member of the association and provide the following:

▼ Please discuss your intentions with your nominee and gain her or his permission.

▼ Write a letter of recommendation to the Governance Committee to include: name and contact information of nominee; how s/he meets five of the seven criteria for board membership (see box); how you think the nominee would fulfill the functions of the Board (see box); whether the nominee is available to perform such service, including attending a minimum of two face-to-face meetings per year.

▼ Send your nomination to the Governance Committee in care of the National Office via regular mail, fax (414-483-6712), or e-mail (info@nacc.org).

The Governance Committee will review the nominations and present a slate of candidates for the two member-at-large positions. The nominees will be contacted by the National Office and will be asked to submit a statement of candidacy along with a photograph (head and shoulders) and curriculum vita. This information will appear in the candidate profiles that accompany

the ballots.

The proposed timeline for nominations and balloting is as follows:

▼ Call for nominations: April issue of *Vision* and broadcast e-mail to members.

▼ Deadline for nominations to be received in the NACC National Office: Friday, May 11.

▼ Candidate profiles to be included in the July/August issue of *Vision*.

▼ Ballots to be distributed to membership by first-class mail.

▼ Ballots postmarked no later than Sept. 21.

If you have any questions about any part of this process, from responsibilities to time commitment to the function of the Board, please contact Mr. Patrick Bolton by telephone (251-621-4244) or e-mail (patrickb@sa-mercymedical.org).

NACC Bylaws: Functions of the Board

The Board is responsible to:

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

Criteria for Board Membership

All elected Board members must be certified members of the NACC. All board members, whether elected or appointed, must possess five of the seven criteria for Board membership:

1. Catholic in good standing.
2. Personal values consistent with the values of the association.
3. Three years' demonstrated Board experience.
4. Understanding and support for the mission of the association.
5. Demonstrated competence and leadership in their professions.
6. Demonstrated competence in one or more of the following areas: health care, advocacy, development, education, medicine, research, marketing, finance, communications, mission, operations, or management.
7. NACC-certified chaplain or CPE supervisor for a minimum of five years.



Milwaukee-area chaplains gathered Sunday, Feb. 11, at the Cathedral of St. John the Evangelist, where Archbishop Timothy Dolan of Milwaukee celebrated World Day of the Sick with a commissioning of chaplains and parish nurses. Susanne Chawszczewski and Marilyn Warczak from the NACC National Office attended the Mass and celebration for the chaplains pictured here.

Prayers for Healing

Susan Murphy
Winchester, VA
Recovery from surgery



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

NACC to offer online delivery of *Vision*

In response to many members' requests, the NACC is preparing a new way to make *Vision* more accessible and convenient to you.

For several years, we have posted a PDF file of each month's *Vision* on our website, available to any member with a user account and password. Beginning in June, however, we are offering to send you an e-mail with a link to the newly posted issue on our website, in lieu of sending the paper copy by mail.

We see several advantages to this method. It matches the way that more and more professional information is being delivered today. It is much faster than waiting for the postal service's bulk-mail delivery of the paper copy; you will usually be able to read *Vision* online during the last week of the month preceding the cover date. It represents better stewardship of the NACC's resources, and of the environment.

We will continue to print and mail physical copies of *Vision* to anyone who wishes to receive one, and we have no plans at all to do away with that side of our publication. If you prefer to continue receiving *Vision* by mail, you do not need to do anything.

If you would like to begin receiving *Vision* online, please send an e-mail to vision@nacc.org, with the word "subscribe" in the subject line and your name in the body of the message. The new system will take effect with the June issue.

Positions Available

▼ CHAPLAINCY MANAGER

Sacramento, CA – Mercy General Hospital has an opening for Chaplaincy Manager. Requires a master's degree with advanced study in theology and/or behavioral sciences. An equivalent combination of education/experience is also preferred. Clinical Pastoral Education trained with NACC or APC certification and a minimum of two years supervisory experience is required. Please contact Conrad Megia at 916-

453-4808 or cmegia@chw.edu <<mailto:cmegia@chw.edu>> for more information. www.mercygeneral.org

▼ PASTORAL CARE COORDINATOR

Pensacola, FL – Haven of Our Lady of Peace, a 120-bed skilled nursing facility situated in northwest Florida, is part of Sacred Heart Health System and member of Ascension Health. The pastoral care coordinator is a full-time position responsible for direct visitation of residents, families, and staff; interdepartmental liaison; coordinating and scheduling pastoral care volunteers; participation as needed in community outreach speaking engagements/workshops.

Qualified candidates will have strong communication, administrative, and interpersonal skills and a working knowledge of Microsoft Office software. NACC certification and two years experience in pastoral care are preferred. Sacred Heart Health System is an equal opportunity employer. Benefits include competitive salary, paid time off, and a 403(b) plan. Please fax resume to Employment Office, (850) 416-6740.

▼ CPE RESIDENCY

Temple, TX – Scott & White Hospital (<http://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 stipend and benefits. No tuition for residency program. \$25 application fee required. Send applications to: Krista Jones, Pastoral Care, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508; fax 254-724-9007; phone 254-724-1181, or email KRJONES@swmail.sw.org

▼ HOSPICE CHAPLAIN/PASTORAL ASSOCIATE

Palos Heights, IL – Immediate opening for a part-time position in the growing Hospice division of Palos Community Hospital. Provides spiritual counseling and pastoral care to patients, families and staff. Assesses the needs and responds to patients while demonstrating an understanding of the Hospice philosophy, practices and procedures. Qualifications: Formal, documented training in pastoral counseling with a minimum of two years experience, preferably in a healthcare setting. Academic and work experience must equal at least five years. We offer competitive salary and benefits packages. Please send your resume to Employment Office, 12251 S. 80th Ave., Palos Heights, IL 60643; fax (708) 923-4888; e-mail diane_pleines@paloscommunityhospital.org.

▼ HOSPICE CHAPLAIN

New Jersey – Holisticare Hospice, the premier provider of end-of-life healthcare services in Monmouth and Ocean counties, NJ, has several chaplaincy positions available due to unprecedented growth and expansion into Burlington and Camden counties. Our team of compassionate professionals will welcome your spiritual counseling experience as we help patients and their families deal with the myriad of issues that they may encounter through this journey. Two positions available, one to cover Ocean County, NJ, the other for Burlington/Camden counties, NJ. Please e-mail resume to jobs@holisticarehospice.com or fax to (732) 341-7492.

▼ CHAPLAIN

Florence, AZ – Jesuit Refugee Service/USA (JRS/USA) is looking to fill a chaplain position, also known as religious services specialist, at the US Department of Homeland Security Service Processing Center in Florence, AZ. The incumbent provides counseling, spiritual direction, support, and pastoral care to non-citizen immigration detainees in accordance with current federal regulations. Applicants must have earned a bachelor's degree from an accredited college in social work, counseling, pastoral work or other appropriate discipline. Formal ministerial preparation in a congregational or specialized ministry setting desired. The ecclesiastical group of all candidates must provide ecclesiastical endorsement. Spanish-speaking language skills are a must

for this position. Please send your resume via e-mail to Armando Borja, Director for Management and Programs, at aborja@jesuit.org. Compensation range upper 30's per annum plus excellent health benefits and vacation leave. JRS/USA is an equal opportunity employer.

▼ DIRECTOR OF SPIRITUAL CARE

Seattle, WA – The Director of Spiritual Care at Providence Mount St. Vincent is responsible for providing spiritual, religious and personal counseling or guidance to residents, family members, and employees. Responsibilities include: supervising the Pastoral Care Program; coordinating religious observances; maintaining and submitting records/reports of pastoral activities; preparing necessary information for client's medical records; reviewing pastoral care programs/services to assure spiritual objectives are being met; managing budget of the Pastoral Care Department; organizing opportunities for clients to participate in religious services and activities of their choice; consulting, as needed, with clergy of all faiths to assure a broad spectrum of spiritual services; promoting conferences, in-services, discussions and educational programs as they pertain to the spiritual care of the sick and dying. Required skills: Bachelor's degree in theology, spirituality or pastoral ministry, master's degree preferred; completion of an accredited NACC or CPE program; certification by NACC or other qualifying body; two years experience in pastoral ministry; must have a minimum of four quarters of clinical pastoral education; must be oriented to health care practices and procedures; advanced study of counseling or psychology. At Providence Health System, we take care of our employees. We offer competitive salaries, an excellent variety of benefits and outstanding opportunities to enhance and advance your career. All with a team of people who value and encourage your contribution. Apply online at www.providencecareers.org (position #9007). EOE.

▼ CHAPLAIN

Seattle, WA – As an integral part of the Health Care Team at Providence Mount St. Vincent, the Staff Chaplain carries out the goals of the Spiritual Care department to meet, in an atmosphere of concern and love, the spiritual, emotional, and sacramental needs of the residents, their families, and the staff at Mount St. Vincent through pastoral counseling, pastoral acts, and education; organizes ministry for assigned neighborhoods and programs; helps to form a support community with other members of the Spiritual Care staff; helps to create and sustain team spirit among other chaplains; enhances the development of interdisciplinary teamwork; and provides meaningful liturgical, para-liturgical sacramental ministry. This position adheres to and maintains Providence Mount St. Vincent and the Spiritual Care department policies and procedures, and displays and promotes the Mission of the Sisters of Providence through the values of respect, excellence, compassion, justice and stewardship. Required skills: Certification by the National Association of Catholic Chaplains or equivalent; experience in counseling and interpersonal relationships with the elderly; ability to work with diverse populations; ability to articulate personal theology of spiritual care. At Providence Health System, we take care of our employees. We offer competitive salaries, an excellent variety of benefits, and outstanding opportunities to enhance and advance your career. All with a team of people who value and encourage your contribution. Apply online at www.providence.org/careers (position #9008) EOE.

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Calendar

May

- 5-6** Chaplain certification interviews in Milwaukee, Baltimore, Atlanta, St. Louis, and Orange, CA
- 28** Memorial Day; national office closed

June

- 11** Copy deadline, July-August *Vision*
- 17-19** Catholic Health Assembly, Chicago, IL
- 17-23** USCCB retreat, Albuquerque, NM

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