

## In This Issue:

Letters	2
From the Executive Director	3
Karen Pugliese	4
Research Update	6
Seeking, Finding	8
Thanks for certification help	10
Episcopal Advisory Council	11
In Memoriam	11
To Know By Heart	12
Vision and Action participants	13
2007 Conference	14
World Day of the Sick message	15
Book reviews	16
News brief	16
Positions available	17

# New Orleans chaplains still witness and hear of struggles

By David Lewellen  
Vision editor

Nearly a year and a half after Hurricane Katrina, Sr. Alberta Schindler still doesn't have a home phone. And she's one of the lucky ones.

Sr. Schindler, OP, NACC Cert., and other NACC chaplains have a close-up view of the unrepaired devastation that the hurricane brought upon southern Louisiana in August 2005. But in addition to the physical destruction, they see that people are still hurting inside.

"Everyone's suffering from emotional stress," said Sr. Schindler, speaking by cell phone from her work as a hospice chaplain in New Orleans. "Suicides are up, crime is up; half of the schools are not open yet, and young people are on the streets."

The spiritual effects of the storm have been mixed. "People of strong faith understand that it didn't come from God, and they rely on their faith," Sr. Schindler said — in fact, a common theme of those conversations is wondering how people can cope without faith. For those without faith, "there's no pattern," she said. "It's across the board."

"I've run across a number of people who think God is punishing New Orleans, that kind of mentality," said Fr. Ignatius Roppolo, NACC Cert., a retired chaplain. But "a lot of people accept that this is something they have to go through. What they need is people to talk to. Any place in New Orleans, if you want to strike up a conversation, all you have to say is, 'How'd you do during Katrina?'"

Fr. Roppolo's story is harrowing; he spent six days after the storm at a hospital with no power, helping one doctor and two nurses care for 15 hospice patients, five of whom died during that time. He helped with nursing tasks, said prayers, and gave counsel; in the very early period, as medical personnel were evacuating, he

approved several doctors' desire to leave. "As long as someone was around to care for the ones who remained, I didn't think everyone had to stay."

Sr. Ellen Poche, CSJ, NACC Cert., also stayed at her hospital for a week after the storm hit, although conditions were not as dire. But many needs remain. The primary hospital that cared for the poor has not reopened, Sr. Poche said, and blocks upon blocks of houses are still uninhabitable.

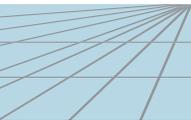
"Every conversation will somehow get to Katrina at some point or other," Sr. Poche said. "There are two times, pre-Katrina and post-Katrina. People are still trying to regroup." Sr. Poche's provincial house was under "only" three and a half feet of water and has still not been repaired. She is living with another congregation, but being out of her own space for more than a year is "not as much strain as I thought it was going to be." Her order, the Sisters of St. Joseph of Medaille, has made a point of doing many more gatherings than usual to meet and offer mutual support. Only 12 of 47 sisters have returned to New Orleans; most of the rest are in Baton Rouge.

When the hurricane approached New Orleans, Sr. Schindler and her sisters evacuated to a community in Kentucky. So far, only six have returned to Louisiana; they stayed in six different locations before the damage to their house was repaired in the fall of 2006. "You don't recognize the toll that it takes" to be away from home, she said. "It's good to get back. We're very grateful."

But as a hospice chaplain, she sees the strain that dislocation causes to the sick and elderly. "The lives of many elderly people have certainly

*'I think it'll take 20 years before we're nearly back to normal'*

— Sr. Ellen Poche



## Letters

### Promote distance learning to help rural chaplains

**Editor:**

How many units of CPE does it take to be a good chaplain? This is not the start of a joke. It is a serious question. NACC has determined that four units are necessary for certification. I currently have one unit under my belt and have been blessed with the opportunity to be a member of the Pastoral Care Department in a long-term care facility where I, along with my colleagues, provide pastoral care to 137 residents, their families and friends, and the staff.

I find myself (and I know I am not alone in this dilemma) having difficulty obtaining additional units of CPE. I am a single, self-supporting homeowner with no spouse, partner, or religious community to assist me, and live in rural Maine. I cannot afford to take a summer off, nor can I afford to miss work for an extended unit of CPE. A residency would mean leaving my home unattended or being a landlord for a year. And commuting to the two sites available for CPE in Maine would involve a round trip of either 132 or 180 miles.

So what's a chaplain to do?

I bring many gifts from my previous life experience to my work as a chaplain. I wish I could have this experience translated into CPE units, or do some sort of independent study supervised by my Pastoral Care director or a CPE supervisor that would award me units of CPE.

I know that in the past, only two units were required for certification. And we can all, most likely, think of individuals who are or would be gifted chaplains with perhaps only a unit or two of CPE for fine tuning. On the other hand, for some, even four units would not bring them up to par. Unfortunately, I entered the profession too late and require three additional units.

Thus it was with great interest that I read the article "Distance Learning May Extend Supervisors' Reach" in the October 2006 issue of *Vision*. Distance learning for CPE may not be ideal, but it may be an idea whose time has come. I wish blessings on Sister Anita Lapeyre, RSCJ, and The Center for Urban Ministry and ask that NACC prayerfully consider the situations of those of us who do not have easy access to CPE centers and consider alternative routes for CPE.

*Pat Gavula  
Norridgewock, ME*

### Account of averted suicide inspiring

**Editor:**

Michele LeDoux Sakurai's article in the November-December *Vision* ("Building a relationship averts assisted suicide") brought tears of pride to my eyes.

I praise God for her compassionate, non-judgmental presence and perseverance with Jerry. His decision, I would guess, was influenced not by his involvement in the Bible narrative as much as by the living Bible narrative Michele incarnated.

May we all be inspired to learn to "be not afraid" when challenged by the pain of our brothers and sisters.

*Rob Vlacovich  
Fultondale, AL*

### Is reiki too controversial to use in chaplaincy?

**Editor:**

Professional chaplains have come a long way in the medical community.

The skills, knowledge, and training we bring and our own efforts to be accountable through certification have won us appreciation and respect. But this respect may be in jeopardy. From time to time I have seen chaplains refer to the practice of reiki, most recently in *Vision*, September 2006. Some chaplains have been trained and initiated in some level of reiki practice and offer it as an aspect of their ministry. Reiki relies upon the belief in a subtle form of energy manipulation that has not been measured or detected by 21st-century technology. Such energy work is among the most controversial complementary alternative medicine practices, because no significant validation in controlled studies has been published in mainstream medical journals.

My concern is that chaplains promoting reiki undermine the progress we have made in being taken seriously in the medical community, which bases its interventions on clinical trials. Many see it simply as quackery, and no rigorous scientific research proves otherwise. Perhaps one can say the same about prayer and pastoral intervention in general. But these standards of spiritual ministry are imbedded deeply in the tradition and are well within the discipline of pastoral care. Reiki, as its practitioners say, is not a religion. It deals with channeling a universal life force with the help of symbols or "keys." It involves energy transfer rather than supplication for intervention from a personal God. Standard 410.3217 requires that we "demonstrate aptitude for facilitating complementary healing modalities in ministry." This does not mean that we uncritically accept anything that strikes us as interesting. We need to discern carefully if modalities cross into esotericism before adding them to our professional repertoire of pastoral interventions. Our primary roles involve prayer and touch, as Christ himself gave example when interceding to the Father on behalf of the sick.

If a chaplain believes that is what is happening when practicing reiki, then let's call it that, a Christian intercessory prayer for the sick, without appropriating New Age "energy" manipulation language that can lead to confusion and the diminishment of the hard-earned trust in chaplains we now enjoy. Is our faith in universal energy and our ability to channel it? Or is our faith in Christ himself?

I welcome further dialogue on this issue.

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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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## Gospel value of mutuality informs NACC opportunities

**By Rev. Thomas G. Landry  
Interim Executive Director**

I gripped the steering wheel harder, felt the blood rushing into my face, and my voice bounced off of the closed windows as I shouted “You should watch where you’re going!” A potentially life-threatening accident had turned into just another near miss at a busy intersection. But after my blood settled back into its normal flow, I shifted my mind and spirit from anger at a careless driver to an assessment of my own driving patterns.

Whether it is the Gospel mandate to treat others as we would have others treat us, or judge not lest we be judged, I believe that the implications of what we expect of others nudge us toward a Gospel spirit of mutuality. The splinter in another’s eye might actually be there, but Jesus of the Gospel tells me that it should be the occasion for me to consider the log in my own.

As our Vision and Action Initiative has been unfolding, we have heard the need for a greater “reach” from the national office to the local situations in which you find yourselves. We also have heard calls for inclusivity, or a more intentional effort to embrace and live out the rich diversity that is ours as the people of God, as a plea offered by our spirit. What strikes me as I consider these two needs is the way they both call for stronger relationships of mutuality.

The national staff on our own cannot create new paradigms for educational and relational forums and opportunities closer to home for you. But neither can we have an effective national strategy without you. Nor can we cast the burden of becoming a more inclusive Church on the shoulders of “some” who should be more inviting or welcoming of “others.” I invite all of us to rededicate ourselves to these two values and to meeting these challenges within our

association and within the wider Church.

If I ask something of you, how can I offer some aspect of myself, my experience, my talent, my treasure, my wisdom to make it happen? If I am convinced that our Church needs growth and maturation in wrestling with some issue, how am I sharing in that wrestling match? What am I willing to risk?

Your messages reach me every day here at the national office. I am inspired by so much that you do, and I am challenged by the needs you share with me as you seek to sustain and enrich your ministry, the ministry we share.

As we come into the home stretch before our conference in Portland, OR, I am mindful of the energy that will well up within us and surround us there. I am mindful also of you who find that our annual conference is too distant or too expensive to attend.

I know that some of our members and some of our partners in ministry make scholarship money available for our Annual Conference. I am aware, too, that some can more easily participate because of their contributions to the planning and implementing of conference plans.

Through the Vision and Action Initiative, we are at the threshold of new opportunities for mutual service within the NACC. I am awed by the inspiring response of all the folks who have taken an active role in the Vision and Action consultations, as part of the planning and retreat teams, in focus groups, and via Web-based insights and feedback.

Moving into Portland and beyond, if we can embrace every challenge together, we can move from closed windows and white knuckles to a world that is more intentional, more reflective, and more mutually supportive. I believe that this is a

See [Mutuality](#) on page 4

## Retreat pushes NACC closer to new objectives

By Karen Pugliese

Chair, NACC Board of Directors

We came by plane and train, by bus and carpool; eleven women and eleven men from 15 states across the nation joining Fr. Tom Landry and myself for a deeply powerful and abundantly graced pilgrimage into the Mystery that beckons us into our future.

We were chaplains ministering in a variety of settings and professional capacities; serving in hospitals, hospice, CPE programs, mission services, education and more. We were very newly certified (less than a

year) as well as veterans

(36 years!). We were

members who had

served in almost every

capacity the NACC

offers — and there were

some of us who had very little previous

involvement in our association. One

participant acknowledged before the retreat,

“During my eight or nine years with NACC

my involvement has been very minimal, and

apart from the certification and (renewal of

certification process), I have not called upon

NACC as an organization for any other specific needs.

Through this process, I am understanding better the function/focus/purpose of NACC and its struggles.”

When we met face-to-face on Dec. 6, everyone had spent considerable preparation time responding to questions about NACC’s major accomplishments and primary purpose, our values, and possible goal areas for the next few years. Expertly and compassionately guided through the evening and next day and a half by our consultants, John Reid and Maureen Gallagher of The Reid Group, we prayerfully, thoughtfully and intentionally worked to create a first draft of mission, values and vision statements, as well as specific, measurable, achievable, and time-bound goals, with responsibilities identified, and actionable objectives to move us forward. For John Gillman, the retreat brought a vision of “hope to the NACC in its winter season.” He experienced the group as

very mindful of our fellow members/colleagues across the country. Our ideas, our passion, our renewed energy all focused to give new life to our association.

Although none of us knew quite what to expect, it became clear very quickly that the work of the retreat in and of itself was a ministry, rooted and grounded in our religious faith, spiritual traditions and vocational call. Ann Seckinger felt we were allowing the Spirit to lead us to creative places of envisioning a more inclusive and supportive place — a place where all could feel at home, and all are welcome.

Our facilitators’ summary and analysis of all the

materials from the Board Retreat in July,

focus groups in October, and monthly

conference calls raised challenging issues and

themes to wrestle with. What are the

essential characteristics of a strong Catholic

identity for NACC? How can NACC relate

more effectively to the U.S. Catholic bishops and key national Catholic organizations? How do we prioritize and balance NACC’s actions regarding standards, recognition and certification with a focus on key issues and questions, as well as an emphasis on direct service? How much does NACC focus on serving its members, how much on being advocates for systemic change, and how much on leadership formation?

In Rod Accardi’s words: “We received, honored and listened deeply to our brothers and sisters who participated in focus groups and to our colleagues back home, to one another in this room and to the Spirit that resides deep within and far beyond us.” We addressed the concerns in large and small group discussions, in “fishbowl” and issue sessions interspersed with drafting the first documents. We told stories of why we are committed to NACC, shared symbols of what NACC means to us today, and offered to one another a hope for NACC’s future. We worked very, very hard, learned a lot, laughed a lot and even wept a little as we identified some unresolved grief and pain.

I resonated deeply with Joe Bozzelli’s description of our experience: “We took this planning process very seriously. Before moving toward a vision of what our organization is called to be, we spent a great deal of time and energy

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See **page 13** for a list of  
participants’ names and more  
of their reflections.

## Mutuality

*Continued from page 3*

significant way in which we not only live the truth of our ministry in the midst of the Church, but also a vital

way in which we offer our ministry as a catalyst for transformation in the Church and beyond.

If I can imagine it, I can write it. If I can write it, I can commit to the path it requires. If I attempt it alone, I have

scant chance of success. If I seek your presence with me on the journey and your collaboration, I live in hope. If we move together in hope, mutually supportive, we proclaim the living Gospel of Christ!

toward understanding and unpacking our past, complete with identifying the elephants in the room, regarding our hurts and struggles as an organization. In the process we touched the heart and mission of our organization—our calling to join in the ministry of Jesus.”

On the eve of the Feast of the Immaculate Conception, Fr. Landry celebrated liturgy for us. In the breaking open of the Word, the breaking of the bread, and the breaking open of our lives to one another, we were tenderly fed, nourished and inspired to bring closure to our work the next morning. Many of us felt, as Mary Beth Harmon did, that “the experience was one of total immersion and we emerged more deeply connected, having a real sense of community.”

What happens next, you may ask? From one perspective, we further refine our draft documents, retreat again in February to complete the work, and seek consultation from our members through online surveys, focus groups, and local gatherings. In March, we present a final draft with short- and long-term plans to the Board of Directors and our members for feedback at the Annual Conference in Portland. And yet, even more important for me is what is already happening through this planning process. I will give the last word to Ed Smink’s reflections, penned as he waited for the plane to return home. He speaks simply and eloquently to the grace, the mystery and the gift of the retreat experience:

“As I became engaged in a dynamic process to explore the mission, vision, values, strategic goals and objectives with colleagues I knew and with new colleagues that I met, the miracle of NACC occurred again. Like the star that led the magi to the Christ, the shared wisdom, the history and traditions, the elephants in the room, the past



*Among those gathered at the NACC's December planning retreat were (front row from left) Ann Seckinger, Mary Beth Harmon, Dan Petronella, and Bonnie Burnett.*

accomplishments and the sufferings of our organization and our Church were allowed to surface. Like all the different shepherds and animals, these learnings and shared history lay at the crib. And the miracle occurred. This was passion for the future, gratitude for those in leadership and at the national office, recognition that the sufferings and the challenges of the past were indeed opportunities for growth and development. The chill winds of change and transition became balmy breezes that warmed each participant. This is the hope and the passion that I wish to share with you. Come to the manger and discover that like Mary and Joseph, you will find a home in the manger where the belief in the sacred coming alive in the midst of darkness and uncertainty is the hope that NACC is. I found a home and welcome you to come on in.”

## And more reactions

In the process, I heard many people claim that NACC is their home and they gain support, compassion and have a passion for being a chaplain. I found this process invigorating and life-giving, even with challenges to think outside the familiar and what has been to what can be. To dream and to vision a revitalized NACC with all the past and present to journey into the future. Together we can.

*Jack Crabb*

I am inspired by the diverse (lay women and men, married, single, gay, grandparents, religious, clergy, Hispanic, Asian) group of dedicated, open-minded, concerned, welcoming, enthusiastic, visionary and wise people (NACC members) who gathered to look, name and act on the wisdom and experience of the past 40 years to move toward the future.

*Jim Manzardo*

# Doctors see role for spirituality, but it must be measured

By **Anthony E. Brown, Simon N. Whitney,**  
and **James D. Duffy**

Hospital chaplaincy recognizes and serves the deeper patient needs beyond the physical, but in the academic medical world this discussion of spirituality is an often thorny issue among physicians. While the art of ministering to spiritual needs of the sick may be natural to hospital chaplains, it is not always so comfortable to medical scientists. This is a very important issue, because people seeking help for illness also appreciate someone recognizing and tending to the big questions of faith, hope, love, and life meaning.

For most doctors, the issue is not how they find their own motivation to care for others, nor is it whether spirituality is good for patients to pursue on their own with ministers and chaplains. The division is over whether spirituality can or should be included within the rubric of medical science. By definition, this immediately would require the research and documentation of objective reproducible proof — as though a higher power could be placed in a box, or a test tube, and proven to do something good. Still, since modern healthcare has become a profession (and therefore demands accepted professional “truths”), it is necessary to show evidence that caring for spiritual needs does indeed alleviate patient distress. This article presents a perspective of how the authentic kindness of caregivers can be displayed within the structure of medical science.

## Sound and Clear

Spirituality may be an invisible substance, like a rushing wind, but its effects on the lives of patients can be heard and seen. A sticking point for many is finding the right adjectives to describe it. The medical world benefits from inclusive words agreeable to a range of theological perspectives. This allows for broader dialogue with patients and for research outcomes of interest to a larger audience. “Religion” refers to a specific organized faith, while the word “spirituality” describes a belief in higher purpose, meaning, and value (Brown, Whitney, Schneider, & Vega, 2006). Hope may be considered the “expectation of something good,” and faith as an “assured confidence” that what is hoped for will actually happen (Brown, Whitney, & Duffy, 2006). In this framework, spiritual care helps fulfill the spiritual need for purpose, meaning, and value. It also promotes relief from spiritual distress related to concerns about relationship with a higher power, family, or friends (Brown, Whitney, & Duffy, 2006).

Terminal illness is one area where this has important

clinical applications. Those who care for the severely ill may naturally do so with compassion and attention to the spiritual concerns of their patients. What research does is apply the structure of science to observe the benefits of spiritual care to establish a rationale for its inclusion. For example, a study found that cancer patients who believed in an afterlife experienced a greater sense of hope (McClain-Jacobson et al., 2004). In contrast, another sample of patients with life-threatening medical conditions related that those describing spiritual distress expressed symptoms of depression and lack of satisfaction in communicating with their healthcare team (Chibnall, Videen, Duckro, & Miller, 2002). Along these lines, a survey reported that 94% of patients would like their physician to inquire about their beliefs, and about half said that their faith would influence end-of-life decisions (Ehman, Ott, Short, Ciampa, & Hansen-Flaschen, 1999). Though science may only measure the effects, it can provide reasons why spirituality is a point of patient connection.

## Something to Fall Back On

For some, a conversation about spiritual issues is easy, but for others it is a potentially complicated subject best left untouched. Even if a physician values spirituality, at some point a discussion with a patient may become difficult, especially if there is a difference of religious background and concern about inadvertently offending a patient. Board-certified chaplains have a deeper understanding of interfaith dialogue. A physician, however, is usually focusing upon the medical component of care. For this reason, we encourage doctors to be aware of useful tools that both allow a patient-centered evaluation of a spiritual history and explore how the patient would like these issues addressed (Table 1). Since patients have a variety of religious backgrounds, framing the conversation in the broader terms of spirituality makes this attention more universal. The goals of the discussion for the physician are to clarify the needs of the patient, identify areas of distress, support hope, and coordinate interdisciplinary resources (Lo et al., 2002).

## Faith that Works

While talking about faith is great, and possibly beneficial in itself, each individual patient may have specific needs that require different courses of action. A variety of approaches may be necessary, depending on the patient’s background and preferences. Though spirituality decentralizes the discussion, at the practical level most individuals define their faith in line with a religious belief system. Some patients



may already have an extensive existing support network. For those who do not, there is interest in the development of spiritual interventions. These may be directed towards different situations, but those at the end of life aim to help patients arrive at a sense of peace and purpose.

The long history of the spiritual aspect of caring for the sick still works in the modern scientific medical world. Research on the association of spiritual care and positive health outcomes is ongoing in a variety of conditions such as cancer, depression, substance use recovery, and other chronic illnesses. We must integrate the compassionate art of healing with the science of allopathic medicine, while rigorously assessing and measuring the observed benefits of such interventions, if we are to promote conversations between physicians and chaplains.

**Table 1 – Spiritual History (FICA) (Puchalski, 2002)**

Category	Question
F – Faith and Belief	“Do you consider yourself spiritual or religious?” “Do you have spiritual beliefs that help you cope with stress?” “What gives your life meaning?”
I – Importance	“What importance does your faith or belief have in your life?” “Have your beliefs influenced how you take care of yourself in this illness?” “What role do your beliefs play in regaining your health?”
C – Community	“Are you a part of a spiritual or religious community?” “Is this of support to you, and how?” “Is there a group of people you really love or who are important to you?”
A – Address in Care	“How would you like me, your health care provider, to address these issues in your health care?”

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## Nature offers vivid or subtle messages from God

By Mia Vries

I was in the Pine Barrens of New Jersey, and the instruction was simple: Walk out onto the landscape, without time or destination, and let the Spirit guide you to a place that has something to teach you. So I wandered about randomly, until I stopped before a place where eight or ten stately oaks reached their arms high into the sky, their trunks conveying ancient, solid power. Right in the midst of these well-formed giants, and completely overshadowed by them, stood a small, gnarled, bent-over pitch pine.

My heart stopped for a moment. Vividly, painfully, there in front of me I was seeing my life-long struggle with feelings of worthlessness, inferiority and always wanting to be someone different, someone more acceptable or desirable than I was.

Deeply pondering what I had just experienced, I walked back to my small group of ten people. As if the Holy One wanted to make sure that I really got the message, one of the members had just begun to tell a children's story about a little pine tree who wanted to be something else. The little pine tree tried on any number of different trees and shrubs. But nothing seemed to fit. In the end it decided that being a pine tree was, after all, the best

and happiest thing it could be.

I pondered the message for a long time. The pitch pine has its own unique and invaluable place in the ecosystem of the Pine Barrens. It touched me deeply to think that in the Creator's eyes I, too, have my own unique place in the overall flow of life. I wish I could say that my struggle with wanting to be someone else stopped right there. It didn't. But the message did change something inside me, and it gave me a powerful image to go back to when my insecurity and feelings of inferiority get the best of me.

This was not the first time I heard God speaking to me through nature. In my estimation, nature is a powerful and vastly under-used teacher. Ancient peoples all over the world sought and received their guidance from this vast storehouse of the Creator's wisdom. They knew that God could and would speak to them through trees and animals and streams if they sincerely sought answers to important questions. Jesus himself frequently used examples of nature to convey what the Love-Realm of God was like.

Throughout the past ten years, as I have learned to open myself to the Divine through the wisdom of nature, I have received answers that left me with no ambiguity, no doubt as to what the divine wisdom was trying to convey. Symbols, images, dreams and signs are the language of the heart, the language that seems to convey, at least to me, realities of the

spiritual realm that cannot be put into human words.

Though I have learned a lot from books, words have often confused me. It isn't just that they have so many meanings and connotations. Words have already, in so many cases, been interpreted to me, often since childhood. And once that interpretation has taken root inside my head I have a devil of a time trying to get around it. More than once have I gotten into a yelling match with God because words seemed only to obscure everything.

Words also have a tendency to appeal to my head, leaving my heart out of the equation. I have lived in my head much of my life. That's where I felt safe. Eventually, as I have grown and matured in my faith, and have become more comfortable with my emotions, I have come to realize that the Divine Presence speaks most clearly and eloquently to my heart, not my head. It is in my heart that God lives. It is to my heart that the Divine Mystery speaks in such a way that the message can bring transformation and change. I believe that the reason why Catholicism speaks so deeply to the heart of so many and has endured throughout the ages, in spite of all its weaknesses, legalism, scandals, and corruption, is because at the heart of Catholicism are all those mysterious things that speak to the heart, the imagination, the Divine inside of us.

Like Catholicism, nature speaks to the heart, because nature speaks through symbols, signs and images. I remember when we had just moved into our home here in Canaan, NH. The ground slopes down strongly past our front yard, and the slope leads to a small creek some 300, 400 yards from the house. At one time the woods in this area were clear-cut to make space for farming. The farming, however, did not last long because the soil is shallow and poor. Now, 150 years later, the trees dominate the landscape once again. Vying for space in the sun, they have grown very tall and very thin.

I had walked to the area where my husband and I built my prayer cabin. Just like I have often wanted to be someone other than myself, so I am regularly dissatisfied with the slowness of my emotional/spiritual growth. The two are related. As I looked out over the landscape and noticed the thin, tall trees I was suddenly overwhelmed with a sense of: "Don't be in such a hurry to grow and mature." The trees were telling me that if I hurried my growth I would end up like them, with no substance, no depth and width. Every time I spend time in my prayer cabin I am confronted with that message. It slows me down and makes me think: "What do I truly want to become?"

Communications from nature don't always come when I'm looking for them. Sometimes a message comes to me spontaneously, when I'm not seeking guidance or even when I'm not looking for anything specifically spiritual. One of the most powerful communications came when I wasn't thinking about God at all. It came as a pure gift, a pure sacrament.

Like Catholicism,  
nature speaks to  
the heart, through  
symbols, signs  
and images

That message came through at the Black River. The river ran near the house where we lived when I first moved to New Hampshire. Most of the time it flowed very swiftly. My husband and I had walked to the river just to explore it. While he was wandering along its edge I sat down and just watched the water. It was clear, not very deep, and the bottom of the river was lined with stones of all sizes.

I became fascinated by the way the flowing water kept changing the way the river looked. I lost myself into the patterns and reconfigurations of the water's surface. Minute as well as larger changes kept happening over and over and over. And then I "saw" it. This was the pattern of our lives, the pattern of the world and the pattern of the universe. Our lives, the world, our universe evolve all the time. We are part of that evolution. Everything we do, positively or negatively, adds and changes something in the overall pattern. By sending out positive energies, contributing to the overall well-being of people and the earth around us, we can contribute to changes and transformation on this planet. It may only seem like a small thing we can do, in the face of so much destruction and negativity, but Jesus promised that even the mustard-seed-size contributions can and will grow through the Spirit that lives in all of us.

These moments of communication have one thing in common. In each of these encounters I was listening with my heart, not my head. Hearing the voice of the Divine Presence takes attentiveness, it takes leaving the mind behind. As Richard Rohr says, it requires "living in the now." It requires being truly present, being aware with all of one's senses in **this** moment. It requires leaving the mind behind and focusing with the heart, something we modern people have a lot of trouble with.

Though there are times that I have wished God would speak a great deal louder, most of the Divine messages come through in a whisper, a hunch, a small glimpse. Each whisper I am truly able to "hear," each small glimpse I am able to "see" has the power to transform my life, not in a vast, sweeping way, but little by little.

It reminds me of the story of the Native American elder, Stalking Wolf. He was teaching an object lesson to a young boy, Tom, hitting two stones against each other. Eventually one of the stones broke. The elder asked, "Grandson, which of these strikes broke the stone?"

"The last one," said the boy.

"No, grandson," the elder answered, "all of them."

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## Hurricane

*Continued from page 1*

been cut short by the stress," she said. "The Alzheimer's patients have been much worse. They've been displaced out of their homes, and the difficulty is evident. They don't know why they're here."

"It continues to be a topic of priests' homilies," said Sr. Schindler. "It's not over. Almost always, there's something in a homily to refer to Katrina."

"People keep saying, oh, are you back to normal?" said Sr. Poche. "I think it'll take 20 years before we're nearly back to normal." The storm emphasizes everyone's vulnerability, she said. "It could happen to any one of us. We're worried about terrorism, and people here in our own country don't have what they need because of poor planning. ... I just get so frustrated."

She continued, "People are doing their best to stay positive and be there for each other, but if you've got your own stories and your own burdens, it's hard.

There's a heaviness over the whole city. People just don't know where to turn."

The storm accelerated some changes that might have come anyway. Many small, struggling Catholic parishes have been closed or merged, including the one that Sr. Schindler attended. "It's mixing cultures," she said, "because the one that's left is very affluent, and the ones that closed were quite diverse, so it's not working too well."

The small African-American church where Fr. Roppolo said Mass has been another of the casualties. Other churches with gutted buildings but remaining congregations are improvising. Sr. Poche knew of one church worshiping in their gutted sanctuary "with folding chairs, and a picnic table as an altar. ... People will come from two or three hours away to get support from their church community."

"The diocese has done wonders," Sr. Schindler said. Catholic schools and charities have stepped up their activities, and volunteers have come from all over the country.

Things that many people take for granted have suddenly become harder. "People worry about transportation," said Sr. Poche. Many have also had to change doctors or hospitals, which takes adjustment.

"There are some staff from other hospitals that can't even talk about it," Sr. Poche said. "You don't force them. ... I'll make comments like 'I'm thinking about you' or 'How are things going?' It's like a death; people quit coming by. I let them know that they're not forgotten. That's probably a lot of what we did."

Although public attention to the crisis in Louisiana has waned, continuing awareness will be necessary for the area to recover, the chaplains agreed. They also praised and thanked the many volunteer workers who have come in for short stints from all over the country. A crew of 60 from Missouri spent time helping in Fr. Roppolo's area, and "they said their lives would never be the same, because of their experience of Katrina."

# Thanks to our members for certification work

The NACC extends its sincere thanks to our many members who took part in the work of certification in 2006 in both our spring and fall sessions. We depend on their willing and able service to maintain the high standards that the designation "NACC Cert." is known to represent. Whether as interviewers, interview team educators, or site coordinators, all of the following members helped to make certification possible.

We also offer a special word of thanks to Cathy Connelly. Cathy has served most generously as lead interview team educator, training the trainers. She has done a marvelous job of raising the bar in this role that is a key component of our work of certification and our identity as a professional association and ministry of the Church. We welcome Jane Mather as she assumes this responsibility in 2007.



*Among the many volunteers who participated in certification interviews last year were (from left) Sr. Anne Breitag, OP, of Saginaw, MI; Margaret Metacale of Evansville, IN; and Rev. John Evans of Fargo, ND.*

## Interview Team Educators

Mrs. Julianne Barber, Alvarado Parkway Institute, La Mesa, CA  
 Deacon Darwin Dupree, Providence Medical Center, Kansas City, KS  
 Ms. Cam Hanemann, Providence Milwaukie Hospital, Milwaukie, OR  
 Ms. Michele LeDoux Sakurai, Providence St. Vincent Medical Center, Portland, OR  
 Dr. Sharon Mason, St. Vincent Hospital, Indianapolis, IN  
 Ms. Jane Mather, Memorial Sloan-Kettering Cancer Center, New York, NY  
 Ms. Judi Shemkovitz, Marymount Hospital, Garfield Heights, OH  
 Dr. Jane Smith, Fulton State Hospital, Fulton, MO  
 Mr. Jim Willsey, Roger Williams Medical Center, Providence, RI

## Site Coordinators

Dr. Susanne Chawszczewski, NACC, Milwaukee, WI  
 Mrs. Catherine Colby, St. Stephen Catholic Church, Portland, OR  
 Ms. Nancy Conner, St. Joseph Medical Center, Towson, MD  
 Sr. Mary Gallagher, OSF, Caritas St. Elizabeth Medical, Brighton, MA  
 Sr. Anita Lapeyre, RSCJ, The Center for

Urban Ministry, San Diego, CA  
 Mrs. Angie Vorholt-Wilsey, DePaul Hospital, Bridgeton, MO  
 Mrs. Marilyn Warczak, NACC, Milwaukee, WI

## Commissioner on Call

Sr. Anita Lapeyre, RSCJ, The Center for Urban Ministry, San Diego, CA  
 Mr. Bob Scheri, Sacred Heart Medical Center, Eugene, OR

## Interviewers

Bro. James Adams, FMS  
 Mr. Bruce Aguilar  
 Sr. M. Eunice Atsu, HHCJ  
 Mr. David Baker  
 Mr. Robert Barnes  
 Mrs. Adrienne Benson  
 Sr. Janet Biemann, RSM  
 Ms. Isabelita Boquiren  
 Ms. Phyllis Bowling  
 Ms. Elizabeth Boyd  
 Mr. Joseph Bozzelli  
 Sr. Kathleen Brady, OP  
 Sr. Anne Breitag, OP  
 Rev. Michael Burns, SDS  
 Ms. Mary Pat Campbell  
 Mr. Thomas Chirdo

Mrs. Ginny Conron  
 Bro. Thomas Cunningham, CSC  
 Mr. William Danaher  
 Sr. Emily Demuth, CSC  
 Sr. Mary Anne DiVincenzo, CSJ  
 Rev. Gino Donatelli, SJ  
 Deacon Darwin Dupree  
 Sr. A. Louise Eggen, OSB  
 Rev. John Evans  
 Sr. Mary Gallagher, RSM  
 Sr. Kathleen Gallivan, SNDdeN  
 Sr. Suzanne Giro, CSJ  
 Ms. Georgia Gojmerac-Leiner  
 Sr. Grace Golata, SSSF  
 Sr. Rose Grabowski, SSJ, TOSF  
 Ms. JoAnn Gragnani Boss  
 Ms. Jane Gutloff  
 Sr. Colette Hanlon, SC  
 Ms. Jean Harrington  
 Mrs. Patricia Harrison  
 Mr. J. Joseph Hart  
 Ms. Janice Hart  
 Sr. Gloria Jean Henchy, CDP  
 Rev. George Henninger  
 Sr. Marilyn Herr, OSF  
 Mrs. Lori Hilbrich  
 Dr. Gordon Hilsman  
 Sr. Joanna Hoffmann, OP  
 Sr. Susan Holmes, OSB

Sr. Anne-Arthur Klinker, SSND  
 Rev. Philip Krahman  
 Ms. Janice Labas  
 Ms. Martha Leven  
 Mr. Gordon MacDonald  
 Rev. Dean Marek  
 Margaret Matacale  
 Mr. Peter Mayo  
 Dr. Dennis McCann  
 Mr. James McDermott  
 Chaplain Beryl McHale  
 Ms. Anne Murphy  
 Sr. Kathleen O'Hanlon, OP  
 Ms. Ann O'Shea

Sr. Margaret Oettinger, OP  
 Mr. Daniel Olivieri  
 Rev. Gerald Onuoha  
 Rev. Aloysius Orekie  
 Rev. Kevin Ori  
 Sr. Marlene Panko, SSND  
 Dr. Daniel Petronella  
 Mrs. Marie Polhamus  
 Ms. Kathleen Ponce  
 Deacon Francis Potts  
 Sr. Karen Pozniak, SNDdeN  
 Ms. Elinor Quill  
 Mr. Thomas Rowan  
 Sr. Janet Rowley, ASC

Ms. Mary Salois  
 Ms. Dorothy Sandoval  
 Mr. Timothy Serban  
 Mr. Francis Sheridan  
 Rev. William Spacek  
 Ms. Janice Stanton  
 Sr. Maureen Stocking, OP  
 Sr. Bernadette Sullivan, OSB  
 Miss Mary Toole  
 Mrs. Kathleen Vander Velden  
 Deacon Thomas Waken  
 Mrs. Cheryl Wilson Weiss  
 Sr. K.C. Young, OP

## Episcopal Advisory Council is almost fully staffed

**By Rev. Thomas G. Landry  
 Interim Executive Director**

In response to questions about our Episcopal Advisory Council, we are happy to provide our members the following information:

Council members serve as representatives of the bishops in their respective United States Conference of Catholic Bishops (USCCB) regions. They have been invited directly to serve on our Council, or they have been appointed by the USCCB Administrative Council Representative from their region. Currently, Council members are:

**Region I:** Most Reverend George E. Rueger, former Auxiliary of Worcester, MA

**Region II:** Most Reverend Matthew H. Clark, Bishop of Rochester, NY

**Region III:** Most Reverend Dominic A. Marconi, former Auxiliary of Newark, NJ

**Region IV:** Most Reverend Mitchell T. Rozanski, Auxiliary Bishop of Baltimore, MD

**Region V:** Most Reverend John J. McRaith, former Bishop of San Jose, CA

**Region VI:** Most Reverend Francis R. Reiss, Auxiliary Bishop of Detroit, MI

**Region VIII:** Most Reverend Bernard J. Harrington, Bishop of Winona, MN

**Region IX:** Most Reverend George K. Fitzsimons, former Bishop of Salina, KS

**Region X:** Most Reverend Vincent M. Rizzotto, Auxiliary Bishop of Galveston-Houston

**Region XI:** Most Reverend John C. Wester, Auxiliary Bishop of Los Angeles, CA

**Region XII:** Most Reverend Michael W. Warfel, Bishop of Juneau, AK

The three regions without a current representative (Regions VII, XIII, and XIV) are in process of a succession appointment between now and our meeting in the fall of 2007.

Region XV, a new region created by vote of the bishops during their November 2006 meeting, will comprise the Eastern Rite bishops and eparchs of the United States. While functioning within their respective geographical regions as well, they now will have a unique USCCB region, affording them participation in numerous committees and councils, such as ours. As soon as the administrative work to define and establish the region has been accomplished, we will seek an Advisory Council member from Region XV.

The bishops have requested the roster of NACC members in their regions in order to seek ways of being supportive of you. We also are revamping our working relationship with them in order to maximize our potential collaboration regarding NACC funding, educational and networking opportunities, and to invite their active participation in NACC events around the country throughout the year.

### In Memoriam

**Please remember in your prayers:**

**Sr. Eleanor Marie Salm, SC**, who died Nov. 17, 2006 in Mount St. Joseph, OH, at age 99. She entered the Sisters of Charity of Cincinnati in 1926. She served as an elementary and high school teacher in chemistry, physics, physical science and math for more than 48 years. She served in dioceses in Ohio, Colorado, Michigan, and New Mexico. In 1980 Sr. Eleanor Marie returned to Mother Margaret Hall to serve as a chaplain in pastoral care. She joined the NACC in 1981, serving Mother Margaret Hall Nursing Home, and took emeritus status in 1991. She retired in 2000 to join the ministry of prayer at Mother Margaret Hall.

# To know by heart: A cardiac chaplain reflects

By Peg McGonigal

We hear them every day as they are sprinkled in our conversations — phrases such as “touched my heart,” “from the heart,” “heart-to-heart,” or “a change of heart,” are common figures of speech. As a cardiac chaplain, I know these common expressions of emotion often reveal a deeper, often literal, meaning, one related to the physical organ that keeps us all alive.

As we prepare to celebrate hearts both literally (American Heart Month) and metaphorically (Valentine’s Day), it is worth considering how these meanings intersect.

## Heartsick

I work in a large private hospital well known for its specialty in cardiac care. Since the opening of a 24-hour heart catheterization lab, it is not uncommon for a patient to come into the emergency department with chest pain and have a heart cath to determine the damage — all within one hour. “Time is muscle!” is the axiom invoked, as damage to the heart cannot be reversed. It is vital that an intervention be done quickly. The patient may then proceed directly to having heart surgery. Such is the medical pathway for one who is heartsick.

While the patient (and his family) may feel reassured that all this is happening with such speed, it can be very overwhelming. I have prayed with patients in the emergency department, in the cath lab as the staff is busy preparing for the procedure, and in the holding room just before they are wheeled off to heart surgery. Regardless of location, I try to create a sacred space — a sacred moment — where prayers for healing, reassurance, and guidance are offered. The prayer may be over in an instant, but it has initiated a spiritual pathway.

## “You Touched My Heart”

Whether a patient has a few days or a few hours to contemplate her heart surgery, the gravity of the situation revolves around the fact that someone will be physically *touching* the heart. Once, when a cardiac surgeon walked into a patient’s room, the patient greeted him warmly, saying, “Doc, you touched my heart.” Everyone present chuckled. But something told me that everyone also had their hearts touched on a spiritual level.

## Tender Hearts

Sometimes, a patient has endured a long and complicated history of heart disease complete with multiple heart surgeries. The physician may approach the patient with the possibility of implanting a mechanism — a ventricular assist device, or VAD — to assist the heart to pump more

effectively. The VAD can serve the patient as a bridge to heart transplant or as a way to extend the patient’s life for a year or two (destination therapy). Mirroring the delicate condition of the patient’s heart, the emotions — the hearts — of her and all who are close to her may be quite tender after such a conversation.

Patients and their families must give careful consideration to the options a VAD offers. One thing is for sure: these are some of the bravest people I know. Both the patient and family learn how to maintain the device, what to do in an emergency, (running the pump by hand), and generally how to live while tethered to a machine or a battery pack. Whatever the goal, theirs are tender hearts indeed.

## A Change of Heart

Prior to being put on the transplant list, the patient undergoes a battery of tests ranging from the physical to the psychosocial — all to measure his capacity to receive and maintain a new heart. The patient can wait anywhere from a few days to even years. Somewhere in everyone’s mind is what needs to happen to make a heart transplant possible: a generous gift from a family grieving the loss of a loved one.

Imagine receiving “the call” that a heart is available for you. Once the patient and family arrive at the hospital, things switch into high gear to prepare the patient for surgery. The mood is at once giddy and reverent. Just before the actual transplant, prayers often reveal hearts full of gratitude and awe. Up to this point, some may not have felt worthy, but now they figure it is part of God’s plan for them to receive such a gift.

I have accompanied a couple of people who had received “the call” that a heart was available — only to go home that same night with their original, diseased heart. While the news is disappointing, the same reverence exists for the *possibility* of receiving such a gift. To be sure, having a change of heart is not an easy process.

## To Know by Heart

As a cardiac chaplain, I understand heart disease and the many patterns it takes. I am familiar with the interventions, protocols, and pathways for making living with heart disease more acceptable. These are the things I know in my head. But my ministry with cardiac patients, their families, and hospital staff has touched me deeply. I have come to know these people by heart — and I am most grateful.

*Peg McGonigal, NACC Cert., is the cardiac chaplain at Aurora St. Luke’s Medical Center, Milwaukee, WI. She has an MA in bioethics and serves on the Ethics Committee and Transplant Selection Committee.*

## Many NACC members participating in initiative

The NACC offers its sincere thanks to all of the following members who have participated in the ongoing Vision and Action Initiative. Their input and their honesty are invaluable contributions.

The process is far from finished, however, and you will have the chance to add your own voice, either online (watch our website for survey opportunities in coming months) or at our annual conference in Portland, OR next month.

### Focus group participants

Mrs. Jane A. Mather, New York, NY  
 Sr. Julie Houser, CSJ, N. Floral Park, NY  
 Ms. Karen L. Reiniger, Dallas, PA  
 Dr. Hank R. Gonner, Reading, PA  
 Rev. Msgr. Felix C. Ojimba, Boston, MA  
 Sr. Maureen E. Mitchell, RSM, Syosset, NY  
 Ms. Jane P. DuBois, Somerville, MA  
 Sr. Shirley A. Nugent, SCN, Milton, MA  
 Dr. Virginia G. Allen, Milton, MA  
 Sr. Mary A. Gallagher, OSF, Belmont, MA  
 Mrs. Linda F. Plotrowski, Lebanon, NH  
 Rev. Thomas B. Garlick, Sterling, MA  
 Mrs. Merrilee S. Kralk, Plano, TX  
 Mr. Ernest (Skip) J. Dalle Molle, TX  
 Mr. Pablo Holguin, Livingston, TX  
 Sr. Charlotte T. Lujan, OSF, Lubbock, TX  
 Ms. Irima Tames, North Palm Beach, FL  
 Ms. Annette Castello, Venice, FL  
 Rev. Arthur B. Schute, Port Charlotte, FL  
 Mrs. Nancy A. Conner Towson, MD  
 Ms. Barbara A. Lester, Philadelphia, PA  
 Mrs. Dianna R. Chapman, Melbourne, FL  
 Dr. John L. Gillman, San Diego, CA  
 Rev. Peter Gelfer, OH, Oxnard, CA  
 Ms. Janice A. Tomlonovic, Carmichael, CA  
 Ms. Renee K. Krisko, Federal Way, WA  
 Dr. Gordon J. Hilsman, Tacoma, WA  
 Ms. Charlotte Leas, North Las Vegas, NV  
 Dr. Margaret K. Hover, D.Min., Olivette, MO  
 Ms. Michelle A. Lemiesz, Columbus, OH  
 Chaplain Jan Schupp, Jefferson City, MO  
 Ms. Kathleen M. Ponce, Arlington Heights, IL  
 Bro. Kenney Goman, CFX, Oak Park, IL  
 Ms. Linda A. Bronersky, Bolingbrook, IL  
 Ms. Nancy A. Siekierka, Homer Glen, IL  
 Sr. Donna M. Lord, GNSH, Kenmore, NY  
 Ms. Mary E. Johnson, Rochester, MN  
 Rev. Gino M. Donatelli, SJ, Maywood, IL  
 Rev. Dean V. Marek, Rochester, MN  
 Rev. Eugene S. Pocernich, Milwaukee, WI  
 Ms. Susan M. Lied, D.Min., Racine, WI

Ms. Mary Pat Campbell, Wausau, WI  
 Mr. David C. Baker, Stevens Point, WI  
 Mr. Robert J. Barnes, Woodruff, WI  
 Mrs. Kathleen A. Vander Velden, Appleton, WI  
 Ms. Mary C. Nelson, Dania, FL  
 Mr. Blair J. Holtey, New Port Richey, FL

### Retreat participants

Dr. Rodger F. Accardi, Glen Ellyn, IL  
 Mr. Bruce C. Aguilar, Belmont, IL  
 Mr. Joseph G. Bozzelli, Indianapolis, IN  
 Sr. Barbara Brumleve, SSND, Omaha, NE  
 Ms. Bonnie J. Burnett, Houston, TX  
 Rev. John T. Crabb, SJ, Gloucester, MA  
 Dr. John L. Gillman, San Diego, CA  
 Sr. Norma Gutierrez, MCDP, Apple Valley, CA  
 Ms. Marybeth Harmon, Franklin, MA  
 Ms. Ann E. Hurst, Spokane, WA

Sr. Anita L. Lapeyre, RSCJ, San Diego, CA  
 Mr. Jim P. Letourneau, Brighton, MI  
 Sr. Monica Ann Lucas, SC, Cincinnati, OH  
 Mr. Jim J. Manzardo, Chicago, IL  
 Ms. Mary Lou O'Gorman, Nashville, TN  
 Dr. Young Mi A. Pak, Berkeley, CA  
 Dr. Daniel A. Petronella, Middletown, CT  
 Deacon Hubert P. Polensky, Elk, WA  
 Ms. Ann M. Seckinger, San Jose, CA  
 Br. Edward M. Smink, OH, Houston, TX  
 Ms. Cindy A. Heine, Baton Rouge, LA  
 Rev. Kevin A. Ori, Milwaukee, WI  
 Rev. James R. Yeakel, OSFS, Washington, DC  
 Ms. Karen P. Pugliese, Wheaton, IL  
 Rev. Thomas G. Landry, Milwaukee, WI  
 Mr. John Reid, The Reid Group, Bellevue, WA  
 Ms. Maureen Gallagher, The Reid Group, Waukesha, WI

## Participants voice their thoughts

I came from Boston to be part of a process of clarifying our mission for NACC. I was amazed and thrilled to be part of a process that engaged my heart — seeing and reconnecting to people I have known and making new connections. We were deeply connected through our passion for chaplaincy and our desire to have our organization to be the best it could be for all our members. Our heads were engaged as we worked long hours brainstorming, sharing ideas and creating goals that represent us — all of us. Those in the room in Milwaukee and those at home all over the country. This experience was one of total immersion, and we emerged more deeply connected having a real sense of community. John and Maureen from The Reid Group led us to new height and depth. Thank you.

*Marybeth Harmon*

I've been welcomed and invited to share my ideas, thoughts and feelings about the planning. It has helped me have information on the overall planning process beforehand so that I could make more informed input. Being part of a group and getting to know other members personally through their sharing. I feel more inspired and motivated to continue to be active in the NACC.

*Young Mi Angela Pak*

We worked hard. Despite different experiences, we were able to listen and cooperate in planning together with respect and new trust. I wonder how the larger body of NACC will react to significant changes being discussed by our planning group, especially those whose understanding of chaplaincy is more church- than profession- based.

*Bruce Aguilar*

I felt so at home among a group of people who are committed to NACC and who were willing to roll up their sleeves and work hard to begin visioning the future of our organization and our community. It was challenging and exciting. I was impressed and humbled by the honesty, passion and compassion that I experienced during our time together.

*Dan Petronella*

# National Conference stresses adult learning

In preparing for the 2007 National Conference in Portland, OR, March 17-20, the National Association of Catholic Chaplains continues to focus on and emphasize adult learning within the conference workshops and plenaries. While this focus within the conference is critical for attendees to understand, adult learning is also critical for all of our members to understand as you attend workshops, conferences, and educational events within your own community.

Active adult learning can be characterized as learner-centered and learner-directed. A level of individualism within adult learning coexists with learning within the community. David A. Kolb, Professor of Organizational Behavior at the Weatherhead School of Management at Case Western Reserve University in Cleveland, along with Roger Fry, is a

major proponent of adult learning. His experiential learning cycle contains four key elements, including concrete learning experience; observation and reflection; the formation of generalizations based on the learning experience; and testing the generalizations in new situations.

Kolb and Fry (1975) approach this learning cycle as a continuous spiral. They suggest that the adult learning process begins most often in carrying out a particular action and seeing the effects of that action. This is followed by an

understanding of the effects, so that the same action may be taken in a similar set of circumstances resulting in similar effects. The next step is in understanding the general principles in which the specific instances of an action fall, and finally, once the general principles are understood, the adult learner can apply the principles in new actions within new circumstances.

Within this context, one can see the importance of adult experiential learning at the National Conference as the NACC presents speakers and workshop presenters who not only focus on engaging the attendees and presenting material of practical interest, but also solidify that material for attendees through the table discussion which takes place following the speakers and workshops. This valuable discussion allows attendees to augment the presentations with discussions of practical application within their ministry and their daily life.

Attendees should come out of each session, workshop, or event, whether at the National Conference or in the local community, with some information that will help them in their ministry. These educational experiences

should generate discussion when participants leave the room and further interact with friends and colleagues.

Jeffrey Cufaude, a former higher education administrator and association executive, poses a key situation for all of us as adult learners: "Would you rather have a room full of people who are not clear about what they hope to learn and leave feeling lukewarm about their experience, or a potentially smaller group of individuals who are highly interested in the specific content being explored in a session and who leave feeling very satisfied with the investment of their time and dollars?" (Cufaude, May 2004, pp.27-28)

Being interested and being an active learner and participant in any type of education also means that you must make a commitment. This commitment entails making yourself available, active, and engaged as you listen and integrate the content of the educational talks for yourself and also as you contribute to the discussion with and for others.

Keep in mind that adult learning is more experiential and practical than theoretical and esoteric. As we move forward to the National Conference next month and as you move through educational events within your community, take some time to visit and revisit the key questions and issues posed by the National Conference Committee for you this year:

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

**Professional** — What do we need to do as professionals 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?



Adult learning is more experiential and practical than theoretical and esoteric

## References

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## World Day of the Sick honors terminally ill

*Editor's Note: World Day of the Sick will be observed on Feb. 11, 2007. The official celebration is taking place in Seoul, South Korea, but many hospitals and chaplains mark the event in smaller ways. For information on the NACC's annual prayer cards for the caregiver and for sick persons, check the November-December 2006 issue of Vision or go to our website, [www.nacc.org/resources/wds](http://www.nacc.org/resources/wds).*

*The following is the official message of His Holiness Benedict XVI:*

Dear Brothers and Sisters,

On 11 February 2007, when the Church keeps the liturgical memorial of Our Lady of Lourdes, the Fifteenth World Day of the Sick will be celebrated in Seoul, Korea. A number of meetings, conferences, pastoral gatherings and liturgical celebrations will take place with representatives of the Church in Korea, health care personnel, the sick, and their families. Once again the Church turns her eyes to those who suffer and calls attention to the incurably ill, many of whom are dying from terminal diseases. They are found on every continent, particularly in places where poverty and hardship cause immense misery and grief. Conscious of these sufferings, I will be spiritually present at the World Day of the Sick, united with those meeting to discuss the plight of the incurably ill in our world and encouraging the efforts of Christian communities in their witness to the Lord's tenderness and mercy.

Sickness inevitably brings with it a moment of crisis and sober confrontation with one's own personal situation. Advances in the health sciences often provide the means necessary to meet this challenge, at least with regard to its physical aspects. Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to

which each human being is called, and one for which he or she must be prepared. Despite the advances of science, a cure cannot be found for every illness, and thus, in hospitals, hospices, and homes throughout the world we encounter the sufferings of our many brothers and sisters who are incurably and often terminally ill. In addition, many millions of people in our world still experience insanitary living conditions and lack access to much-needed medical resources, often of the most basic kind, with the result that the number of human beings considered "incurable" is greatly increased.

The Church wishes to support the incurably and terminally ill by calling for just social policies which can help to eliminate the causes of many diseases and by urging improved care for the dying and those for whom no medical remedy is available. There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need.

This is a right belonging to every human being, one which we must all be committed to defend.

Here I would like to encourage the efforts of those who work daily to ensure that the incurably and terminally ill, together with their families, receive adequate and loving care.

The Church, following the example of the Good Samaritan, has always shown particular concern for the infirm. Through her individual members and institutions, she continues to stand alongside the suffering and to attend the dying, striving to preserve their dignity at these significant moments of human

existence. Many such individuals — health care professionals, pastoral agents and volunteers — and institutions throughout the world are tirelessly serving the sick, in hospitals and in palliative care units, on city streets, in housing projects and parishes.

I now turn to you, my dear brothers and sisters suffering from incurable and terminal diseases. I encourage you to contemplate the sufferings of Christ crucified, and, in union with him, to turn to the Father with complete trust that all life, and your lives in particular, are in his hands. Trust that your sufferings, united to those of Christ, will prove fruitful for the needs of the Church and the world. I ask the Lord to strengthen your faith in his love, especially during these trials that you are experiencing. I hope that wherever you are, you will always find the spiritual encouragement and strength needed to nourish your faith and bring you closer to the Father of Life. Through her priests and pastoral workers, the Church wishes to assist you and stand at your side, helping you in your hour of need, and thus making present Christ's own loving mercy towards those who suffer.

In conclusion, I ask ecclesial communities throughout the world, and particularly those dedicated to the service of the infirm, to continue, with the help of Mary, *Salus Infirmorum*, to bear effective witness to the loving concern of God our Father. May the Blessed Virgin, our Mother, comfort those who are ill and sustain all who have devoted their lives, as Good Samaritans, to healing the physical and spiritual wounds of those who suffer. United to each of you in thought and prayer, I cordially impart my Apostolic Blessing as a pledge of strength and peace in the Lord.

*From the Vatican, 8 December 2006*

**BENEDICTUS PP. XVI**

## Book Review

### Stem-cell volume skips lightly over ethics

*The Stem Cell Divide: The Facts, the Fiction and the Fear Driving the Greatest Scientific, Political and Religious Debate of Our Time*

By Michael Bellomo. (AMACOM Books, New York, NY) 2006, ISBN 0-8144-0881-8, hardcover, 272 pages, \$24.95

By Rev. James Buryska

This book's voluminous subtitle is filled with promise. It conveys the impression that having attentively completed the volume, the reader will have a firm, comprehensive grasp of the "scientific, political and religious" issues surrounding the stem-cell debate. And to the book's credit, I must admit that I learned (or was reminded of) a great deal about stem-cell research: the scientific discoveries and advances that have moved this branch of knowledge forward and continue to do so; the political and economic forces that affect its progress and applications; significant developments in related fields such as cloning, recombinant DNA therapies and genetic modification; and some implications for the human future, both short- and long-term.

All this is presented in an engaging, breezy, almost gossipy style that is very readable, of special benefit to a scientific incompetent such as myself. As an example, I was mightily impressed by the author's summary of current adult stem cell applications, which covers nearly five pages (granted, they're double-spaced) — the most comprehensive such list I have seen.

Another virtue of the book is its generally balanced view of the clinical, economic, and political issues. It does not attempt to gloss over the difficulties or controversy inherent in a particular line of research (use of embryonic stem cells as opposed to adult

stem cells, for instance); nor does it appear to be unrealistic in assessing how soon the benefits of research might translate into clinical use.

I was disappointed, however, that the author made no attempt at ethical analysis as such; apparently I made unwarranted assumptions based on the word "religious" in the subtitle. In fact, there are numerous references to the influence of religious groups on the stem-cell debate, but their position (often opposition) is apparently seen simply as part of the overall politics of the situation, with no exploration of the ethical views that support it. Whether presented in religious garb or not, the ethical dimensions of the stem-cell debate deserve a better airing than this book gives them. As nearly as I can determine, the ethical stance of the author himself (at least on this subject) is cheerfully utilitarian, thus mirroring the assumptions of much of the scientific community and probably most of the general population. I would have appreciated an attempt to critique, or at least to examine, those assumptions.

Ironically, the one exception to the utilitarian viewpoint is a brief discussion of the case of Barry Bonds, the San Francisco Giants baseball star who is alleged to have used steroids. As the author discussed the scenario of an athlete using performance-enhancing drugs or cellular modification in order to outperform fellow athletes, I believe I detected disapproval, even a tinge of moral outrage. It's good to have one's priorities in order!

For an informative and readable overview of the scientific, economic and political landscape surrounding the stem cell debate, this is a worthwhile book. Look elsewhere for ethical insight.

*Rev. James F. Buryska, NACC Cert., is a CPE supervisor at the Mayo Medical Center in Rochester, MN.*

## Brief

### CHRISTUS Santa Rosa CPE marks 25 years

The Clinical Pastoral Education program of CHRISTUS Santa Rosa in San Antonio, TX, celebrated 25 years of training with a dinner and presentation last October. Dr. Frederick Brown, chairperson for the CPE program's Professional Advisory Committee, was the keynote speaker.

CHRISTUS Santa Rosa's CPE program was initiated by Sr. Angela Clare Moran, CCVI, in response to the requests

of several bishops for a training program in a Catholic setting. Since 1981, 308 persons have completed CPE training at CHRISTUS Santa Rosa, and 80 percent of them remain in active ministry, either in clinical or parish settings. Mrs. Mary Davis, NACC Cert., the Supervisor of the CPE program, also celebrated 25 years at CHRISTUS Santa Rosa.

## Counselor's book explores 'gift of grief'

### *The Unwanted Gift of Grief: A Ministry Approach*

By Tim P. VanDuivendyk; Binghamton NY: The Harworth Pastoral Press, 2006: \$14.95 paperback, \$34.95 hardcover.

By Andy Stewart

Each of us has ministered to grieving people, but most of us don't provide in-depth counseling services, nor are we prepared to. Wouldn't it be helpful, then, to listen in on a master grief counselor? This book distills Tim VanDuivendyk's more than 30 years of pastoral ministry as a hospital chaplain and therapist, which has taught him a lot about people as they suffer and experience grief. As a minister he has sojourned (his term of choice) with hundreds of them, often throughout the entire course of disease onset, suffering, death, and family bereavement. As a writer, he now shares the fruits of his sojourning in a comprehensive, easily readable book.

*The Unwanted Gift of Grief* follows grieving persons through the "wilderness of grief" to the "healing transformation" and "differentiation" that they may experience if they remain faithful to the tasks of grieving. VanDuivendyk reminds us over and over: there's no easy road around the wilderness, but only the hard road through it. And it's the fortunate griever who receives the love and support, not only of God (a useful reminder from an avowedly Christian author), but also of "sojourners," both personal and professional, family members and friends, pastors, care teams, and counselors.

VanDuivendyk intends his book to be helpful for all of these sojourners, both professional and personal. This is an ambitious, daunting task, but I think that the author achieves his goal, at least generally. The average pastor, CPE supervisor, hospital

chaplain, and Stephen Ministry trainer will no doubt appreciate its very practical suggestions for sojourning.

But the audience that will most benefit from reading it, I believe, is persons in the midst of grief and loss themselves, and their friends and family. For them this book has the potential to be life-changing — it is that solid, clear, and practical. I would unreservedly recommend it for every pastor, chaplain, and counselor to offer to grieving clients or to their friends who want to help them.

However, this is not a book without problems. And the chief one is huge: poor editing. Typographical errors (poor punctuation, occasional misspellings) abound, and inexact, rule-bending, infelicitous grammar style is too frequent. I hope the publisher will issue a revised, well-edited edition someday.

Also, the author's conceit of grief as a loving "act of gratitude" to God for the lost person is a useful perspective in many cases but hardly so following the death of, for example, an abusing parent or spouse. Experienced bereavement counselors (and the author himself) remind us that the depth of grief is more about the significance of the ended relationship, not necessarily to the affection felt. *Gratitude* hardly seems an appropriate explanation for why an abused person grieves a loss. A final concern is the author's sketchy treatment (only one short paragraph) of advance directives and DNR orders. It would have been better to omit these important topics than to treat them inadequately, and they aren't really appropriate for a book on grief.

These drawbacks, however, are not sufficient reason not to buy and read this valuable book.

*Andy Stewart, NACC Cert., is a chaplain at Hospice of Wake County in Raleigh, NC.*

## Book Review

### ▼ HOSPICE CHAPLAIN

**Waupaca, WI** – ThedaCare, an integrated health care system in the Fox Valley, is seeking a part time Chaplain for Hospice. Primary responsibility will be to provide pastoral care for patients and their families in a Hospice environment. Four quarters of CPE required from an accredited center. Previous experience highly desired. Eligible for or board certified by one of the national certifying organizations concerned with pastoral care in institutions. This is a benefit-eligible position and will work approximately 20 hours per week. To apply, please visit our website at [www.thedacare.org](http://www.thedacare.org). Requisition #06-00570.

### ▼ STAFF CHAPLAIN

**Lafayette, LA** – Our Lady of Lourdes Regional Medical Center, member of the Franciscan Missionaries of Our Lady Health System, is seeking a board-certified full-time staff chaplain with a master's degree in theology, pastoral ministry or related field, and at least 4 units of CPE to join our pastoral care team. The chaplain ministers to the

## Positions Available

emotional and spiritual needs of patients, families, and staff consistent with the mission and the core values of the health system to bring the healing presence of Christ to those we serve and to those most in need. You will find us in the beautiful heart of Southwest Acadiana, offering a comprehensive and advanced range of services, cutting-edge technology, and in a professional setting supportive and rich in team dedication in offering quality care to all we serve. Our chaplains assess and address emotional and spiritual needs through spiritual care interventions, sacramental and ritual care. NACC/APC or other national board certification is required. Experience in health care setting preferred. Ability to work collaboratively with diverse staff and patient population is a must. For consideration please apply online at [www.lourdes.net](http://www.lourdes.net).

## Positions Available

### ▼ CHAPLAIN

**Chandler, AZ** – Chandler Regional Hospital is seeking a full-time Catholic chaplain to join its dynamic spiritual care team. This 218-bed acute care hospital, which is part of Catholic Healthcare West, will double in size in the next few years. The chaplain is responsible for providing spiritual care to patients, families and staff, and functions as a collaborative member of the interdisciplinary health care team. This is an afternoon position (Sunday-Thursday) with excellent benefits and an 8% shift differential. Spanish speaking preferred but not essential. Requirements: M.Div. or MA in theology, pastoral ministry or related field. Must have completed 4 units of clinical pastoral education (CPE). Certification by NACC or the ability to be certified within one year of hire. Contact: Judy Esway, Manager of Spiritual Care; jesway@chw.edu; Chandler Regional Hospital, 475 S. Dobson Rd., Chandler, AZ 85224 or apply on-line at [www.chandlerregional.org](http://www.chandlerregional.org)

### ▼ CHAPLAIN

**Nationwide** – Be a chaplain in the Army National Guard and fulfill a higher calling – serving the men and women of the United States military with spiritual guidance and ministry. You will act as staff officer for all matters on which religion has an impact, including command programs, personnel, policies, and procedures. You will coordinate/direct a complete program of religious ministries, including workshops, pastoral counseling, religious education, and other activities for military personnel and their families. Additionally, as a chaplain, you will be responsible for providing leadership for essential moral, ethical, and human self-development programs. The Army National Guard is an elite group of citizen-soldiers who dedicate a portion of their time to serving their nation. As an officer, you will train part-time to be ready full-time, should your state or nation call you to serve. The Army National Guard is based in communities in every State, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. When you join the Guard, you'll do your monthly training close to home so you'll be ready to serve wherever your spiritual leadership is needed. Professional Duties: Performs duties as outlined above as staff, deputy staff, or assistant chaplain at all levels of command; supervises other chaplains and staff in providing a broad religious program designed to meet the needs of the organization and military community. Benefits: \$6,000 officer bonus; \$10,000 affiliation bonus for current chaplains transferring from another military service; chaplain candidates can qualify for up to \$4,500 per year for graduate seminary tuition. Requirements: B.S. or B.A. from an accredited university; master's of theology or M.Div. with 72-plus credit hours from an accredited university; individuals with no prior military service must be no older than 40 (however, applicants up to age 50 will be considered on a case-by-case basis for critical faith group needs); individuals with 10-plus years of prior military

service may be up to 50 years of age; must be a U.S. citizen; must be able to pass a physical exam and meet legal and moral standards. Visit [www.1800goguard.com/clergy](http://www.1800goguard.com/clergy) for more information.

### ▼ CHAPLAINS

**Rockford, IL** – Heartland Hospice is seeking a full-time and part-time chaplain to provide spiritual care to patients, families and staff as a part of a collaborative interdisciplinary team. The part-time position could possibly lead to a full-time position at our Green Bay Hospice facility. The successful candidates will have previous hospice experience and be familiar with spiritual assessment, documentation, end-of-life rituals, grief and bereavement, as well as be able to serve as a spiritual leader within the organization. Qualifications include: M.Div. or MA in theology or related field; minimum of four units of Clinical Pastoral Education required. Certification by APC or NACC or the ability to be certified within one year of hire. Must have ecclesiastical endorsement. For more information, please email: 4667admin@hcr-manorcare.com, phone:(815) 227-4917, fax: (815) 227-5093. EEO/Drug-Free Employer.

### ▼ CPE RESIDENCY

**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 1st and 2nd 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 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](mailto:KRJONES@swmail.sw.org)

### ▼ CHAPLAINS

**Long Beach, CA** – St. Mary Medical Center is a 400-bed teaching hospital, associated with UCLA School of Medicine and a member of Catholic Healthcare West. We are looking for two team-oriented colleagues who have completed chaplain certification or can complete certification in one year. We offer excellent benefits, competitive compensation and a challenging atmosphere of innovation and improvement. We are located in beautiful Southern California, which is blessed with rich cultural resources, wonderful weather, and vibrant opportunities. Successful candidates are Spanish speaking, enjoy a ministry setting of cultural diversity, and have specialized experience in oncology, HIV-AIDS, palliative care, ob/gyn, or trauma. Please send resumes to: [smlbresume@chw.edu](mailto:smlbresume@chw.edu). Mail to: Larry Ehren, Director of Pastoral Care, 1050 Linden Avenue, Long Beach, CA 90813. Learn more about us at: [www.stmarymedicalcenter.org](http://www.stmarymedicalcenter.org)

### ▼ PRIEST CHAPLAIN

**Reading, PA** – The Reading Hospital and Medical Center

is seeking a Roman Catholic priest to serve as a full-time chaplain, ministering to the needs of patients, families and employees at Reading Hospital. Responsibilities: Works cooperatively with other members of the Chaplain Services Department to provide a total program of pastoral care for unit and on-call coverage; provides sacramental ministry; support and participation in staff continuing education programs; assists in orientation of new personnel to the department; documents patient care activities in the medical record as well as the departmental record. Qualifications: An advanced theological degree from an accredited seminary with a minimum of four units of accredited Clinical Pastoral Education; ordination and endorsement for service as a chaplain by a religious superior or local ordinary; certification (or eligible) from the Association of Professional Chaplains or the National Association of Catholic Chaplains. Preferred candidates will have a minimum of three years of parish or general hospital chaplain experience. Reading Hospital and Medical Center provides a competitive salary and benefits package. To apply, please visit <http://www.readinghospital.org/content/opportunities.htm> referencing the posting for Staff Chaplain. Contact: Lisa Wortman, Reading Hospital Human Resources; phone 610-988-4607; e-mail [WortmanL@readinghospital.org](mailto:WortmanL@readinghospital.org)

#### ▼ DIRECTOR OF MINISTRY FORMATION

**Detroit, MI** – Trinity Health, a \$6 billion health care system, has an opportunity in our metro Detroit area for a Director of Ministry Formation to serve as part of its Mission Integration team. The Director of Ministry Formation assists the team in providing direction and resources for the spiritual and ministerial formation of Trinity Health leaders. Designs, plans and implements programs based in the Catholic theological tradition, Trinity Health's mission and values, and its social justice commitments. Collaborates with Organization and Talent Effectiveness departments in integrating ministerial formation into other Trinity Health leadership development programs and providing pathways to success for leaders. Candidate must have knowledge of Catholic theology, as usually obtained through a graduate level academic degree, and a minimum of five years experience in directing a program of ministry formation in the Catholic tradition or equivalent experience. Must demonstrate competence in change management/culture change, group facilitation, verbal and written communication, continuous improvement methodologies, and adult learning modes. To view more details on the position or to apply, please visit our website at [www.Trinity-health.org](http://www.Trinity-health.org) and select Career Opportunities.

#### ▼ CHAPLAIN

**Decatur, IL** – St Mary's Hospital is seeking a full-time chaplain. Primary responsibility will be to provide pastoral care for patients and their families in a hospital environment. Certification through NACC or APC and two years' hospital experience required. Master's degree in divinity, theology or related field preferred. Excellent communication skills, the ability to work well in a team environment and maintain confidentiality and flexibility is necessary for this position. This is a benefit-eligible

position and will work approximately 40 hours per week, days/evenings. To apply, please visit our website at [www.stmarysdecatur.com](http://www.stmarysdecatur.com).

#### ▼ MANAGER OF CHAPLAINCY SERVICES

**Phoenix, AZ** – St. Joseph's Hospital ([www.stjosephs-phx.org](http://www.stjosephs-phx.org)) is a growing, 536-bed, not-for-profit hospital that provides a wide range of health, social and support services, with special advocacy for the poor and underserved. The hospital is part of Catholic Healthcare West (CHW), one of the largest healthcare systems in the West. The facility includes the internationally recognized Barrow Neurological Institute and the only accredited Level 1 Trauma Center in Arizona. Spiritual care is central to the mission of CHW and St. Joseph's. Chaplains are fully integrated into every aspect of patient care, including a 24/7 in-house presence, and numerous facets of staff education. The Manager of Chaplaincy Services will be fully responsible for the day-to-day operations of the service. Initial tasks will include re-evaluating the existing scope of service and current personnel needs and deployment. Qualifications: NACC, APC, or ACPE certification; high energy with a well developed sense of the role of professional chaplaincy; a collaborative leadership style; and proven clinical, supervisory, and administrative skills. Experience managing a multi-staff department is essential. This position is being recruited by The HealthCare Chaplaincy Consulting Service on behalf of St. Joseph's Hospital and Medical Center. Send resume and cover letter to: The Rev. George Handzo, Associate Vice President, Strategic Development, The HealthCare Chaplaincy, 307 E. 60th St., New York, N.Y. 10022 ([gandzo@healthcarechaplaincy.org](mailto:gandzo@healthcarechaplaincy.org))

#### ▼ DIRECTOR-PASTORAL CARE

**Springfield, IL** – St. John's Hospital, a 600-plus-bed teaching hospital located in central Illinois, is seeking a dynamic, experienced leader for the position of Director of Pastoral Care. This individual will direct an ecumenical staff in ministering to the emotional, spiritual and psychological needs of patients, their families, employees and students. The Pastoral Care Department assures that meaningful liturgical services and sacramental ministry are provided at St. John's Hospital. This includes Mass as well as the appropriate interdenominational worship services. As Director, you will be responsible for providing leadership to the Pastoral Care staff in meeting these duties. To qualify for this important position, you must possess previous training and experience in counseling and Roman Catholic theology, especially in the area of dealing with the sick and dying. Must have certification as a Chaplain by the NACC/APC. A minimum of a Bachelor's degree, preferably in counseling/theology/education is required. A graduate degree is preferred. Previous experience as a hospital chaplain or work related to the ministry and provision of spiritual counseling and guidance required. Qualified candidate should have experience with supervisory responsibilities. Individuals interested may apply online at [www.st-johns.org](http://www.st-johns.org) or submit a letter of application and a full resume in confidence to [joan.stannard@st-johns.org](mailto:joan.stannard@st-johns.org). Human Resources Department, St. John's Hospital, 800 E. Carpenter St., Springfield, IL 62769; fax (217) 525-5601.

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# Calendar

## March

- 15-18** Certification Commission meeting, Portland, OR
- 16-17** Board of Directors meeting, Portland, OR
- 17-20** NACC annual conference, Portland, OR
- 17** Supervisor certification interviews, Portland, OR

## April

- 2** Copy deadline, May *Vision*
- 6** National office closed for Good Friday
- 28-May 2** APC annual conference, San Francisco, CA
- 26-28** AAPC conference, Portland, OR
- 30** Copy deadline, June *Vision*



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