vision

National Association of Catholic Chaplains

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Greetings from our new space

Better office reflects professional improvements

By Rev. Thomas G. Landry
Interim Executive Director

Due to a last-minute delay, our move to our new quarters on South Howell Avenue in Milwaukee was rescheduled to the Thursday and Friday before Christmas. Modern schedules being what they are, I was home in Massachusetts already when the moving company lent its skill and muscle to the efforts of our national staff to break camp at the Archbishop Cousins Center, home to the NACC national offices for 18 years, and to reset at the Airport Atrium, across from General Mitchell Airport.

What our national staff has done is not so much recreate the home we had as create an environment that is welcoming in ways our previous quarters could not be. The new configurations in our new space take greater account of how our workloads evolved over the past 18 years in a much less flexible space.

What we have done in the physical realm also has been mirrored in the personal and professional realm as we have made this move. The quality and flow of the space within Suite 120 allowed us to consider primarily the working relationships that would be facilitated by the arrangements. We are setting up our space to truly meet the demands of the work that each member of our staff accomplishes, and how her or his work impacts the flow of work to others in our national headquarters to serve you more effectively and creatively.

We also are delighted to be within walking distance of the main entrance to Mitchell Airport (though we don't expect you to walk over if you're arriving for a meeting here!), most of the hotels we use for groups who need to gather here in Milwaukee, the entrance ramp to Highway 43/94, and a fair number of decent restaurants! Put simply, it will be easier to welcome you here if you are joining us in Milwaukee for any occasion. And the overall amenities of the office suite, including a genuine conference room that is separate from the executive director's office and from a group work space, make day-to-day work and special event activities easier to accommodate and facilitate.

> Moving has forced us to think out loud about our short- and long-term fundraising efforts

I take this opportunity to commend our national staff for continuing the day-to-day responsibilities of serving our members while at the same time

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In This Issue:

Cindy Bridges (left) and Sue Walker clean the kitchen in the NACC's new office suite on moving day.

New space

Continued from page 1

culling and packing all our belongings; absorbing a week-long delay in the actual move when it came; and planting our home anew. I want to acknowledge Kathy Eldridge's heroic focus and perseverance in guiding the whole process — and she continues to do so as she accompanies work crews through our space with those ubiquitous "punch lists" to ensure that every bit of adaptation or repair is done fully and correctly.

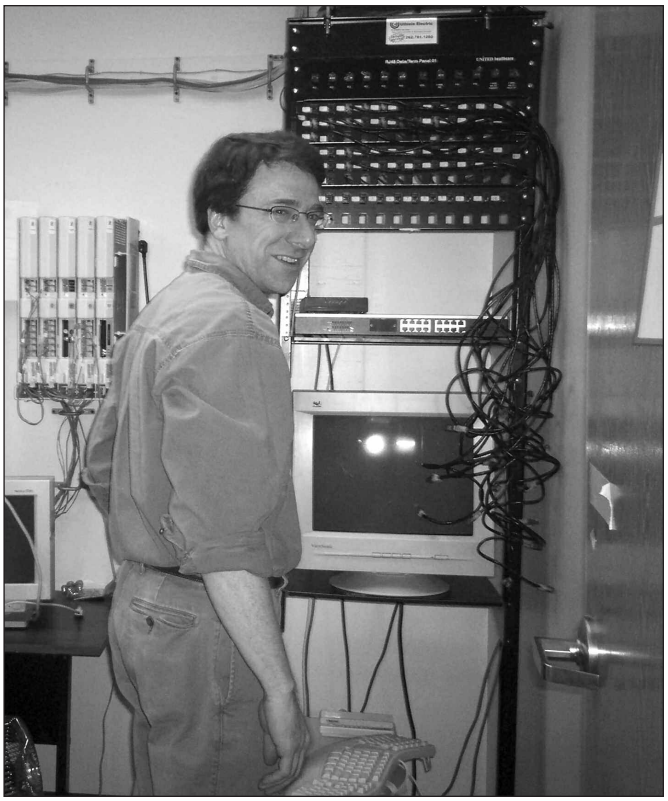
Moving from a Church-owned space to a commercially owned and managed office, replacing a large inventory of professional office stationery, AND ensuring adequate tools in our new space has been a significant financial challenge. But it has forced us to think out loud together about the challenges to address in our short and long-term fundraising efforts. As we complete solicitations related directly to our annual conference in Portland, OR, in March, we will be shifting gears to solicit financial support from the major stakeholders we serve, and from the communities who benefit from the work of our members. We will need money for the strategic initiatives we have adopted and will adopt, and we will need money for the proper maintenance of our association's tools to serve you.

I have chosen to present a gift to the NACC in memory of my mother

To that end, I complete my message to you today with news of two financial commitments I have made to my professional membership association. (Remember, I will be a member of the NACC much longer than I will have served as your Interim Executive Director when all is said and done!)

I have contributed as generously as I have felt possible to the scholarship fund for our national conference, something I have tried to do each year. I am committed to making educational opportunities accessible for all our members, and my little part makes a difference. And, I have chosen to present a gift to the NACC in memory of my mother, Georgianna E. L'Ecuyer Landry and in the name of the L'Ecuyer and Landry families. The new conference table and chairs in our new, life-celebrating conference room will be a lasting reminder of the woman whose ironing board graced my homily during our closing liturgy of the annual conference in Columbus last year. It is a gift I make in the spirit of generosity and commitment I hope to encourage and encounter among NACC members, supporters, and stakeholders in the months to come.

See you in Portland!



Phil Paradowski works to get the computer system up and running in the NACC's new office.

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 in the computer age. 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.

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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Directors on board contribute unique gifts

By Karen Pugliese
Chair, NACC Board of Directors

Next month's *Vision* will carry our Annual Report – a yearly accounting of our stewardship. This month, however, I'd like to share with you some of the story-behind-the-story, the "color commentary" behind the statistics related to our work as your Board of Directors.

Most of the members of the Board meet face to face twice a year, in November and at the annual conference. However, the Board committees, panels and task forces connect regularly by e-mail and phone. Our tiny dynamo, NACC Administrative Assistant Cindy Bridges, is our fairy godmother of communications. She transforms impossibly conflicting calendars into schedules that mesh, keeps accurate minutes and reminders, and manages behind-the-scene details. And she manages to keep our peripatetic interim director, Fr. Tom Landry, in the right place at the right time, with everything at his fingertips!

Many of you have experienced Tom's accessibility, thoughtfulness and responsiveness; I can't imagine a more compatible and professional colleague. I trust and value his support, challenge, integrity and creativity. We talk several times a week about NACC ministry issues and concerns, the Executive and Governance Committees, the Certification Commission, the Vision Advisory Panel, and professional partnerships. For the past six months, much of our energy and focus has been the Vision and Action Initiative.

Bridget Deegan-Krause, M.Div., serves as Vice Chair of the Board. Having served several years on the Executive Committee and as Chair of the Governance Committee, as well as working on the Common Standards through the Council on Collaboration, Bridget is a wellspring of knowledge, experience, inventiveness, and resourcefulness. And she shares with us the boundless energy of her two preschool children, as well as her husband Kevin's analytical skills and technical resources. Even as I write, she is giving a keynote presentation at the Catholic Health Association Mission Leaders Conference in Albuquerque. **(See article on p. 4)**

Another presenter at that conference was Paul Marceau, Th.D., Secretary of the Board. As Vice President of Mission and Ethics at Trinity Health in Novi, MI, Paul is an extraordinary bridge between the worlds of chaplaincy, organizational spirituality, education, and quality outcomes. His wisdom and innovative thinking are invaluable assets to our Executive Committee. As a member of the steering team that gave birth to the Vision and Action Initiative, Paul provided us with an excellent environmental scan, connecting us with knowledgeable resource persons from the lay ministry movement, academia, and healthcare administration.

Our Treasurer, Sr. Geraldine Hoyler, CSC, MS, CPA, had eight years' experience as Senior Vice President of Finance and Treasury for Catholic Health Initiatives in Denver before taking her current position as General Councilor/General Treasurer of the Congregation of the Sisters of the Holy Cross, Notre Dame, IN. I am grateful for her financial competence, but Sr. Geraldine also has extensive management and healthcare experience. She consistently opens our eyes to new perspectives while encouraging us to hold the values of mission and margin in creative tension.

Another appointed member of the Board with a rich resume is Sr. Eileen Wilhelm, RSM, M.B.A. Former President/ CEO of Mercy Medical in Daphne, AL, Sr. Eileen began her professional career as a nurse, received

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Unique gifts

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an M.B.A. in healthcare administration, and chaired the Board of Trustees of the Catholic Health Association, as well as numerous committees and task forces. Her experience on multiple Catholic health systems' boards is a particular asset for us as we seek to improve the efficiency of NACC Board policies, procedures and practices, as well as our interactions with the national office staff.

Recently re-elected to the board, Patrick Bolton, M.Div. leads the Governance Committee. Patrick's passion to create an excellent orientation program and educational resources for the Board is a natural extension of his efforts to establish networking and educational opportunities for chaplains in the Gulf Coast area. His concern for the future of CPE, his lighthearted spirit and gifts of playfulness enhance Board relationships and are a natural extension of his home life with his wife and two young children. "Home" is Daphne, AL, where Patrick is Director of Pastoral Care at Mercy Medical.

Sr. Barbara Brumleve, SSND, Ph.D., is another elected board member with a passion for education. She is a dually certified CPE Supervisor with NACC and ACPE. Her experience on the NACC Certification Commission and ACPE's south-central region Accreditation Committee is an asset to us. She has taught at all levels of the educational system, including five years as president of Notre Dame College in St. Louis. Gifted with a sharp mind and quick wit, Sr. Barbara is currently leading the Board in a pastoral productivity measurement project, serving on the Spiritual Care Collaborative leadership team, and participating in the Vision and Action Initiative.

Newly elected member Alan Bowman, M.Div., M.B.A., collaborates with Sr. Barbara on the Pastoral Productivity Project, along with Paul Marceau, Bridget Deegan-Krause and Fr. Landry. Alan's professional background as a dually certified CPE supervisor serves us well in his Board assignment to the Certification Commission. I've valued Alan's engaging leadership style and benefited from his expertise since working together on the regional level. Recently, Alan expertly chaired our Standards Committee. I've almost forgiven Alan for forsaking the Midwest for the mountains of Colorado, and celebrate the opportunity for renewed friendship and collegiality.

As graced as I am with long-lasting friendships within NACC, I delight in the gift of new relationships as well. Certified in 2001, Sr. Norma Gutierrez, MCDP, served on the Standards Task Force and contributed to the 2005 and 2006 conferences. Her appointment to the Board has been a great blessing, bringing a spirit of youthful vitality and generosity, quiet kindness and thoughtfulness as well as an articulate passion for advocacy. Sr. Norma serves on the Finance Committee, the Vision Advisory Panel, and the Vision and Action Initiative.

Advocacy is also a passion for our Episcopal Liaison, The Most Reverend Dale Melczek, DD, Bishop of the Diocese of Gary, IN. In 2002, he began to address racism in northwest Indiana in "The Many Faces of the Church: A Pastoral Letter on Cultural Diversity." As Chair of the USCCB Committee on the Laity, Bishop Melczek facilitated the watershed document "Co-workers in the Vineyard of the Lord." He is a dedicated advocate for our association and for the ministry of chaplaincy, and brings the same dedication to his work with the Board. He engages, encourages and challenges us, participating fully in Board deliberations and activities. Bishop Melczek has a passion for both physical and spiritual exercise, and models health and wholeness in body, mind and spirit. I am most grateful for his gifts of spiritual leadership, unwavering support and wise counsel.

This glimpse into the rich diversity and abilities of your NACC Board of Directors reminds me of a reflection by Rabbi Lawrence Kushner comparing each life to a jigsaw puzzle. Rabbi Kushner suggests that no one has within themselves all the pieces to do their puzzle, and each of us carries at least one, and probably many, pieces to someone else's puzzle. And when we present our pieces to one another, whether we know it or not, we are Messengers of the Most High.Each of you, our members, holds a piece of the future of our Association. We invite you, as messengers of our God, to consider how you might be called to share your gifts of leadership and service with the NACC.

NACC members speak at CHA mission conference

Mission leaders from the major Catholic health care systems and leaders from the NACC spoke — and listened! — in a three-day forum sponsored by the Catholic Health Association in January in Albuquerque, NM. The theme for this conversation was "Mission and Spiritual/Pastoral Care: Partners in Building a Community of Healing and Compassion."

The objectives of the meeting included learning to build a vision for pastoral care services; defining the relationship between mission and pastoral care roles; and learning to collaborate effectively.

Through honest dialogue, mission leaders and chaplains found both common ground and common cause in addressing:

- The mission/chaplaincy partnership: finding mutual respect and credibility.
- Proving our value within systems: what chaplains can do for Catholic health care systems.
- Equipping and supporting chaplains: what chaplains need from mission leaders.

The NACC was represented by Bridget Deegan-Krause and Paul Marceau from the Board, Mary Lou

CPE produces its share of funny moments

Compiled by Mary Davis

When CHRISTUS Santa Rosa celebrated the 25th anniversary of its CPE program last fall, we asked our alumni, clinical associates, and Spiritual Care staff to contribute their funniest memories of CPE. Their responses, which we share below, suggest that our best efforts at pastoral care, at least once in a while, go ridiculously astray.

▾ An international CPE student, on call, in professional dress, needed to use the restroom. He went into the nearest restroom, and while washing his hands, two security guards came in and confronted him. "Who are you?" "What are you doing here?" "Did you come to see somebody in the hospital?"

The student said he was a CPE student, showed his badge, and said he worked here (then tried to amend that, because he was on a visa where he couldn't technically work in the United States). Finally, the guards said, "Okay, someone had called us to say that a homeless man had gone into the restroom to bathe!"

The student was only glad they weren't from INS. He later mused that the homeless people in the United States must be fairly well dressed!

▾ The old on-call pager (circa 1980s) was large and bulky; to hear it, one needed to hold it to one's ear or risk not knowing where to go to respond. One student, upon hearing the pager, scrambled to pull it out of her pocket in time to hear the page. She instead pulled out a large pack of chewing gum and held it to her ear. Not the best advertisement for pastoral competence!

▾ A student, having taught herself how to say the Lord's Prayer in Spanish, proudly led the prayer as a Spanish-speaking couple gazed at her in amazement. They then exclaimed, "Oh, Sister, that was beautiful! Was that Latin?"

▾ After viewing a film on the legend of the bluebonnet, where a young girl makes a sacrifice so that rain would come to the land, the CPE group went out in search of bluebonnets. Not finding any after a long time looking, a peer looked meaningfully at another and said, "I guess we need to make a sacrifice."

▾ A student, new to English, began leading the Lord's Prayer with an English-speaking patient. Several lines into the prayer, he faltered, unable to remember the next line. The elderly patient stopped the prayer and began coaching him: "You're going to be a priest and you don't know the Our Father? Start over, okay? … No, maybe start at the beginning again. … Okay, that's good, take your time." When the patient released the student, thirty minutes later, he knew it well.

▾ A young child, after listening to a student's lengthy introduction about his role and purpose of his pastoral visit, said, "I think you might be boring." A lesson for age-related competencies?

▾ An international student, not familiar with the colloquialisms used in some parts of the United States, took offense when a family repeatedly referred to the patient as being "such a stinker." Exercising her pastoral authority, she took the family aside, stating that in her frequent visits she had never once detected an odor, and imploring them to reconsider their language.

'I think you might be boring'

▾ A student, listening to a stressed parent, exhausted his repertoire of spiritual resources to ease her stress. She sat through his spiel patiently and then sighed, saying, "I think I just need a Diet Coke." So much for that master's degree …

▾ At mid-unit, the supervisor confronted the student about his lack of visitation in his assigned area. Discovering that the supervisor was referring to the newborn nursery, he scornfully responded, "You really think they're people, don't you?"

And finally, the topper:

▾ Students have an optional opportunity to serve as camp counselors for a summer camp serving children who have or had cancer. An international student participated as a counselor with the 5-6-year-olds. He learned that his comforting skills left a bit to be desired when he sought to reason with a homesick child. The student said, "Look at me; I am all the way from Africa. I also miss my parents. But do you see me crying?" The child sobbed, "Yeah, but are you five years old?"

Mary Davis is a CPE supervisor at CHRISTUS Santa Rosa Health Care in San Antonio, TX.

O'Gorman (St. Thomas Hospital, Nashville TN), Interim Executive Director Rev. Tom Landry, Alan Bowman (CHI), who served on the planning committee, and numerous chaplain participants.

Bridget Deegan-Krause, Vice Chair of the Board of Directors, gave the introductory keynote address on the topic of "Calling Forth the Pastoral Leader" and spoke of the mission-chaplaincy partnership in the healing ministry of the Church.

Mary Lou O'Gorman of the NACC Standards Committee gave a plenary address on the common standards titled "Professional Chaplains: Standards, Partnerships and Challenges."

Jean Lambert, Vice President of Mission and Values (Catholic Health Partners, Cincinnati, OH) told of "One System's Approach to Revitalizing Spiritual Care."

Rosa Shandrow, Director of Pastoral Care at St. Joseph Medical Center, Tacoma, WA, and Dianna Kielian, Vice President, Mission and Community Health in the same system, spoke of Mission/Spiritual Care collaboration in "Connecting the Heart and Soul to What Matters."

"The forum provided me with an opportunity to really hear about the smart and savvy work of some of our system mission leaders on our behalf," Bridget Deegan-Krause commented. "I am reminded of the important work that chaplains and mission leaders have in improving their collaboration."

Seeking, Finding

Wisdom literature: Grounding for chaplaincy

By Michele LeDoux Sakurai

I walked him into the emergency room and stood with him as he looked at his beautiful granddaughter. He gently touched her hair, looked up at me in disbelief, "She can't be dead; she's only two. She can't be dead!" I shook my head, "I am so very sorry." Tears came to his eyes, "No, no. It can't be. I prayed all the way here that God would spare her. I begged God to take me; I've lived my life, just spare her. I was willing to give my life. It isn't fair. Who is this God that allows this to happen to a baby?"

As chaplains we enter into the stories of others. Oftentimes the story is one of crisis or loss, and such stories challenge us and the Judeo-Christian tradition that grounds us. "Who is this God that allows this to happen to a baby?" This question does not come from the head, but from the heart. It is a question that stands in the mystery of something larger than ourselves; it is an age-old plea of relationship central to the Book of Job and echoes throughout the Wisdom tradition.

The writings of the Wisdom tradition make available the mystery of suffering to us. Woven into Christianity, this is a unique lens that does not rely on dogma or faith alone, but gives credibility to an individual's experience as a means for seeking and finding meaning. Wisdom is both the method and the message. As process, Wisdom is first experienced in the Old Testament as Sophia personified, who is relational and inviting. This emphasis on seeking relationship with the divine is continued through the Logos as Word in the New Testament. The message of the Wisdom tradition does not regard institutions, structures, and history; rather, it focuses on questions held in common with all of humanity. Wisdom addresses issues of living and dying in a world that oftentimes finds justice seemingly elusive.

Wisdom literature is as rich and varied as the questions that it calls into being. It consists of the canonical books of Proverbs, Job, and Qoheleth (Ecclesiastes), and the apocryphal books of Sirach (Sen Sira), Baruch, and the Wisdom of Solomon. The Canticle of Canticles (Song of Songs) and some of the Psalms are also included within the core of wisdom literature, as are segments of Isaiah, Amos, 1 Kings, Genesis, 1 Enoch, and Daniel. Wisdom is carried further into the New Testament in the Gospel of John, segments of Luke and Matthew, and some of the letters of Paul. This literature crosses many centuries, is influenced by myriad religions and nations, and yet carries an important vision. The Wisdom literature is not nationalistic; it represents an audience broader than that of a single faith group or sect, and it is interested in the nature of God in light of human suffering and death as well as the search for meaning in life and how to live righteously.

The issues of the Wisdom tradition are experienced throughout the Judeo-Christian story — a story of community that reaches back to the beginning of relationship. Throughout the scriptures, YHWH again and again seeks relationship with humanity. From the gift of the Garden of Eden; through the great flood ("I have set my bow in the clouds, and it shall be a sign of covenant between me and the earth," Gen 9:13); through the escape of the Israelites from Egypt; through the Wisdom Literature, which expresses the suffering of a people as well as the hope expressed through Sophia; and finally to the Messiah, the Logos of John's Gospel, YHWH is ever present. YHWH seeks relationship even as the people of God continue to fail in living covenant. YHWH's invitation is heard even — or perhaps especially — in the dark times of Israel's history.

Perhaps one of the most devastating events that befell the people of Israel was the Babylonian Exile from 587 to 539 B.C.E. The story of exile is elucidated in the Book of Job through the voice of a folktale and narrative. This book addresses the mystery of suffering in light of a silent God.

The losses experienced through the Exile were overwhelming: the silence of God as well as the loss of land, temple, monarchy and the administrative structures known to the Israelites. During these dark times they focused on the family. This focus is made theologically evident through the eyes of Woman Wisdom (Sophia), idealized in Proverbs 31, who becomes the paradigm of relationship.[1] When all seems lost, Sophia reminds the Israelites that they have not been abandoned. Wisdom Sophia is female and powerful (Prv 8:14-15); she acts cosmically (Prv 8:29-30) and has intimate knowledge of what pleases God (Prv 2:1-5). She speaks in divine first-person language (Prv 3:1-2), and it is authoritative (Prv 9:11-12). She delights in humanity. In Proverbs, Wisdom Sophia is strong, invites all to share in God's bounty (Prv 9:5-6), and moves freely among humankind. She provides access to YHWH: "For whoever finds me finds life and obtains favor from the Lord (Prv 8:35).

Theologically, as Wisdom Sophia is developed through time, the paradigm shifts and the access point moves from Wisdom personified to Wisdom as Torah. By the time of the writing of the Book of Sirach, Sophia's identification with the Torah makes her vulnerable to institutional controls, and with the Book of the Wisdom of Solomon, Sophia has lost her freedom to be and is bound by the word. It is through the Logos of John's Gospel that Wisdom is once more free to live fully in relationship.

In the Gospel of John, the prophetic voice of Wisdom Sophia is integrated into the voice and substance of the Jesus who is Logos. "Sophia is firmly established in the Wisdom tradition as the pre-existent cooperator with God in the task of creation. She existed in the heavens before the world was formed, and shares responsibility for the orderly nature of creation. This is precisely the role given to

the Logos by the opening words of John's Prologue."[2]

The Logos is introduced in John 1:1 as "In the beginning was the Word, and the Word was with God, and the Word was God." The timelessness of the Logos reverberates throughout the Fourth Gospel as Jesus says in 8:58: "[B]efore Abraham was, I am," and in 17:24: [B]ecause you loved me before the foundation of the world." This message is paralleled with Sophia speaking in Proverbs 8:29-30 "[W]hen he marked out the foundations of the earth, then I was beside him."

The Wisdom tradition continues through the Logos in the common themes of the abundance of God's universal love, access to God, descent and ascent, the divine "I am" language, and rejection. Whereas Wisdom Sophia "found no dwelling place, (so) returned to her place and she established herself among the angels, (1Enoch 42:2), the rejection of the Logos is transformed through divine paradox ("[T]he last will be first," Mt 20:16) into triumphal kingship.

Throughout the Fourth Gospel, Jesus as Logos exhibits the universal love of God by inviting those of differing religions, nationalities, and classes into relationship. This is evidenced with the woman at the well, the royal official (Jn 4), the lame man at the pool of Bethesda (Jn 5), the woman caught in adultery (Jn 8), the blind man (Jn 9), and the list goes on. This Gospel offers a story of community that is inclusive, compassionate and prophetic; in a word, it is radical.

The call of Wisdom through Jesus of the Fourth Gospel is a continuation of God's mission in this world. Like Sophia, Jesus proclaims the Good News to all God's people. It is a call to relationship as we struggle with the realities that make us human. The Wisdom tradition informs chaplains about the mystery of suffering, the task of human accountability in living moral choices, the richness of human experience, the importance of community as it is held in tension with the interests of the individual, and the importance of living life.

The Wisdom tradition does not answer the hard questions, such as "Who is this God that allows this to happen to a baby?" Instead, this tradition provides a place to stand as a witness to the suffering and the pain. "Suffering made audible and visible produces hope, articulated grief is the gate of newness, and the history of Jesus is the history of entering into the pain and giving it voice."[3] By being present, chaplains enter into the prophetic promise of the Wisdom tradition, a tradition that constantly invites relationship, and it is here that the questions of the heart may find a resting place.

1 Fiorenza, Elisabeth Schussler. *Jesus: Miriam's Child, Sophia's Prophet: Critical Issues in Feminist Christology*. New York: Continuum Publishing, 1995, p. 134.

2 Scott, Martin. *Sophia and the Johannine Jesus*. Sheffield, England: Sheffield Academic Press, 1992, p. 96.

3 Brueggemann, Walter. *The Prophetic Imagination,* 2nd ed. Minneapolis: Fortress Press, 2001, p. 91.

Michele Le Doux Sakurai, NACC Cert., is a chaplain at Providence St. Vincent Medical Center in Portland, OR.

Thank you!

We are pleased to pay tribute to the members and friends of the NACC who contributed vital support to our Development Fund in 2006. We printed another, longer list of donors in our June 2006 issue. The names below represent further contributions to the fund for the remainder of the year, from May 9 through Dec. 31.

We thank these donors who have shared their blessings and joined with us as partners in our effort to share the healing ministry of Jesus. Together with our partners, the NACC will work toward our goal of making professional spiritual care and counseling available to all God's people.

Anonymous
Archdiocese of Newark
Sr. Catherine Arnold, SCN
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Mrs. June D. Birmingham, in memory of Michael Birmingham
Patrick H. Bolton
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Chaplain Karen Pugliese, in honor of the NACC office staff, for dedicated service
Sisters of St. Benedict
Sr. Judith A. Turnock, OLVM
Sister Eileen Wilhelm, RSM

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

Spiritual treatment of alcoholism may have wide benefits

By Robert C. Sterling

Although many persons can use alcohol safely and responsibly, surveys of the general population project that 8% of American drinkers eventually become alcohol dependent (Robins et al., 1984). The economic and social consequences of alcohol abuse and dependence are immense. Lost employment and productivity, disrupted families and family violence, health difficulties, criminal behavior, and motor-vehicle fatalities are but some of the results of alcohol misuse, which the National Institute on Alcohol Abuse and Alcoholism has recently estimated costs the United States more than $185 billion per year (Harwood, 2000).

Despite the prevalence of alcoholism in the general population, treatment remains low (Nace, 1984). When patients do acknowledge the need for help, treatment planning is often a subjective process, usually determined by what the patient believes or is willing to accept, what the provider can offer, and the treatment provider's impression of what treatment will be most suitable. Some persons may prefer (ability to pay notwithstanding) a private, freestanding rehabilitation, whereas others may find themselves more comfortable attending Alcoholics Anonymous (AA) meetings or seeking the aid of clergy. Given the well-documented difficulties of many persons in complying with treatment for addiction, and the myriad of negative consequences that often befall them when they leave treatment prematurely (Alford et al., 1991; Gottheil et al., 1997), we should seek to assign patients to a treatment that offers them the best chance of success.

Providing spirituality with treatment appears to have helped less spiritual participants

Spirituality and alcohol/substance use

Spirituality has long been associated with recovery from alcoholism. Since its inception in 1935, for example, Alcoholics Anonymous, has been defined by spiritual factors and the belief that a higher power can help the alcoholic live free from the debilitating effects of alcohol. It has evolved into one of the most widely recognized "treatments" for alcohol use disorders, and its 12-step philosophy of recovery is deeply ingrained in many treatment settings. A spiritually oriented 12-step treatment program with its attendant discussions of powerlessness and spirituality may fit some people's personal beliefs (Arnold et al., 2002; Kelly and Moos, 2003). But for others, such an approach might be discomfiting, or even negative (Day et al., 2003). Thus, the current research was conducted with the help of two community treatment sites to examine whether the spiritual orientations of the patient and facility influence the outcome of treatment.

At the more spiritual program (MSP), treatment is strongly rooted in the 12-step philosophy of AA. Spiritual concerns were addressed as the patient focused on the steps in individual and group therapy sessions. This program also employs three full-time chaplains who provide informal individual spiritual counseling and guidance through the Ministry of Presence and Intensive Encounters, characterized by frequent informal patient contact. In addition to these informal opportunities for spiritual guidance and direction, patients attended weekly lectures by the chaplains as well as non-denominational religious healing sessions.

Individuals who sought care at the less spiritual program (LSP) received a treatment orientation that generally adhered to a medical model of addiction. Program descriptions and literature make no direct mention of spirituality, and clergy are not involved in the treatment process. Although patients at the LSP were encouraged to begin regular attendance at 12-step self-help meetings, spirituality was not promoted as a central or core theme in the treatment and recovery process.

Patients were considered optimally placed when their admission scores on measures of spirituality matched the philosophy of the facility where care was sought. We hypothesized that patients whose level of spirituality corresponded to that of the treatment facility would be more comfortable with and receptive to the treatment experience and as a result would (a) be less likely to end treatment prematurely, (b) record higher abstinence efficacy scores, and (c) be less likely to report a continuing desire to drink at treatment end.

A high proportion (92.9%) of study participants were discharged from treatment with a favorable prognosis. This across-the-board result meant that the first hypothesis — that patients whose intake levels of spirituality matched the treatment facility's would be more comfortable and thus more likely to be discharged favorably — was not supported. Recognizing that cases in the middle of the distribution could obscure differences, we also examined the relationship between "subject/facility spirituality congruence" on the most extreme cases (i.e., those scoring in the upper and lower quartiles on the measure of spirituality) and obtained similar results.

It was also hypothesized that greater gains in psychosocial functioning (i.e., abstinence efficacy, craving) would be observed in subjects whose levels of spirituality were more consistent with the spiritual orientation of the treatment facility. Surprisingly, no significant congruence effects were obtained.

Again aware that the middle 50% of cases could obscure findings, we conducted these analyses once more for only

those individuals initially scoring in either the upper or lower quartiles on the admission measure of spirituality. Upon closer examination, we observed some rather paradoxical effects. For example, offering spiritually oriented treatment to participants who at intake did not report being spiritually inclined (mismatched) did not result in poorer outcomes. The results further indicated that less spiritual individuals who were considered "matched" to the less spiritual program did rather poorly, recording significantly lower abstinence efficacy scores.

We also examined the influence of matching on participants' reported desire to continue drinking. As with abstinence efficacy scores, while no effects were obtained in the full sample, when we conducted the analysis with only those scoring in the upper and lower quartiles on the intake spirituality measure, a significant interaction effect was noted. Results indicated that individuals "matched" at the less spiritual program desired alcohol on significantly more days in the week prior to discharge than those mismatched (2.23 vs 0.64, respectively.)

In this study of patient/program matching, we examined whether alcohol-dependent individuals whose level of spirituality was closer to that of the facility that treated them showed better outcomes than those whose level of spirituality was less congruent. These results suggested that a mismatch between patient levels of spirituality and the spiritual orientation of the treating facility did not (1) promote premature treatment termination, (2) impair in-treatment development of abstinence efficacy, or (3) raise participants' self-reported continuing desire to drink.

Although not obvious in the full sample, when the analyses were restricted to those participants scoring in the upper and lower quartiles on the primary measure of spirituality, significant effects were noted. Interestingly, however, the results did not correspond with our original hypothesizing regarding congruence. Although unexpected, it was observed that those identified as "matched" at the less spiritual program manifested the poorest end-of-treatment outcomes (i.e., abstinence efficacy, desire to drink). Because almost all participants were uniformly discharged with a favorable prognosis, there are those who might dismiss these results as a statistical artifact brought on by the use of extreme cases (i.e., upper and lower quartiles). Although this might be the case, these results seem to question the prognostic value of end-of-treatment counselor ratings. The significance of these findings can be seen in follow-up data that continue to be collected. Specifically, results to date have indicated that end-of-treatment urges to drink are a potent correlate of renewed alcohol use at 3-month follow-up (Gordon et al., in press).

Although provocative results can often lead to exciting new areas of inquiry, we initially were at quite a loss to explain these findings. However, an answer can perhaps partially be found in the outcomes obtained by less spiritual participants who entered treatment at the MSP. On the basis of our "matching" hypothesis, we would have expected these individuals to experience difficulties during the course of inpatient treatment. Indeed, they were expected to leave early, show minimal gains in abstinence efficacy, and still wish to drink at treatment end. However, these individuals unexpectedly evinced satisfactory outcomes. In reality, outcomes for these "mismatched" individuals were equivalent to those recorded by their "matched" counterparts. Thus, rather than promoting premature termination or a general dissatisfaction with treatment, providing spirituality with treatment appears to have helped these individuals. A possible conclusion is that a spiritual component to treatment (regardless of the individual's initial belief system) may be requisite to get the best results from treatment.

We recognize that these conclusions are being developed on a limited sample of respondents drawn from two treatment facilities. And we also acknowledge that, as random assignment was not a feature of this study, myriad unmeasured factors may contribute to these results. However, these results seem to call for more controlled study where individuals not interested in addiction treatment emphasizing spirituality are randomly assigned to care differing in the degree to which spirituality is emphasized. Only then could we begin to understand whether emphasizing spirituality to substance abusers who are uninterested in spiritually oriented treatment is ultimately doing them a disservice.

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See Research update *on page 10*

Table — The effects of matching on abstinence efficacy and continuing desire to drink[a,b].

	MSP/HI	MSP/LO	LSP/HI	LSP/LO	p
DTCQ:					
Testing Control	74.35	80.74	77.43	65.38	.10
Urges/Temptation	75.76	77.67	77.70	60.31	.04
Social Pressure	80.28	81.20	79.56	64.69	.09
Desire to Drink - LOBF	.62	.98	.64	2.23	.03

[a] Adjusted means are presented.
[b] **D**rug **T**aking **C**onfidence **Q**uestionnaire scores range from 0 (no efficacy) to 100 (maximum efficacy)
MSP/HI - Matched (More Spiritual Program/High DSES Score)
MSP/LO - Mismatched (More Spiritual Program/Low DSES Score)
LSP/HI - Mismatched (Less Spiritual Program/High DSES Score)
LSP/LO - Matched (Less Spiritual Program/Low DSES Score)

Survey of research on religion, mental health

By Lawrence VandeCreek

In my last article (October 2006) I summarized Harold Koenig's first article in a four-article series concerning the relationship between religion and medicine. That article reviewed the history of religion and medicine, including descriptions of studies that report religion's negative effects on health.

Here I summarize the second article, which examines "religion, mental health, and related behaviors." Again, my goal is to stimulate enough interest so that chaplains obtain and read these four articles for themselves.

After a brief introduction, Koenig quotes Freud: "Only religion can answer the question of the purpose of life. One can hardly be wrong in concluding that the idea of life having a purpose stands and falls with a religious system."

Koenig very briefly describes a "comprehensive and systematic review of research on religion and mental health during the 20th century" that he and his colleagues conducted. It identified over 630 research reports; a detailed report was published elsewhere (to which he refers interested readers). Here he discusses results concerning religion's relationship to mental health areas, discussing reasons for their generally positive relationships, noting the number of studies that address each area. I summarize these below.

Religion and Psychological Well-Being: "Of the 100 studies located (in the literature) … nearly 80 percent report only positive correlations between these constructs."

Religion, Hope, and Optimism: "Of the 15 studies examining a relationship between religiousness and hope or optimism, 12 reported significant positive associations and two found no associations."

Religion, Purpose, and Meaning: "Sixteen studies … were found. Of those studies, 15 reported significant positive associations and one found no associations."

Religion and Depression: Studies (N = 101) tend to examine "the relationship between levels of religious involvement and depression, including eight clinical trials. Of 93 observational studies, 59 reported only lower rates of depressive disorder … among those with greater religious involvement. Of the remaining 33 studies, 13 reported no association, four reported greater depression among the most religious, and 16 studies reported mixed findings."

Anxiety: Of the 76 studies identified, 69 were observational studies, 35 of which found only lower levels of anxiety or less fear among the more religious. Other studies (N = 17) found no association; seven reported mixed results and 10 described greater anxiety.

Social Support: The literature search identified 20 studies, 19 of which found only significant positive associations between religious involvement and social support.

Alcohol: He found 86 studies that examined levels of religiousness; 88 percent of them reported significantly less alcohol use/abuse among religious subjects. Among those studies, 40 examined alcohol use/abuse among adolescents or college students.

Drug Use: Of the 52 studies that examined the relationship between religiousness and recreational drug use, 48 studies found less drug use among the more religious.

Cigarette Smoking: Of the 25 studies that examined the relationship between religiousness and smoking, 24 found an inverse relationship; 12 studies examined smoking among adolescents or college students.

Extramarital Sexual Activity: Of the 38 studies located in the literature search, 37 found that the religious had significantly lower rates or more negative attitudes toward extramarital sex than non-religious persons.

Delinquency and Crime: Of 36 studies that examined the relationship between religious involvement and delinquency or crime, 28 found significantly lower rates of these activities among the more religious.

The article closes with an exploration of four reasons for the

Research update

Continued from page 9

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Consider the 'mystery of goodness' sometimes

By Charles Sidoti

Why are murder mysteries and investigative shows so popular? Why does the news business say, "If it bleeds, it leads?" I do not believe most people actually enjoy seeing something bad happen to someone else. Rather, there is a certain enticement or glamour to the "Mystery of Evil" that seems to attract us, and the human heart needs mystery. Mystery is a good and even healing element in our lives. Modern news and other types of media rely largely on the Mystery of Evil to capture our attention, and it works. But another source of mystery present in our lives is every bit as captivating, and even more prevalent, if we can see it.

I call this the "Mystery of Goodness." I began thinking about this concept while reading a wonderful book by Robert J. Wicks, "Everyday Simplicity: A Practical Guide to Spiritual Growth." He discusses evil in our society, as seen both in the news and entertainment media, and how it can lead to discouragement and pessimism. "Being pessimistic is in vogue. Being hopeful is not," he writes. He goes on: "Once someone said to me, in the spirit of this prevailing negative feeling, 'Why is there so much evil in the world?' In response to the discouragement in the voice of this fine loving man, I replied: 'Instead, I find a greater question is, In the midst of all the real evil in the world today, why are there so many good people still performing healing acts?'"

Wicks is speaking about what I see as the Mystery of Goodness, the powerful argument, "With so much that is wrong in the world, why does there continue to be so much goodness and beauty?" The Mystery of Evil fascinates many. But isn't it much more fascinating, and healthier, to wonder why, with so much horror, there also continue to be beautiful mountains, sunsets, interesting animals, and acts of human kindness and virtue? Why do these things keep occurring? Why is there so much goodness in the world? Realizing that this is the greater question has led me to a tremendous and very positive insight about life and the world in which we live.

I once took a class at the Cleveland College of Jewish Studies titled "The Healing Power of the Psalms." The professor, Dr. Roger Klein, observed, "If you look for reasons to believe that there is order and wisdom in the universe, you will find many reasons to believe it is so." For example, every day the sun rises in the east and sets in the west; spring follows winter; a caterpillar spins a cocoon and out comes a butterfly; after the pains of labor a child is born. On the other hand, if you look for reasons to believe that life is simply a series of random chaotic events, you will find many reasons to support this statement as well. For example, natural disasters devastate parts of the planet; babies are born with terrible birth defects; young people die; senseless killing and horrible cruelty occur; disease and death cause loneliness and suffering.

So we can see both goodness and evil, order and chaos. However, it would be better and healthier to look for and focus on the order and goodness. Yes, there *is* the Mystery of Evil, and many ask the question, "Why is there so much evil in the world?" However, let us not forget there is *also* the Mystery of Goodness, which suggests the question, "Amongst all the chaos in the world, why is there still so much goodness and beauty? With all that is wrong, why are there still so many people who care, performing loving acts of kindness?"

As a hospital chaplain, I am aware of the very real physical, mental and spiritual suffering that is a part of life. I know it firsthand as well as in the lives of my family and friends, and I see it in our world. Reflecting on the Mystery of Goodness is not intended to minimize the very real pain and suffering that is so obviously a part of life. Nor is it meant to suggest that we should try to "look on the bright side" when we are confronted with it. But where so much is wrong in our personal lives and the world in general, it is not *all wrong* — although at times it can certainly seem to be so. That reminder can be helpful, providing perspective when we most need it.

Choosing, or perhaps disciplining, ourselves to reflect on the "Mystery of Goodness" can remind us that life is not only about one thing. For most people, life is not only about suffering and pain, just as it is not only about joy and happiness. As scripture teaches us, "To every thing there is a season, and a time to every purpose under the heaven." (Ecclesiastes 3:1). Reflecting on the Mystery of Goodness can remind us that there are seasons to our lives; and the seasons of our lives will change, just as certainly as the sun will rise in the morning.

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

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generally positive relationship.

▼ "First, religious belief provides a positive worldview that gives experiences — whether positive or negative — meaning. Meaning, in turn, provides a sense of purpose and direction in life, and a more hopeful and optimistic attitude.

▼ "Second, religious beliefs and practices may evoke positive emotions — joy, wonder or awe, thankfulness — during deep states of meditation, prayer, or communal worship (that) may counteract or provide relief from the stresses of daily life."

▼ "Third, religion provides rituals that ease and sanctify major life transitions — adolescence, marriage, and death — rallying those in the community to support each other through such changes."

▼ "Fourth, as an agent of social control, religious beliefs provide guidance on and structure for the kinds of behaviors that are acceptable and conform to social norms."

Reference: H.G. Koenig. 2001. Religion and Medicine 2: Religion, Mental Health, and Related Behaviors. *International Journal of Psychiatry in Medicine*, 31(1), 97-109.

Lawrence VandeCreek, D.Min., BCC, is a retired APC chaplain living in Bozeman, MT.

Book Review

Poet's look at death has much to offer

Death's Door: Modern Dying and the Ways We Grieve
By Sandra M. Gilbert, W.W. Norton & Co., 2006; 463 pp. hardback; $29.95

By Marilyn Williams

What insights regarding death and grieving could a poet offer chaplains or health professionals? Yet a few months ago, the medical director of our hospital's intensive care units highly recommended a book written by Sandra M. Gilbert, a poet and literary critic. Gilbert's book, *Death's Door: Modern Dying and the Ways We Grieve,* a comprehensive cultural study, demonstrates how modern dying and grieving have evolved from earlier in history. (It should be noted that Gilbert's study is only from a Western perspective.) In exploring the cultural realities of dying, death, and grieving, Gilbert used literary illustrations of death and grief. Yet her book, although scholarly, is accessible in its non-academic prose, and also deeply personal.

The impetus for this book came some 14 years ago, when Gilbert lost her husband of 34 years to a medical catastrophe. Gilbert's three-dimensional approach begins with the personal in Part One, "Arranging My Mourning: Five Meditations on the Psychology of Grief." Gilbert quickly grabs the reader's attention in her own reactions to the death of her father, husband, and other loved ones. In looking at herself, she demonstrated how her grief was shaped by and reflected in our society or culture. Especially poignant is her exploration of our desire to communicate with the dead, using examples from both literature and the modern phenomenon of e-mail.

In the second section, "History Makes Death: How the 20th Century Reshaped Dying and Mourning," Gilbert describes how the modern technologies of death as encountered in the Holocaust and 9/11 have changed how we think about death and how we experience grief and mourn. She asserts that societal theological understanding of death has shifted from expiration (with its roots in the Latin *spiritus* for breath, in which our concept of spirit originates) to termination (with its Latin roots of *terminus,* meaning "end" or "boundary"). Gilbert's explication might provoke for the chaplain reader a number of questions in terms of ministering to grieving families. She also offers a powerful description of what she calls the "technologies of dying" that occur in "a hospital spaceship" and the "inhospitable hospital."

The last section, "The Handbook of Heartbreak: Contemporary Elegy and Lamentation," looks at how we mourn through the medium of modern poetry, contrasting it to 19th century poetry. This section will probably be the most challenging to readers with educational backgrounds in fields other than literature. However, this section does contribute, as does the entire book, to a different perspective than those typically encountered in pastoral and psychological literature. I believe that Gilbert's perspective can especially help chaplains to better understand the responses of people experiencing a hospital death of a loved one.

Marilyn Williams, NACC Cert., is a chaplain at Memorial Hospital, Chattanooga, TN

Briefs

NACC member to lead PA chaplains

Deacon Robert P. DeNoon, NACC Cert., has been named president-elect of the Pennsylvania Society of Chaplains. Deacon DeNoon, the manager of the pastoral care department at DuBois Regional Medical Center in DuBois, PA, will begin a two-year term as president of the association in October.

The Pennsylvania Society of Chaplains is open to anyone who works in spiritual care in a healthcare facility and who holds appropriate ecclesiastical standing. It sponsors two statewide conferences a year, as well as smaller educational gatherings.

Certification awarded

The NACC congratulates Mr. Niko Colella of Tacoma, WA, who earned certification following his interview last fall.

Correction

An item in the February issue of *Vision* incorrectly listed the diocese of Bishop John J. McRaith, a member of the NACC's Episcopal Advisory Board. Bishop McRaith is the Bishop of Owensboro, KY. Additionally, Bishop John C. Wester of the Episcopal Advisory Council was formerly Auxiliary Bishop of San Francisco, but is scheduled to be installed as Bishop of the Diocese of Salt Lake City.

Book Review

Reporter calls for reforming end-of-life care

Last Rights: Rescuing the End of Life from the Medical System

By Stephen P. Kiernan. St Martin's Press, 2006, 301 pages; $25.95

By Linda F. Piotrowski

A single maple leaf graces the cover of Stephen P. Kiernan's book, *Last Rights: Rescuing the End of Life from the Medical System.* With the heart of a poet and the skill of an investigative reporter, Mr. Kiernan has written a powerful examination of end-of-life care.

In 2000, while a reporter for the *Burlington Free Press*, Stephen P. Kiernan began a series of stories about the Vermont state agency that regulates doctors. Investigations for the series led to his discovery of an 85-year-old woman's unusual death in a community hospital in northern Vermont. In covering her story, Mr. Kiernan discovered a larger story begging to be told.

Mr. Kiernan skillfully weaves statistics — related to hospitals, medical schools, government and insurance, disease trajectories, and the staggering financial, social and spiritual costs of prolonged death — with very personal glimpses into the lives and deaths of a number of people. He does not exempt himself or his family from this scrutiny; he compares and contrasts his father's death, characterized by some of the worst that modern medicine has to offer, with his mother's death four years later. Her death was markedly different — a gradual process in which she was fully engaged and in charge.

We are granted a glimpse into the world of medical education. We observe gross anatomy, a semester-long lab class that is a rite of passage for physicians. We learn how young doctors learn to distance themselves from their basic human instincts in order to literally take a body apart piece by piece.

Through a composite character created from national average data, we witness a death in 1976 and compare it to a death today. In 1976, death came suddenly, usually without warning or reprieve. Today, Mr. Kiernan postulates, death is most often gradual. Death has become a process.

While Mr. Kiernan's book does not address cultural differences, physician-assisted suicide, life after death, or coping with grief, he does examine life and living fully until we die. He proposes an agenda for improving dying in America. He calls upon government, the medical community and the American public to act for change.

As participants in healthcare, chaplains are in an enviable position of advocating for change in the way deaths occur in hospitals, nursing homes and, through hospice, in people's homes. Mr. Kiernan's book is a powerful reminder of the ongoing need for reform in the way our institutions relate to the dying and their families. It serves as a wakeup call.

Just as Mr. Kiernan, an investigative reporter, is unafraid to write openly of mystery, comfort and compassion, chaplains must be unafraid to study and speak out about statistical and financial implications as well as the spiritual costs of prolonging death. Reading this book will help you learn the lesson of the leaves: "In fall's bright colors, nature makes it clear: The most important time in your life is not the moment of your death but the time as it approaches."

For more information, visit www.stephenpkiernan.com.

Linda F. Piotrowski, MTS, NACC Cert., is Pastoral Care Coordinator and Chaplain for the Palliative Care Service and the Norris Cotton Cancer Center at Dartmouth Hitchcock Medical Center in Lebanon, NH. Linda.F.Piotrowski@Hitchcock.org.

Positions Available

▼ 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

Briefs

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 for more information.

▼ CHAPLAIN

Centralia, WA — Providence Centralia Hospital, part of Providence Health and Services, is a 191-bed, not-for-profit community-based hospital. We are currently recruiting a fulltime chaplain. Responsibilities include developing and implementing a continuum of spiritual services to meet the needs of patients/residents, families and employees. It also involves articulating and interpreting the meaning of spiritual care in the context of health and illness, and advocating for its effective inclusion in the health care provided by Providence. Academic degree preferred. CPE certification and two years of experience required. Centralia offers affordable housing options in a beautiful setting with the added bonus of no traffic congestion or state income tax. Our community retains a small-town feel, but boasts the resources and amenities of a much larger area. It's a great place to raise a family, with excellent schools, friendly neighborhoods, a vibrant downtown and something to do at every turn. Set on the southern tip of Puget Sound, Centralia is right in the heart of the Pacific Northwest, both in geography and in attitude. Interstate 5 offers quick, convenient access to many great Pacific Northwest destinations. If you're looking for a health care organization where you will be valued and your best work will be rewarded, Providence Health & Services is the place. Contact Heather Marti, 360-330-8686 or Heather.Marti@providence.org. Apply online at www.providence.org/swsa.

▼ CHAPLAIN

Spokane, WA – Spokane is a four-season country with 76 lakes and four major rivers within a 50-mile radius, abundant winter skiing, and public golf courses that are among the best in the nation. Spokane offers a low cost of living and ranks 8th in Reader's Digest "Best Places to Raise a Family." Holy Family Hospital is a Providence-sponsored ministry offering excellent benefits in a values-supported community environment. Have balance in your life with a part-time 24 hour/week position. Bachelor's degree in theology or pastoral ministry required. Master's of Divinity preferred. Four units of CPE required. NACC certification preferred. For more information contact Shelly in Human Resources at (509) 482-2159. Apply online at www.holy-family.org.

▼ MANAGER OF SPIRITUAL CARE

San Francisco, CA – St. Mary's Medical Center, located on the edge of Golden Gate Park, is seeking a Manager of Spiritual Care and CPE Supervisor. St. Mary's is a not-for-profit organization sponsored by the Sisters of Mercy, founding partners of Catholic Healthcare West. Spiritual care and clinical pastoral education are integral to the mission and life of the hospital. Our lovely city by the bay offers a culturally diverse community in a beautiful setting. The Manager of Spiritual Care oversees our interfaith chaplaincy staff (Catholic, Buddhist and Quaker) and ACPE accredited CPE program (residents and supervisors in training). The Manager of Spiritual Care is a member of the Management Council, the Palliative Care Team and the Ethics Committee of the hospital. As Supervisor of the Bay Area Center for CPE at St. Mary's, the Manager works with Managers/CPE supervisors at the two other component sites at CHW hospitals in the area. The Supervisor at St. Mary's is responsible for managing the CPE Center's administrative staff and maintaining the CPE program records. Position requirements: Certification as an Associate Supervisor or Supervisor with the ACPE or NACC is a must; three years in hospital chaplaincy with previous managerial or supervisory experience is desired; experience working in clinical specialty areas, addressing pastoral and ethical issues is desired. This is a 40 hpw, day shift position. St. Mary's offers excellent compensation and a benefits package, including a matched savings/retirement plan and a 403(b) plan. Please send resume to: Nancy Richardson, Employment Specialist, St. Mary's Medical Center, 450 Stanyan Street, San Francisco, CA 94117; phone (415) 750-4932; fax (415) 750-5928; nancy.richardson@chw.edu; www.stmarysmedicalcenter.org. EOE

▼ STAFF CHAPLAIN

Fort Smith, AR – St. Edward Mercy Medical Center seeks a chaplain to join a multicultural, ecumenical group of chaplains ministering at the premier healthcare provider in western Arkansas, serving over 400,000 in 13 counties. Affiliated with Sisters of Mercy Health System, 349-bed St. Edward Mercy offers the highest caliber medical and clinical staff, leading-edge technology, and over 100 years of Mercy service. NACC or APC certification required. One year experience in a health-related field is preferred. This is a full-time position. SEMMC offers competitive compensation and an excellent benefit package. Apply in person or contact: St. Edward Mercy Medical Center, Human Resources Department, 7301 Rogers Ave., Fort Smith, AR 72903; (479) 314-6111; tnichols@ftsm.mercy.net.

▼ MANAGER OF PASTORAL CARE SERVICES

Chewelah, WA – St. Joseph's Hospital, a critical access facility of 25 licensed beds, and a 40-bed long-term care facility, is seeking a full-time pastoral care manager to provide leadership for the department and meet the spiritual/religious needs of our patients, residents, and families. Qualifications include current certification in NACC, a degree in theology, religious studies, pastoral counseling or related field from an accredited college or university, 3-5 years of experience as a chaplain in a healthcare setting and 1-2 years management experience. Please forward resume to: Human Resources, P.O. Box 197, Chewelah, WA 99109 or by email to schanzg@inhs.org. St. Joseph's Hospital is an equal opportunity employer, minority/female, veteran/handicapped.

▼ PRIEST CHAPLAIN

Madison, WI – St. Mary's Hospital is seeking a priest

chaplain to work 50 hours in a two-week pay period in order to minister to the spiritual needs of patients, families and employees. Responsibilities include working in concert with other chaplains to provide spiritual and emotional support to patients and families of all faith traditions, ministering to the sacramental and liturgical needs of Catholic patients and families, and collaborating with other chaplains, physicians, nurses, other members of the healthcare team and local faith leaders. Must be ordained and endorsed to serve as a chaplain by a religious superior or local ordinary. NACC or APC certification or equivalent preferred. St. Mary's Hospital Human Resources Department, 707 S. Mills Street, Madison, WI 53715; Amy Scherer; (608) 258-6622. A Member of SSM Health Care. An Affirmative Action/Equal Opportunity Employer.

▼ PRIEST CHAPLAIN

Grand Blanc, MI – Genesys Regional Medical Center is seeking a full-time Priest Chaplain to perform a variety of professional duties as a member of the spiritual care team. The qualified candidate will be ordained as a Roman Catholic priest in good standing with the church; master's degree in theology; certification by the NAAC or the completion of four units of CPE and in preparation for Certification. Approved by the Diocese of Lansing to practice at Genesys Regional Medical Center. Pastoral ministry setting. Critical Incident Stress Debriefing (CISD) training and experience. Please visit our website, www.genesys.org to further information on the position and to apply online.

▼ CHAPLAIN

Everett, WA – Putting people first – that's what sets us apart. At Providence Everett Medical Center, providing the highest quality healthcare to all people and their communities is part of who we are. And that's what healthcare is meant to be. We are currently seeking a F/T Chaplain to join our Spiritual Care team! Within this position you will work with 15 chaplains serving two Acute Care campuses, and will also collaborate with Hospice and Home Care Services. Your creative talents will be used well for ministry! Requirements include: NACC, APC or NAJC certification. Ecclesial Endorsement and previous chaplaincy experience required. Must possess collaborative team orientation skills, and have an interest in creatively expanding the role of Spiritual Care to patients, families, and staff. In addition to competitive compensation and comprehensive benefits, we offer a stimulating team atmosphere, and beautiful Pacific NW location, just north of Seattle! Apply online today for position # 6518 at: www.providence.org/careers

▼ PRIEST CHAPLAIN

Grand Rapids, MI – Spectrum Health has an immediate, full-time opening for a Roman Catholic priest to serve as a staff chaplain. His ministry will be with patients, families and staff at our two main campuses. It will include sacramental duties, unit-based assignments and broader "generalist" opportunities. The successful candidate will join an energetic, compassionate and professional team of fifteen spiritual caregivers. Qualifications for this position include: a master's degree in divinity or theology from an accredited seminary. Minimum of one certified unit of Clinical Pastoral Education (CPE) is required. Must have ordination as a priest, denominational endorsement for chaplaincy, and at least two years of full-time pastoral experience. Look into Spectrum Health. To read more about this opportunity and to apply online, please visit our website at www.spectrum-health.org. Equal Opportunity Employer.

▼ PRIEST CHAPLAIN

Fargo, ND – Prairie St. John's is a Catholic healthcare organization that specializes in psychiatric and addictions care. We believe strongly that comprehensive treatment must address the spiritual, as well as the psychological and physical aspects of our patients' mental health. We are looking for a full-time priest chaplain to join our treatment team and provide spiritual care and counseling to patients, family and staff, as well as liaison with local clergy to ensure that the needs of patients of all faiths are met. Requires master's degree in theology (pastoral ministry) or equivalent, and two units of clinical pastoral education (CPE) as well as ecclesiastical endorsement. NACC certification and prior experience in mental health setting preferred. Computer skills a must. For more information or to apply, please contact Karen Frigen, Human Resources Director, Prairie St. John's, 510 4th St. S., Fargo, ND 58103; call 701-476-7823; or email kfrigen@prairie-stjohns.com. To find out more about Prairie, please visit our website at www.prairie-stjohns.com.

▼ CPE RESIDENCY

New Haven, CT – The Hospital of St. Raphael has five one-year (four-unit) CPE residency positions available: Aug. 24, 2007-Aug. 24, 2008. St. Raphael is a 511-bed academic health science center located near downtown New Haven. Our program offers pastoral experience in the areas of cardiology, cardiac surgery, oncology, HIV/AIDS, general surgery, general medicine, gerontology, psychiatry, rehabilitation, emergency medicine, and obstetrics. Application fee: $25 (non-refundable). Tuition: $125 per unit (due at the beginning of each unit). Current year's stipend is $24,700. Full medical and dental benefits, with some employee contribution, are provided from the first day of employment. Eleven paid holidays and ten days of paid vacation round out the compensation package. Apply to: Rev. Steven Voytovich, D.Min, Hospital of St. Raphael, Pastoral Care Dept., 125 Sherman Ave., New Haven, CT 06511, (203) 789-3248; fax (203) 789-3251; e-mail svoytovich@srhs.org. The Hospital of St. Raphael is an equal opportunity employer.

▼ CHAPLAIN

Burtonsville, MD – At Holy Cross Rehabilitation and Nursing Center, our success is linked to a culture of opportunity and talent. We are a 145-bed skilled care nursing facility on the Eden Alternative journey seeking a chaplain/pastoral care director for our community. As a facility leader, the director will provide spiritual guidance to residents, families and employees in the facility. Director will serve as the spiritual leader and represent the facility as the pastoral presence in the community. Candidate must possess and demonstrate personal presence that is characterized by a sense of hoesty, integrity and motivate others. Minimum education/experience required: Bachelor's degree, satisfactory completion of at least three units of CPE, or at least five years' experience in acute, sub-acute or long-term or hospice settings. For immediate consideration, please forward cover letter and resume to hcrncmbcareers@trinity-health.org or fax to (301) 388-1589.

Board of Directors

Calendar

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*

May

5-6	Chaplain certification interviews in Milwaukee, Baltimore, Atlanta, St. Louis, Los Angeles
28	Memorial Day; national office closed

THE NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

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