David Lichter named as NACC’s new leader

The National Association of Catholic Chaplains has chosen David A. Lichter as its new Executive Director.

“David is the right person with the right skills at the right time for NACC,” said Alan Bowman, a member of the Board of Directors. “He brings the leadership skills and the experience to lead NACC at this time in our journey.”

“I’m very excited about working with the staff and with a very committed, energized board to dedicate myself to the mission and vision of the NACC,” Dr. Lichter said. “I’ve always had high respect for chaplains and for the work of the association.”

David Lichter began work at the NACC on Aug. 1 after a distinguished 11-year tenure at Growth Design Corp. in Milwaukee, where he was Vice President, Chief Service Officer, and Senior Consultant. His consulting practice included strategic planning design, facilitation and management, leadership coaching, and assessments, as well as board assessments and development.

“David is a creative designer, planner, and draftsman who will oversee the construction of our future with the renewed and revitalized involvement of our members,” said NACC Board Chair Karen Pugliese. “I am confident David will guide us with impeccable integrity in implementing our new strategic plan.” (To read the complete strategic plan, turn to the center section of this issue of Vision.)

Dr. Lichter is well known and highly respected within the consulting, education, marketing, communications, philanthropy, and ministry communities. His experience includes diverse Catholic healthcare clients. He serves as adjunct faculty in Business Ethics for Cardinal Stritch University, College of Business and Management in Milwaukee, and was Rector and Delegate for the Department of Ministerial Formation for Saint Francis Seminary in Milwaukee from 1992-1995. He earned his S.T.B. and S.T.L. from Pontifical Gregorian University in Rome, and his doctor of ministry from University of St. Mary of the Lake.

“David has a broad understanding and experience of the church, along with excellent executive management experience and a heart committed to the growth of this ministry,” said Paul Marceau, Secretary of the NACC’s Board of Directors.

Dr. Lichter will lead the association in fulfilling its mission and oversee the implementation of its new strategic plan. He will represent NACC to the United States Conference of Catholic Bishops, the Spiritual Care Collaborative partners, the Catholic Health Association, Catholic healthcare system and mission leadership, professional ministry organizations, and other community agencies. He also plans to strengthen the NACC’s recruiting and fundraising operations.

Upon Dr. Lichter’s appointment, Rev. Thomas G. Landry III steps down from the Interim Executive Director position that he held with the NACC for the past 14 months. Rev. Landry, a priest of the Diocese of Worcester, MA, has been named pastor of the Church of the Good Shepherd in Linwood, MA. To read his farewell column, turn to p. 5.
NACC conference could learn from APC

Editor:

Upon reading the May 2007 issue of Vision devoted to the NACC Conference in Portland, OR, I was taken back to a dilemma I faced in late January. I received conference mailings from the Association of Professional Chaplains as well as NACC. NACC offered theological updating, wonderful worship opportunities, and the chance to connect with colleagues from around the country. But the APC conference offered a ground-breaking, joint pre-conference on “Spirituality and Spiritual Caring at the End of Life,” along with the National Hospice and Palliative Care Organization. Following that were 25 pre-conference workshops and finally the APC conference itself, with five plenary sessions and 55 workshops to choose from. Not without a pang of sadness, I chose the APC conference.

In San Francisco I participated in the end-of-life conference, a four-hour pre-conference session, and the APC conference. In all, I attended the five plenary sessions as well 12 workshops. At the APC business meeting, the leader of the committee planning next year’s APC conference asked for workshop and plenary speaker proposals from the membership.

Throughout the conference I met other NACC chaplains. We talked about the wealth of opportunities at the APC conference, as well as our dreams for the next joint conference of all the members of the Spiritual Care Collaborative in 2009, where we, like our APC colleagues, could submit workshop proposals sharing our expertise and best practices.

I imagine next year’s NACC conference committee is already beginning their work. I wonder if others might be interested, as I am, in a dialogue with the committee about offering an NACC conference that, once again, invites our membership to submit workshop proposals. Perhaps we could have a column in Vision, or online feedback such as we did for the Vision and Action work. I think this could be a great help to the committee. It would be an enriching educational experience to help shape a conference that meets our professional and theological needs while using the expertise of our members.

I would want to see clear criteria for submissions, including endorsements for the quality of the workshop. What a wonderful way to complement the richness of our worship and rituals, which also utilize the gifts of our members.

Linda F. Piotrowski, MTS, BCC
Lebanon, NH

Letters policy

Vision welcomes letters from its readers in response to any articles appearing in the newsletter, or on other topics related to pastoral care. We reserve the right to end ongoing discussion of a particular topic. Letters should be no longer than 400 words and are subject to editing for space and clarity. Address correspondence to vision@nacc.org.

Ministry uses hearts and hands and voices

"Now thank we all our God, with hearts and hands and voices." These words from a familiar hymn sing to me as I reflect on my ministry as a lay chaplain in nursing homes. I use all of who I am in my care of nursing home residents, their families and loved ones, and the staff. And in so doing, God is praised.

Feelings and prayers of the heart are revealed in facial expressions. Those in my care, whether they can speak or not, reveal through their faces what is in their heart: suffering and hope, acceptance and bitterness, sorrow and joy. I try to read those expressions, acknowledge them, and respond pastorally to them. My heart breaks when theirs do; my heart shouts for joy when theirs do.

Hands do the work when words fail. Hands are clasped in mine when fears are confronted or when memories are searched for words that are slow to come. Hands wipe away tears and reach out from the captivity of a wheelchair or bed. Hands clap in playful time to music. Hands greet in a sweet gesture of warm welcome and hospitality.

Some cannot voice what is long forgotten. Others cannot voice what is too painful to remember. Still others cannot voice due to fear or lifelong behavior. So I lend them my voice. Sometimes in prayer, other times in song. Sometimes as an advocate, other times as companion. And at particularly sacred moments, silence is simply held and honored.

I rejoice in the opportunity to praise the Holy One through my heart and hands and voice.

Susan S. Liguori, M.Div.
Greenwich, CT
New director sees ‘hints of holiness’ in the NACC

By David A. Lichter, D.Min.
Executive Director

To the Members of the NACC:

As I write my first entry in Vision, it is still several days before I begin as Executive Director. While I am pleased and excited to address you, it also feels a little awkward. I am not from within your association, and am new to most of you. So … hello! I am blessed to be with you, and look forward to serving you.

I was touched and humbled by Karen Pugliese’s introduction of me to you. I won’t say more about me right now — just that I am ready and willing to assume the Executive Director’s charge, as the position description states: for leading NACC in fulfilling its mission and realizing its vision, and for oversight of all its operations as defined and delegated by the Board of Directors.

Over the past two months, while learning more about the NACC and going through the interview and discernment process with the NACC board and selected chaplain representatives, I received many glimpses of what T.S. Eliot referred to as the “hints and guesses” of life, the Incarnation — Christ’s presence. Let me just note three I experience with NACC.

I glimpsed the Spirit-led process of NACC’s strategic planning, driven by the Vision and Action Planning Committee, participated in by so many of you, that resulted in new, compelling NACC mission and vision statements. We now must fulfill and realize these together so that this profession continues the healing ministry of Jesus in the name of the church.

I received the hints of holiness in the many people I have briefly encountered (and so look forward to getting to know and serve) in these past weeks. These include the NACC’s board and staff, the chaplains who participated in the interview process, and chaplains I have admired over the years who contacted me in the past couple weeks. The profession is in God’s hands.

As I read over the new strategic plan, I glimpsed a future of critical challenges and opportunities if the healing ministry of Jesus through chaplains is to continue. The NACC needs to resource and support you well. Many more need to be invited to, and to embrace, the ministry of chaplains.

NACC will advocate passionately and effectively for the profession among organizations with whom we collaborate. And … and … and … The staff and I will work with and for you with prayer, observance, discipline, thought, and action to implement this plan — and adjust it, as needed under the board’s guidance.

Enough for now. I look forward to reflecting with you in more detail on the key goals of the plan in future Visions. In the meantime, I invite you to reflect with me on T.S. Eliot’s lines from Dry Salvages from his Four Quartets.

But to apprehend
The point of intersection of the timeless
With time, is an occupation for the saint —
No occupation either, but something given
And taken, in a lifetime’s death in love,
Ardour and selflessness, and self-surrender.
For most of us, there is only the unattended
Moment, the moment in and out of time,
The distraction fit, lost in a shaft of sunlight,
The wild thyme unseen, or the winter
lightning
Or the waterfall, or music heard so deeply
That it is not heard at all, but you are the music
While the music lasts. These are only hints and guesses,
Hints followed by guesses; and the rest
Is prayer, observance, discipline, thought, and action.
The hint half-guessed, the gift half-understood, is Incarnation.
Board agrees: Our credential is now ‘BCC’

By Karen Pugliese, M.A.
Chair, NACC Board of Directors

I hope that with this edition of Vision you feel a spirit of new life and renewed energy and hope for our Association. As I think of each reader, I am imagining that you can almost smell it in the ink, see it in the photographs our members sent in for the Strategic Plan, and feel it in the paper as you turn each page.

In the celebratory spirit of this publication, I am pleased to announce that the newly incorporated Spiritual Care Collaborative (SCC) has issued a formal press release to raise public awareness of our unified professional voice for spiritual care. We have adopted a beautiful logo representing each of the six founding organizations. The logo will be used for the 2009 Conference. I am so pleased that several of our members are serving in key roles on the Planning Team, including Dr. Eleanor Braddock (vice chair), Mary Pat Campbell (education), Linda Piotrowski (publications), Mary Ann Cowan (local arrangements), Rev. James H. Kunz (spiritual needs/liturgy), David C. Baker (fundraising), and Pablo Holguin (collaborative events).

In the formal announcement, Rev. Art Schmidt, SCC Chair, noted that the Collaborative represents an unprecedented opportunity to work together to enhance recognition of the common standards for our professions and unite resources toward the accomplishment of common goals. NACC continues to move forward toward full realization of the standards. At our July meeting, the Board approved the revised standards that are specific to NACC and incorporated into the common standards. We eagerly await the approval of the USCCB/CCA in November so that we can begin implementation.

The Board also agreed to implement the recommendation made at the Portland Board Meeting to replace “NACC Cert.” with the “BCC” (board certified chaplain) designation. I am often asked about the history of our credential. During the business meeting at the 2003 Annual Conference, a member asked what designation should be used when signing a medical chart. In the May 2003 edition of Vision, Fr. Joe Driscoll wrote that the designation “board certified” originated from the Association of Professional Chaplains (the then College of Chaplains), which uses “BCC” as the official designation for the board-certified chaplain.

Shortly after becoming our executive director, Fr. Driscoll had several conversations with the College of Chaplains leadership and recognized the wisdom and value of this designation, since it is the language of the medical profession. However, our governing body at the time chose the designation “NACC Cert.,” although Fr. Driscoll and others began to use the expression “board certified” whenever we referenced a professional certified chaplain or supervisor. But was an NACC-certified chaplain “board certified”? The answer is that our authorization to certify comes from the United States Conference of Catholic Bishops/Commission on Certification and Accreditation, whose Board of Directors approves our standards. Although we didn't use the designation “BCC,” in fact our chaplains and supervisors are indeed “board certified.”

However, this has caused confusion for healthcare professionals. Numerous members requested a change to “BCC” in order to communicate a recognizable professional credential to employers, physicians, interdisciplinary healthcare colleagues, patients, and families. Our cognate partners also support the change. In approving the revised standards, and in keeping with our strategic goals of enhancing professionalism, the Board of Directors, with support from the Standards and Certification commissions, approved the immediate use of the BCC appellation for NACC chaplains and supervisors.

As I write to you today, I am feeling that we are indeed living in the best of both worlds. Our new Mission, Values, Vision, and Strategic Plan clearly articulate what is unique about us as a ministry of the Church, growing and deepening our partnerships with Catholic health and education systems. They give voice as well to this unprecedented opportunity in our history to speak as a member of the SCC family of certified professionals advocating for quality spiritual care.

We bid a fond farewell to Fr. Tom Landry as he returns to parish ministry, grateful that he maintains his solidarity with us as a brother chaplain. At the same time, we welcome David Lichter, who brings us an abundance of competencies and skills in ministry leadership, as well as the gift of new eyes.

Plan for 2008 conference

The National Association of Catholic Chaplains will hold its 2008 conference in Indianapolis, IN, from April 5-8, 2008.

Please save the date, and watch our website and future issues of Vision for more details.
Farewell and thank you from our interim leader

By Rev. Thomas G. Landry
Former Interim Executive Director

The months of my interim service have gone by very quickly, and it is difficult to believe that they have concluded. They have been months in which I have met many new friends, engaged in our ministry in ways that were new to me, and been welcomed so generously by our members, our professional colleagues, and other members of our ministering Church community.

As I reclaim the priority of my “Member” status within the NACC, I am deeply moved by my heightened awareness of the importance and the value of each member’s participation in the work of our association. I also enjoy a deeper appreciation of the efforts of our Board of Directors and our national staff to coordinate, lead, and bring to effectiveness the work in which we all share.

In ways great and small, many of you have reached out to me during the past year, to share your experience of ministry and your expectations of and appreciation for the NACC. In response to what you have shared, I believe God has opened my eyes, my ears, and my heart in ways that will give strength and shape to my own ministry for years to come. I thank each of you who have let me know that in some way God also responded to you through the instrumentality of my life and ministry shared with you.

I also want to thank the NACC for the opportunity to collaborate with Catholic partners in ministry, such as the United States Conference of Catholic Bishops, the USCCB Commission on Certification and Accreditation, and the Catholic Health Association. In a wider context, I have enjoyed thoroughly my opportunities to meet and better appreciate professional colleagues, such as those within the Spiritual Care Collaborative and The Joint Commission. They are no longer just organizations’ names on a grid or roster, but committed people whose contributions can be seen, held, and valued in my heart.

As our new Executive Director, David Lichter, begins his work among us, I thank him for being willing to put his gifts at the service of our members and our Church. I also want to thank the Board of Directors and the Search Committee for the energy they invested in finding the person who is the best fit for this key role at this time in our history. The challenge of leaving the ministry I have come to treasure is made easier by the belief that we have the leader whom we need.

So, I am delighted to be engaged in the ministry to which I have been called by Bishop Robert J. McManus of Worcester, MA. I am pleased to be writing this final address to you in Vision from the desk of “The Pastor of Good Shepherd Parish, Linwood, MA.”

The ministry that stretches before me in the months and years to come can only be richer for all the ways that you have blessed me in your midst. I intend to remain an active member of the NACC, and I look forward to being together with you in conference, in prayer, in study, in committee — and always in the company of the God who loves us and blesses us into newness of life and heals us into the fullness of life! I thank you for this year, and I thank God for you!

Online delivery of Vision available now

In response to many members’ requests, the NACC is now offering 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. Now, however, we can 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 have already delivered the June and July-August issue in this way to members who requested it, with no reported difficulties.

We see several advantages to this method. It matches the way that more and more professional information is being delivered within the healthcare system. It is much faster than waiting for the postal service’s bulk-mail delivery of the paper copy; you can usually 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.
Cancer treatment proves difficult for abuse survivors

By Les Gallo-Silver, LCSW-R and Michael O. Weiner, LMSW

The most extraordinary finding in our study of 18 survivors of childhood sexual abuse being treated for cancer was that 15 of them had never discussed their abuse history before (Gallo-Silver & Weiner 2006). In fact these 15 patients reported not being “sure” or even “fully aware” that they had been abused until their treatment for cancer caused a resurgence of memories of their sexual abuse. While the incidence of childhood sexual abuse (CSA) is notable (12-15% of women and 4-9% of men under 18) there is little information about the interplay of a history of CSA and cancer (Shaw 2004). Research indicates that survivors of CSA frequently do not disclose their history in healthcare environments (Van Loon et al 2004).

Memories of CSA are painful, and as a form of self-protection, some survivors do not integrate or consciously remember the abuse in the way one typically would remember a significant life event. Abuse as very young children, the severity of the abuse, and the relationship to the abuser are factors that can hamper or truncate what we experience as conscious memories. All 18 patients in our sample of convenience were sexually abused by close family members and self-identified after an incident triggered memories of their CSA.

For example; an 81-year-old woman threatened to jump out of a window rather than be “penetrated by rays” in response to a thoughtful explanation and preparation for her radiation treatments. To prepare for radiation, she needed to disrobe and was positioned on a table in a small room, which was dimly lit. This triggered her memories of being sexually abused by her father, who would sneak into her bed at night. Her response as a child to being abused was a wish to die, and her response to the flood of memories was a similar wish. Research seems to indicate that a recent trauma can reinvigorate memories of a past trauma (Twaite et al 2004).

Our 81-year-old patient could not contain her thoughts and feelings and needed help in containing them. The containing interventions helped to create a safe environment for the patient until psychiatric backup was available to address her immediate needs for hospitalization. Containing interventions empathically respected her and the awful stories of sexual abuse by listening; acknowledging the horror; and refraining from seeking clarification or details. An exploration of her past situation at that moment would have disorganized her further.

Containing interventions also remind patients of where they are by grounding them in their present surrounding using reality-testing techniques. At times this could sound like “you are safe here” and “no one will hurt you here.”

For many of the patients in our study, their first experience of anyone registering a response of horror about their abuse was during their cancer treatment experience. We found that “active witnessing” was most soothing and helpful to distressed patients and an effective companion to containment interventions. One cannot underestimate the powerful intervention of respecting a person’s suffering and bearing witness to what the survivor of CSA does share with you. “Active witnessing” is the explicit commenting on the patient’s memories, such as “that is a terrible thing” or “that is awful,” which are powerful and empathic responses to a CSA survivor’s painful history.

Respecting the patient’s personal space, even at times when their emotional suffering is acute, is essential to develop trust (Geanellos 2003). It often seems natural and humane to offer physical comfort someone who is so deeply distressed. However, sadly for the survivor of CSA, this can be misinterpreted as intrusive, seductive, or aggressive. “Active witnessing” can convey the sense of attunement in a more accessible and safe way and in a way that will reduce the potential for triggering further distress.

Building trusting relationships with survivors of CSA with cancer requires clarity of communication; transparency of the purpose of one’s actions and behavior; and an awareness of power and control dynamics. CSA is a called a betrayal trauma with a direct impact on issues of trust, motivation, sincerity, comfort, caring, and love. Survivors of CSA require a sense of control in negotiating relationships in the healthcare setting, because the vicissitudes of betrayal trauma render all relationships suspect and potentially abusive or non-protective of potential abuse.

For example, a 22-year-old woman was jeopardizing her life by interrupting her chemotherapy treatments with frequent cancellations and refusals to attend clinic. She reacted poorly to entreaties and demands via telephone and letter that she had to come in. When finally she did come to the clinic, she was too frightened to focus on any medical issues and simply screamed, “It’s my life and my body and you can’t force me.” She became increasingly distressed, agitated, and incoherent. Her fears and confusion came from an awful history of sexual abuse by both her mother and her mother’s boyfriend. For her, women were as dangerous as men. And the fact that she lived with her grandmother, who did not protect her, meant that anyone in the clinic who seemed well-meaning and kind wouldn’t protect her either.

The trust-building interventions in this woman’s case
enhanced her sense of control by asking her to identify what she needed and including her needs in the care process. Her first request — “to be left alone” — indicated that she needed the healthcare and psychosocial team to decompress her situation and provide her with more personal space. The team agreed to “leave her alone” by not having multiple people talk to her about the same issue. Subsequently, she was asked how she wanted them to manage her cancer. Although she was not sure, her indecisiveness did prompt her to agree to speak to a psychiatrist that day in the clinic. These types of questions returned control of the situation to the patient and enabled her to differentiate her situation from her traumatic and overwhelming past. This enabled her to accept help in the present.

Helping survivors of CSA mediate between what has happened to them and what is happening now is a crucial part of supporting the survivor through cancer treatment. Assisting in the empathic containment of intense affect is a way to obviate the potential disruptions to the survivor's care and the beginning of building a trusting relationship.

Les Gallo-Silver, LCSW-R, is director of clinical programs at CancerCare in New York, NY. Michael O. Weiner, LMSW, is a staff psychotherapist in the Child/Adolescent and Trauma Programs at the Kern Homey Clinic in New York City.

References


Calling NACC writers and poets

Every year, the NACC prints prayer cards for World Day of the Sick, to be sold to hospitals, hospices, long-term care facilities, parishes, and anyone else interested in the spiritual needs of sick persons and caregivers.

We would like to invite our members to consider writing a prayer to be used on the prayer cards for 2008. We will publish two cards: one offering a Prayer for Sick Persons and one containing a Prayer for the Caregiver. You may submit prayers for either or both.

Prayers may be written in any style or format you like, but they should be no more than 32 lines long, with an average line length of not more than 10 syllables. To see examples of past prayers, visit www.nacc.org/resources/wds/pastPrayerCards.asp

All submissions must be received at the NACC office by Oct. 15. We will notify the person(s) whose prayers will be used by Nov. 9. We are not able to offer payment, but the authors will be credited.

Thank you in advance for sharing your spirituality and your creativity with a wider audience.

Please remember in your prayers:

Sr. Francesca Reardon, CSA, who died July 10 at age 84 in Richfield, OH. She made her profession in 1948 and worked as a teacher and administrator in the Diocese of Cleveland. Volunteering at hospitals in Lakewood and Akron, OH led her to discern a call to chaplaincy, and she joined the NACC in 1989. She was certified in 1991 and took emeritus status in 1998.

Sr. Amy Mary Kolenda, OSF, who died July 23 at age 86 in Sylvania, OH. She received degrees in medical technology and worked as a technician. But, she said, “I saw people hungering to talk. I decided to become a chaplain in order to take time to listen.” She joined the NACC in 1983 and was certified the same year. She worked as a chaplain at Providence Hospital in Sandusky, OH, and St. Joseph's Church in Marblehead, OH. She retired from active ministry in 2003.
Service is in Cathy Connelly’s genes

Name: Cathy Connelly  
Job title and institution: Chaplain, Sisters of Charity Providence Hospitals, Columbia, SC  
NACC member since: 1997  
Volunteer service: In addition to volunteering during conferences, I was one of the six original Interview Team Educators, and served as the Lead ITE from 2004 to 2006.


Favorite spiritual resource: Taizé prayer; Labyrinth

Favorite movie: Winged Migration

Favorite retreat spot: The Oratory: Center for Spirituality, Rock Hill, SC

Personal mentor or role model: I’ve been blessed to have many mentors through my lifetime, each has become a part of who I am.

Famous/historic mentor or role model: Jesus

Why did you become a chaplain? I realized I was at another of those turnings in my life, and gradually the call became more evident to blend the hospital background stretching back to teen volunteer days, my nursing degree, the pastoral ministries master’s program I was completing, and a need to move closer to ill family members. I had experienced first hand what a difference chaplains (or their absence) made in the lives of patients and staff, and knew I had unique gifts to share.

What do you get from NACC? NACC has offered not only a credentialing process, but also friendships, networking, and educational opportunities. I treasure the people I have met (in person or by teleconference), especially in the chaplain certification interview process. We have been blessed with some incredible leadership and staff. The conference speakers and workshops have opened new horizons and given stimulation to those famous growth edges. Finally, maintaining Catholic identity as a chaplain organization is even more important because my current state is only 2-3% Catholic.

Why do you volunteer? Service is in my genes. My parents have both set an example of volunteerism and activity within church, community, and profession. I began volunteering as a young teenager and have never stopped.

What have you learned from volunteering? For ten years, I was an executive with a large national nonprofit organization responsible for recruiting, training, motivating and inspiring volunteers. Then I was told, “People work for people, not organizations.” I didn’t necessarily agree at the time, but have since realized it is a both/and reality.

What do volunteers need? A volunteer is able to give to others because of the support they receive from their family, friends, and work organization. As an association, we need to better formally recognize that support, especially of the employers who generously allow us to share time and resources. Whether it is by naming their employer in Vision and conference materials, or letters to employers, or other ways, they need more recognition!

Editor’s Note: The NACC could not function without its volunteers. We rely upon our membership to serve on committees, interview certification candidates, run errands at conferences, write articles for Vision, and contribute in countless other ways. Without those thousands of hours that you donate every year, the association and its nine paid staffers simply could not function.

Beginning with this issue of Vision, we plan to be more intentional about recognizing those contributions. You see on this page the first installment of our new feature, Volunteer of the Month. We have chosen Cathy Connelly for the debut because of the sheer scale of her truly remarkable contributions; in 2006 she gave more than 1,000 hours of her time to the NACC, mostly in her role as lead interview team educator.

In future months, however, the system will change somewhat. We have compiled a list of every NACC member who has volunteered within the past year, in any form of service. Every month, we will pick a volunteer at random to be profiled in the newsletter, in order to show you the wide diversity of our members’ talents and contributions. Additionally, in the April issue we will name and acknowledge all of our valued volunteers.
NACC Mission Statement

The National Association of Catholic Chaplains advocates for the profession of spiritual care and educates, certifies, and supports chaplains, clinical pastoral educators, and all members who continue the healing ministry of Jesus in the name of the Church.

NACC Vision Statement . . . Toward 2012

The National Association of Catholic Chaplains (NACC) is cultivating the ministry of chaplaincy and transforming spiritual care locally, nationally, and globally to faithfully reflect the healing presence of Jesus Christ by:

• forming life-giving relationships with individuals, families, colleagues, and organizations;
• advancing compassionate care through creative educational and spiritual growth opportunities;
• promoting the dignity of persons of every age, culture, and state in life.

NACC is a light of hope, whose members are persistently advocating for those dedicated to the spiritual care of people experiencing pain, vulnerability, joy, and hope.
NACC Value Statements

DISCIPLESHIP
Reflecting on and following the mission of Jesus in head, heart, and action.

INTEGRITY
Living out the Gospel in all we do.

STEWARDSHIP
Developing and utilizing wisely the gifts and resources entrusted to us.

COMPASSION
Responding to the call of Jesus by sharing the suffering, hope, and joy of others.

INCLUSIVITY
Welcoming, honoring, and fostering diversity that deepens our unity.

PROFESSIONALISM
Providing competent and effective ministry within the field of spiritual care.

LEADERSHIP
Collaborating to develop and nurture the necessary gifts for the direction of our ministry.

EMPOWERMENT
Encouraging others to use their gifts within and beyond professional spiritual care.
Introduction and Welcome

June 12, 2007

With full and deeply grateful hearts, we celebrate the labor and delivery of a healthy new dream for the future of our association. In less than a year since conceiving the Vision and Action Initiative, the National Association of Catholic Chaplains has birthed a new era in our history.

You hold in your hands the Mission, Values, Vision, Goals, and Objectives which will chart the course of our journey through June 2012. And while we are very proud of the work, we are even more overcome with gratitude for the generous gifts of so many members’ time and talent. Theirs is the heart that beats within the document.

We hope you will find in these pages a clear commitment to strengthening the relationships we enjoy as a professional membership association. We value every opportunity to call one another to life in our respective ministries, to active engagement in our association in mutual support, and to collective action that will transform professional spiritual care, and thus transform the Church.

The NACC is poised to recruit new members more actively as the field of professional spiritual care becomes ever more diverse. We also commit ourselves to identify new and renewed educational opportunities that will connect our members to resources for our ongoing personal, professional, and spiritual development.

With the publication of this new Strategic Plan, a journey has ended and a new journey is begun. It has been our honor and pleasure to serve as midwives. Many hands and hearts will be needed to nurture and nourish the new life given us. We invite and welcome the community of faith who will respond to the call.

Sincerely,

Karen Pugliese, M.A.  
Chair, Board of Directors

Rev. Thomas G. Landry III, S.T.B.  
Interim Executive Director

Karen Pugliese, M.A.  
Chair, Board of Directors

Rev. Thomas G. Landry III, S.T.B.  
Interim Executive Director
NACC Goals

- Support association members
- Promote the profession of chaplaincy
- Strengthen relationships within the Catholic Church
- Foster growth and unity within diversity
- Engage strategic partners
- Be financially strong and mission-focused
- Enhance board and staff effectiveness

NACC
Goals and Objectives

I. TO SUPPORT ASSOCIATION MEMBERS WITH CREATIVE EDUCATIONAL, SPIRITUAL, AND COMMUNICATION OPPORTUNITIES

A. Strengthen the active participation of members at the local and national levels.
B. Promote education and training options for chaplain and supervisor candidates.
C. Develop, offer, and promote educational opportunities for members.
D. Develop ongoing spiritual formation for members.
E. Provide ways for former members to re-engage in the NACC.
F. Enhance networking and communication among members.

II. TO PROMOTE THE PROFESSION OF CHAPLAINCY

A. Advocate with and educate the bishops, The Joint Commission, the Catholic Health Association, the American Hospital Association, and CEOs of healthcare organizations on the value of certified chaplains and clinical pastoral educators, as well as on their role and needs.
B. Work with the Spiritual Care Collaborative, the Catholic Health Association, and The Joint Commission to establish and recognize standards for Pastoral Care departments and providers.
C. Provide educational materials for use with colleges and ministry groups to promote chaplaincy as a vocation and profession.
D. Promote accredited CPE programs and increase the number of CPE supervisors.
E. Benchmark staffing and wages of professionals with comparable training and experience.
F. Provide resources to assist with developing and sustaining excellent spiritual care services.
G. Partner with clinical research faculties in initiating studies on the value of professional spiritual care in healthcare settings.
III. TO STRENGTHEN THE NACC’S RELATIONSHIPS WITHIN THE CATHOLIC CHURCH

A. Educate local ministry groups, parish/school staffs, and the wider Catholic community about chaplaincy.

B. Enhance relationships with Catholic bishops on the local level.

C. Strengthen the relationship between the NACC and the Episcopal Advisory Council.

D. Build mutually beneficial relationships between the NACC and other national Catholic ministerial organizations, including the National Association for Lay Ministry, the National Catholic Education Association, Catholic Charities USA, and the National Conference of Catechetical Leaders.

IV. TO FOSTER GROWTH AND UNITY WITHIN DIVERSITY IN NACC

A. Provide opportunities for all NACC members to further develop their understanding of and skill level for ministry with people from diverse backgrounds.

B. Recruit candidates and support members from the young adult population.

C. Recruit candidates and support members from all racial, ethnic, and cultural groups.

D. Recruit candidates and support members from underrepresented geographic areas.

E. Secure scholarship funding to support the training of chaplains from low-income backgrounds.
V. TO ENGAGE STRATEGIC PARTNERS IN COLLABORATIVE WORK TO LIVE OUT OUR MISSION

A. Continue building a strong network within the Spiritual Care Collaborative.

B. Strengthen the relationship between the NACC and the Catholic Health Association.

C. Further develop the relationship between the NACC and The Joint Commission.

D. Establish new strategic partnerships with related ministries and ministerial organizations, including the American Medical Association, the American Nurses Association, the American Red Cross, Hospice/Work Chaplains, the International Parish Nurse Resource Center, and Spiritual Directors International.

VI. TO CREATE A FINANCIALLY STRONG AND MISSION-FOCUSED ORGANIZATION

A. Create and implement a long-range financial plan to secure the NACC’s future.

B. Develop and implement an effective marketing plan.

C. Provide necessary development resources.

D. Promote a culture where Board and Staff contribute to development efforts.

E. Complete a feasibility study related to the costs and benefits of combining services with other membership associations within the Spiritual Care Collaborative.
VII. TO ENHANCE BOARD AND STAFF EFFECTIVENESS

A. Develop and implement a transition plan with the Board, Executive Director, Staff, and Membership.

B. Review and strengthen the association’s governance structure as needed.

C. Clarify the role and responsibilities of the Executive Director, Board, and Committees.

D. Review and strengthen the association’s staffing structure as needed.

E. Provide ongoing formation opportunities for the Board and Staff.
NACC History

The National Association of Catholic Chaplains is a professional association of chaplains and clinical pastoral educators who participate in the healing mission of Jesus Christ and His Church. We certify chaplains and supervisors of clinical pastoral education by the authority of the United States Conference of Catholic Bishops through its Commission on Certification and Accreditation. The national office in Milwaukee, WI, has nine full-time staffers.

Founded in 1965, the NACC’s first members were ordained priests assigned as chaplains to hospitals and other settings for institutional ministry. These priests, looking to their Protestant counterparts who years earlier had formed a chaplains’ association, recognized that ministry in the clinical setting required specialized training beyond the theological formation from the seminary. This new association soon began to develop programs and training for chaplains and CPE supervisors, eventually adding accreditation and certification processes.

Since its inception, the NACC has maintained its Roman Catholic mission and identity through providing quality pastoral care and administering sacraments when needed; embracing the Ethical and Religious Directives for Catholic Health Care Services; and maintaining ties between patients, families, and pastoral care providers in their home parishes.

Women religious were first admitted to the NACC in 1972, and laity and deacons soon followed. A fuller representation of the body of Christ was now preparing to minister out of its baptismal calling. The chaplain’s presence is the face of Christ in attentive listening and caring to the person in pain, in the conversation arising from the crisis, and in the ethical dilemmas facing patients and their families.

Approximately 85 percent of our membership is now lay and religious. Other lay ministry associations in the Church have looked to the NACC for guidance in developing a ministry, designing education and training programs, writing standards and certification processes, and collaborating with other organizations.

Through our history, we have developed relationships with colleagues in the other pastoral care cognate groups. Like those organizations, we began to write standards for the profession, develop certification processes, advocate for the profession, and provide ongoing education and professional development. By the mid- to late 1970s, the major organizations were meeting and cooperating regularly.

In 2004, the pastoral care profession succeeded in writing one set of universal standards for the profession of chaplaincy, one set of universal standards for supervised pastoral education, and one code of ethics. The signatory groups were the NACC and the five other major pastoral care organizations in the United States and Canada (Association of Professional Chaplains, American Association of Pastoral Counselors, Association for Clinical Pastoral Education, Canadian Association for Pastoral Practice and Education, and the National Association of Jewish Chaplains). In 2007, these six groups legally incorporated their joint venture as the Spiritual Care Collaborative.

The Catholic chaplain today embodies both a profession recognized in the healthcare world and a ministry empowered in the healing Church. Clinically trained and certified lay, religious, and ordained ministers in the Church are the fruit of the original vision. This is the rich legacy of the National Association of Catholic Chaplains.
Acknowledgments

The NACC’s Strategic Plan for the five years ending in 2012 could not have been written without the help of many people in many diverse settings.

The process began with a visioning retreat for the Board of Directors in July 2006. Two retreats for the Vision and Action Planning Committee followed, at which participants considered more than 100 responses from members on the NACC website and feedback from local focus groups. Additionally, the committee conducted a series of phone focus groups.

The NACC Board of Directors revised and approved the new plan on June 12, 2007. The Board affirmed the work of the Vision and Action Planning Committee and the amazing spirit of generosity and compromise each person demonstrated.

The Board also honored the thoughtful work on the goals and objectives contributed by the NACC staff. We particularly thank Executive Assistant Cindy Bridges, whose skills and talents were essential.

John Reid and Maureen Gallagher, our consultants from The Reid Group, have been partners and advocates for us in this ministry of the Church. They have developed nurturing, life-giving relationships with all they meet, and we are grateful beyond words.

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Ms. Josephine Schrader, CAE
Sr. Ann Goggin, RC
Mr. Hugh Jones
Rev. Eugene Lauer

Members who participated in Vision and Action activity at the National Conference.

All web participants
NACC welcomes newly certified members

Congratulations to the following NACC members who have been approved for certification following their interviews in May:

Rev. Anthony Adibe, CSS, Des Moines, IA
Rev. Donatus Ajoko, Baton Rouge, LA
Ms. Rachel Argueta, Indianapolis, IN
Rev. Richard Bartoszek, Clinton Township, MI
MRS. Kay Berrens, Troy, MI
Ms. Anne Butts, Medford, NJ
Mr. Patrick Buzza, Buffalo, NY
Miss Phyllis Carlino, Philadelphia, PA
Sr. Diane Clyne, RSM, Soquel, CA
Chaplain Susan DeLongis, Oak Park, IL
Ms. Donna Dickerson, San Antonio, TX
Ms. Janice Dworschak, Eau Claire, WI
Ms. Karen Harigian, Louisville, KY
Mr. Christopher Helmin, Washington, DC
Mrs. Maureen Higgins, Harrisville, RI
Ms. Alexandra Hoch, Colorado Springs, CO
Sr. Anne Jaeger, SSCM, Hopkins Park, IL
Sr. Annette Johnsonson, SSND, Appleton, WI
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Sr. Patricia Loome, SNDdeN, Athens, GA
Chaplain Alberto Magaña, Fort Worth, TX
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Rev. Robert McKay, San Jose, CA
Rev. Isaac Mensah, Manhasset, NY
Sr. Elaine Merkel, OSF, Cincinnati, OH
Rev. Dominic Mtenga, AJ, Seattle, WA
Rev. Saji Mukkoot, Evanston, IL
Rev. Dr. Simon Nwachukwu, Forest Hills, NY
Ms. Elizabeth O’Hara-Fisher, Detroit, MI
Rev. Leonard Ogbonna, Beaumont, TX
Rev. Ujunwa Okeahialam, CSSp, Pueblo, CO
Rev. Christopher Okoli, Ilip Terrace, NY
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Sr. Catherine Thornton, OP, Glendale, NY
Ms. Teresa Wedler, Fort Wayne, IN
Sr. Teresa White, SP, Burbank, CA

Thank you to our volunteers

The NACC wishes to thank the following members who made the certification weekend possible:

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Ms. Elizabeth Mallick
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Chaplain Beryl McHale
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Rev. Roly Murphy
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Commissioner on Call
Dr. Rodger Accardi, Central DuPage Health, Winfield, IL
Study results in negative link between prayer, health

For this column, I have edited an article written by Dr. Mark Silk, editor of Religion in the News (Volume 9(1) Summer, 2006; 1-25) in which he reviews a new study on intercessory prayer. It appears here with his permission and expresses both his and my own views. Religion in the News is a free publication sponsored by The Leonard E. Greenberg Center for the Study of Religion in Public Life, Trinity College, Hartford, CT. Website: www.trincoll.edu/depts/csrpl

By Lawrence VandeCreek

(This) long-awaited study presented Americans with the sort of news they don't like to get. STEP (Study of the Therapeutic Effects of Intercessory Prayer) was not the first study of its kind, but was by far the largest and most methodologically punctilious. Investigators divided 1,802 subjects into three groups: (1) patients who were told they might be prayed for and were; (2) patients who were told they might be prayed for and weren't; and (3) patients who were told that they would be prayed for and were.

A group of Catholic monks, a group of Catholic nuns, and a Protestant prayer ministry signed on to pray systematically for each patient to see if there might be an impact above and beyond the prayers that, it assumed, most if not all patients would be receiving from friends and family members (not to mention themselves).

Fifty percent of all recipients of heart bypass operations normally experience some medical complication within 30 days. STEP hypothesized that Group 2 (uncertain, unprayed-for) would experience complications at the normal rate, while Group 1 (uncertain, prayed-for) would be at 40 percent and Group 3 (certain, prayed-for) at 30 percent. In fact, the hypothesis proved wrong in every respect.

The first two groups both did a bit worse than the 50 percent norm, with Group 1 (52%) actually experiencing a higher rate of complications than Group 2 (51%). Most strikingly, Group 3 did worst of all at 59 percent. In other words, the study both failed to show that intercessory prayer was therapeutic and found that patients who knew they were being prayed for were at significantly greater risk than those who didn’t.

One critic, Harold Koenig, stressed the incommensurability of science and the supernatural. “There are no scientific grounds to expect a result, and there are no real theological grounds to expect a result either,” he told the AP’s Malcolm Ritter. “There is no god in the Christian, Jewish or Muslim scriptures that can be constrained to the point that they can be predicted.”

Columbia University’s Richard Sloan, a professor of behavioral medicine and author of the forthcoming book, Blind Faith: The Unholy Alliance of Religion and Medicine (said), “The problem with studying religion scientifically is that you do violence to the phenomenon by reducing it to basic elements that can be quantified, and that makes for bad science and bad religion.”

But bad according to whom? Registering evidence of God’s work in the world is a pretty central feature of Western religion. It was not so long ago that American evangelicals embraced the “Baconian” view that common-sense empiricism would demonstrate the truths of their religious beliefs. To this day, the Catholic Church deploys scientific experts to determine whether potential saints have performed the necessary miracles.

Nor is it obvious that the organized intercessory prayer performed incessantly by monastic communities in the Middle Ages for the wellbeing of their benefactors took a less instrumental view of God. Regardless of the relevance of other factors, including the relative worthiness of the patient and of those doing the praying, it does not seem so theologically out of bounds to suppose that, as a result of all the praying, at least a few more patients would have avoided complications.

Such considerations aside, there is reason to question (whether) STEP was really about religion at all. Back in 1998, Benson told Bill Hendrick of the Atlanta Journal Constitution that he thought prayer worked “because of some unknown energy force that travels from one brain to another, even over great distances.” At least as far as the principal investigator was concerned, positive results could just as well have confirmed a hypothesis of parapsychology as of God.


Larry VandeCreek, BCC, is a retired APC chaplain living in Bozeman, MT. This article originally appeared in the APC News.

NACC member co-authors book

NACC member Catherine Johnston has co-written a new book, 101 Questions and Answers on Catholic Married Life, recently published by Paulist Press. Johnston and her two co-authors, Rebecca Nappi and Rev. Daniel Kendall, SJ, examine marriage as lived in the context of the Catholic community, and the spiritual, emotional, and other supports the couple can expect.

Johnston is spiritual care manager at Providence Centralia Hospital in Centralia, WA. For more information, visit www.paulistpress.com.
JCAHO, now Joint Commission, addresses safety

By Michele Le Doux Sakurai

The Joint Commission on Accreditation of Hospital Organizations (JCAHO) has undergone a corporate name change. It is now simply The Joint Commission, reflecting the broader mission that has developed over the past years to include not only accreditation, but also measurement, patient safety, information dissemination, and public policy initiatives.

At the commission’s 15th annual Invitational Liaison Forum in July, topics included the name change, cultural diversity, culture of safety, fragile populations, emergency planning, professional conflict of interest, and outcomes-based performance. These areas offer an opportunity for chaplains to reflect on the role of spiritual/pastoral care in the ever-changing arena of health care.

As The Joint Commission has shifted its focus to safety and outcomes, spiritual care has been integrated into this “culture of safety.” On the surface, this has translated from demonstration language to accommodation language. As of 2004, the Standard reads:

“Elements of Performance for RI.2.10: 1. The hospital’s policies and practices address the rights of patients to treatment, care, and services within its capability and mission and in compliance with law and regulation; 2. Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs, and preferences respected; … 4. the hospital accommodates the right to pastoral care and other spiritual services for patients.” (2004 CAMH Refreshed Core, RI-9, bold added). The Joint Commission’s definition of spiritual assessment can be found at www.jointcommission.org under Standards, then FAQs (Frequently Asked Questions).

Currently, spiritual/pastoral care extends beyond these specific standards and is included, either explicitly and implicitly, throughout The Joint Commission’s “culture of safety.” Some areas that may concern chaplains include:

1. The growing concern for cultural sensitivity in health care. In the Joint Commission’s 2007 document Hospitals, Language, and Culture: A Snapshot of the Nation, “nearly all hospitals indicated they address the cultural needs of patients through religious (97%), dietary (85%) and psychosocial (78%) methods” (p. 49). In addition, concerns raised by hospitals include “cultural or religious diets, stoicism with regard to pain, … particular practices and beliefs surrounding death” (p. 50). The patient needs are many, and this document acknowledges the role of the chaplain, in part, as assisting in “cultural brokering” (p. 11).

2. Emergency preparedness and response. The Joint Commission has published Standing Together: An Emergency Planning Guide for America’s Communities. Although it mentions religious organizations as stakeholders, it does not fully articulate the possibilities of churches, synagogues, etc. Because spiritual/pastoral care departments network and know area clergy, chaplains can be important liaisons between their healthcare organization and the community in planning/response for potential disasters.

3. The fragile population of the developmentally disabled. The Commission is beginning to evaluate the need for standards for this population and may ask for input as they progress.

4. Narrative medicine. In “Perspectives of Patient Safety” (June 2007, Vol. 6), the lead article addresses physicians utilizing narrative medicine as a means of patient assessment. The use of story has always been an important vehicle for spiritual assessment, and chaplains have a strong background in it and could be a resource to organizations that look at narrative for assessment value.

On a more global level, The Liaison Network meeting was fortunate to have Margaret VanAmringe provide a report on healthcare issues being addressed by Congress and the Executive Branch. She spoke of the mental health parity bill (expected to pass this year) and its implications, conflict of interest with regard to physicians and pharmaceutical companies, fraud/abuse by DME suppliers, and cost information transparency.

Lastly, healthcare has become dependent on outcomes. This was made clear time and again throughout the meeting. The NACC must become more proactive in identifying professional standards of practice and creating tools, easily used and understood, that are outcomes-based.

Michele Le Doux Sakurai, D.Min., BCC, is Trinity Health System’s 2007-2008 Mission Fellow and the NACC Liaison Representative to the Joint Commission.

‘Work of the Chaplain’ skimps on Catholic healthcare


By Marilyn Williams

Naomi Paget and Janet McCormack wrote this book, the 14th in the “Work of the Church” series, to “clarify the nature of the work — the ministry — of the chaplain” and to be a “resource and tool for pastors, students, chaplains, and laity.” The book is divided into three sections: “Foundations for Chaplaincy,” “The Work of the Chaplain,” and “The Person of the Chaplain.” In addition, the authors offer a conclusion and three appendices: “Preparing for the Work of the Chaplain,” “Finding and Keeping a Position as a Chaplain,” and “Resources for Chaplain Ministry” (a list of professional organizations and sample of religious endorsing bodies).

See The Work of the Chaplain on page 12
Book argues for pastoral approaches to evil


By John Gillman

Who among us has not heard a patient or family member plead “Why me?” during a time of crisis? In a more expanded form, the lament might be: “Why has God allowed this to happen to me?” These outcries bring us face to face with the problem of theodicy, and the effort to comprehend the experience of evil in the light of God’s goodness.

In an engaging narrative, John Swinton, the Chair of Practical Theology at the University of Aberdeen, Scotland, rejects outright the traditional, more philosophical approach to theodicy as meaningless. For the author, the more significant question is not why evil exists, but rather, what it does. Using several poignant examples he focuses on practical consequences of evil: its ability to separate human beings from the knowledge and love of God.

As a pastoral response, Swinton advocates that we create communities of resistance that can “absorb evil and suffering.” In successive chapters he articulates several interconnected Christian practices for resisting evil. These are lament, forgiveness, thoughtfulness, and hospitality.

Laments are a powerful resource for the suffering to voice deep anguish. And they have the potential to be transformative, moving through pain to hope and joy. Recently while lecturing on the Psalms at Holy Spirit College of Philosophy and Theology in Hong Kong, I was inspired by the poignant contemporary laments written by my students as they expressed their own personal or communal (e.g. the SARS crisis a few years ago) sagas of agony. Most often, as in the classical psalms in the Hebrew Bible, these ended on themes of hope, anticipated help from God leading to praise and thanksgiving.

Often overlooked in liturgy and pastoral practice, laments may serve as a healing resource for struggling patients, with the chaplain inviting them to utter a psalm that speaks to their condition (e.g. Ps. 13) or to express in their own words and images a personal lament.

Boldly naming forgiveness as “both scandalous and unreasonable,” the author proposes that such practice become a way of life, a character trait. Noting that much suffering and evil arises from thoughtlessness or faulty moral reasoning, Swinton gives several examples of positive impact of thoughtful action, such as adoption of the “unwanted.” Jesus himself, for instance, was adopted by Joseph.

Swinton’s response to the increasing number of refugees is to practice hospitality. Reflecting on Matthew 25, he seems to equate acts of charity with the offer of friendship, and names friendship toward strangers as acts of worship. The discussion would benefit from more attention to the differentiation between love of neighbor and the offer of hospitality to the stranger on the one hand, and the experience and realm of friendship on the other hand.

The down-to-earth pastoral approach to the problem of evil in this book makes it a useful resource for those in ministry. The wisdom shared through the practical recommendations and examples invites the reader to think differently and to feel encouraged about taking positive action.

John Gillman, Ph.D., is an NACC and ACPE supervisor at VITAS Innovative Hospice Care® of San Diego, CA.

The Work of the Chaplain

Continued from page 11

However, in my opinion this book is of limited value to healthcare chaplains, since Paget and McCormack paint chaplaincy in healthcare settings with such a broad brush. Perhaps it could educate administrators, board members, or other healthcare professionals on chaplains’ roles and certification requirements. Unfortunately, however, most of the citations regarding certification name only the APC; NACC and NAJC are listed only in the appendix.

The authors reflect a Protestant perspective in other ways; both are certified by APC and presently teach at Denver Seminary. Their description of the historical foundations for chaplaincy contains no mention of the role of women religious in healthcare ministry. In the chapter on healthcare chaplaincy, Paget and McCormack’s view of administrators and employment of chaplains totally ignores the importance Catholic healthcare gives to patients’ spiritual needs (and is probably unfair to many non-Catholic facilities as well).

Nevertheless, this book could be useful to students or to those discerning their specific call to ministry, since the “Work of the Chaplain” section gives chapters to military, workplace, prison, first-responder (such as in disasters) as well as healthcare chaplaincy. A chapter on “Other Chaplain Specialties” covers ministry on campuses and in sports and recreation. Information about the educational/training requirements in each of these venues is given, as well as a basic description of the uniqueness in each of these settings.

The last section, “The Person of the Chaplain,” could be helpful to students since it introduces institutional, ecclesiastical, professional, legal, and ethical accountability, as well as confidentiality, personal boundaries, self care, and compassion fatigue. I could see this material being used in the first week of CPE or perhaps in an Introduction to Pastoral Ministry course.

Although perhaps limited as a resource for professional chaplains, the authors are very knowledgeable and demonstrate a talent in covering lots of topics in a very concise style.

Marilyn Williams, BCC, is a chaplain at Memorial Hospital in Chattanooga, TN.
CATHOLIC PRIEST

Santa Cruz, CA – Dominican Hospital CHW is currently seeking a full-time priest to serve as a member of our multidisciplinary team. Important aspects of this position include assessment of spiritual needs and provision of support to patients, families and staff of all faiths. This position will share on-call responsibilities, which may include nights. Requires a master’s degree in theology or equivalent and CPE training. Bilingual Spanish/English and NACC/APC certification is preferred. Dominican Hospital CHW is a 375-bed acute care, not-for-profit hospital located in beautiful Santa Cruz, CA. Please apply directly online at: www.dominicanhospital.org in the Careers section, or contact Sabrina Michaealis at (831) 462-7556. EOE/AA/V/M/F/D/V.

SYSTEM DIRECTOR, SPIRITUAL SERVICES

Chicago, IL – Through its 100 locations in Chicago and the suburbs, Resurrection Health Care provides comprehensive health care services with compassion and expertise. We invite a seasoned professional to become a valuable member of our team. As part of our Mission/Spiritual Services Division, you will be responsible for directing and coordinating the activities of the system-wide spiritual services for hospitals, nursing and rehab centers, and other facilities providing spiritual services. Will acknowledge the importance of commitment to the well-being of patients and residents in the performance of duties at Resurrection Health Care and shares responsibility with other personnel for the implementation of the mission and core values in the achievement of its management goals and accepts personal responsibility and accountability for maintaining a high level of competency. A master’s degree in theology, divinity, pastoral studies or related field required. Certification as a chaplain by NACC or APC and/or as a CPE supervisor by the USCCB/CCA or APC. Ordained or non-ordained, in good standing with faith community and endorsed by appropriate denomination authority to function in healthcare ministry. Minimum of five years’ experience as a chaplain and at least three years’ experience in health care management. Ability to work with all type of personalities. Must possess excellent verbal and written skills. To learn more, visit our website at www.reshealth.jobs and apply online. Resurrection Health Care. EOE.

CATHOLIC PRIEST

Fresno, CA – At Saint Agnes Medical Center, we serve in the spirit of the Gospel to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us. We currently seek a Catholic priest to provide emotional and spiritual support in pastoral counseling to patients, their families and hospital staff. To succeed, you should have a master’s of divinity degree in theology or its equivalent, NACC or APC certification, and current CPR certification. Additionally, you must be well-rounded in your own religious faith, have a basic understanding and respect for other religious traditions, and be open to working as a member of an ecumenical spiritual care team. Clinical pastoral education is preferred. Our unrelenting pursuit of excellence has recently earned us the Consumer Choice Award for the eleventh consecutive year, ranking us among the top hospitals in the country for overall quality and image and the best in our region. For immediate consideration, apply online at www.sacm.com, email your resume to Matthew.Craven@sacm.com, or fax it to (559) 450-3735. We are an equal opportunity employer.

ADMINISTRATOR OF SPIRITUAL CARE

Langhorne, PA – As the premier healthcare facility in Bucks County, PA, and its most comprehensive, St. Mary Medical Center offers more as a healthcare provider and as an employer.
Positions Available

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 for more information.

HOSPICE CHAPLAIN

Bellingham, WA – St. Joseph Hospital is currently seeking a Hospice Chaplain to provide non-denominational pastoral care to terminally ill patients and their families within a Medicare certified hospice program. Academic degree, preferably at master’s level, in theology, pastoral ministry, or related field. Minimum of four units of CPE, or equivalent, completed and maintained within 2 years of hire. Ecclesiastical endorsement by a recognized religious body should be documented. Current certification by National Association of Catholic Chaplains, Association of Professional Chaplains, or other appropriate certifying body strongly preferred. Combination of relevant experience plus firm intent to pursue certification when eligible may substitute. Valid WA state driver’s license and auto liability insurance required. Current CPR certification required. 4 units of C.P.E. and internship. Two years supervised pastoral experience and hospice experience preferred. To apply visit www.peacehealth.org or email Heverett@peacehealth.org. EOE.

CHAPLAIN

Charleston, WV – Saint Francis Hospital, with 155 licensed beds, has an opportunity in its Pastoral Care Department for a full-time chaplain to provide for the spiritual needs of patients, families and staff. Candidates must be self-motivated, energetic, and possess excellent professional and interpersonal skills. Candidates will be familiar with the Ethical and Religious Directives for Catholic Health Care Services. This person will share on-call rotation. Four units of CPE are required with board certification or eligibility with the NACCC or the APC. Saint Francis offers a competitive salary and excellent benefit package. EOE. Send cover letter and resume to: Saint Francis Hospital, Attn: Human Resource Department, 333 Laidley Street, Charleston, WV 25322 or fax (304) 347-6746 or apply online at www.stfrancishospital.com

Manager – Spiritual Care & Ethics

Torrance, CA – Providence/Little Company of Mary Hospital is a progressive, community-based hospital dedicated to caring for the whole person — body, mind and spirit. The Manager of Spiritual Care and Ethics is a full-time professional chaplain, degreeed in bio-ethics, who, through a staff of four, is responsible for providing, organizing and implementing a comprehensive program of spiritual care (sacramental and pastoral) and ethics for patients, families, staff and physicians within LCMH. Requires board certified chaplain with current management experience in a US hospital or health system. Contact Dan Potter, Potter Associates, 949.673.5900 or potterdr@pacbell.net.

Hospital Priest

Duluth, MN – St. Mary’s Medical Center, a tertiary care facility, has an enriching opportunity for an experienced priest to provide sacramental ministry to patients and their families. Duties include celebrating Mass and being on call on a rotating basis. Must have a master’s degree in Theology, be an ordained priest of the Roman Catholic Church, and have permission of religious superior or diocesan bishop. The final candidate must have knowledge of theological and medical moral issues, and sensitivity to emotional and spiritual needs of the sick. Will work as a part of our medical center chaplaincy team that includes other chaplains and another full-time priest. Located on the shores of Lake Superior, Duluth offers a high quality mix of lifestyle, career, and recreation, in a four-season area of unique beauty with abundant year-round cultural activities. Excellent benefits package includes health, dental, life and long-term disability insurance, retirement plan. Relocation Assistance available! All interested applicants, please apply (Req # 1555BR) online: www.smdc.org. For confidential/additional information, please contact Rev. John Gibbs, Director Chaplains Services. SMDC Health System, 407 East 3rd Street, Duluth, MN 55805; (218) 786-4017 or 1-800-662-3455; fax (218) 786-4018. EOE/AA.

CPE Program Manager

New Haven, CT – At The Hospital of Saint Raphael, the Clinical Pastoral Education Program Manager is responsible for managing all aspects of the CPE program and reports to the Director of Pastoral Care. This includes developing, conducting and administering the program in compliance with the objectives and standards established by the Association of Clinical Pastoral Education (ACPE), the United States Conference of Bishops (USCCB/CCA), and the National Association of Catholic Chaplains (NACC). The position also includes responsibility for developing and presenting an annual budget and for managing the Pastoral Care Department in the absence of or as delegated by the Director. Master’s degree (divinity, theology or related field). Certification as a chaplain with additional certification as a supervisor by the Association for Clinical Pastoral Education or the National Association of Catholic Chaplains (both preferred). Continuing endorsement by religious body, bishop, religious superior (as applicable). Minimum of one (1) year experience as a supervisor and three (3) and five (5) years as chaplain. Proven management experience. To apply, write to apietrandrea.resume@srhs.org.

Priest Chaplain

Marshfield, WI – Ministry Health Care, with over 14,000 employees, is a values-driven healthcare delivery network of aligned hospitals, clinics, long-term care facilities, home care agencies and many other programs and services in Wisconsin and Minnesota. We are currently seeking a full-time chaplain to join the Spiritual Services Department of Saint Joseph’s Hospital. Our Spiritual Services Department provides ministry 24 hours a day, seven days a week with a designated chaplain on call at all
In this role, you will be responsible for providing pastoral counseling and support to patients, families, and the hospital staff, which includes responding daily to the diverse spiritual needs of patients regardless of age, race, ethnic background and religious traditions. As a chaplain you will participate in educational programs for the hospital staff, volunteers, and the larger faith community, as well as working with hospital committees related to the chaplain’s area of ministry. Qualified candidate must have a bachelor’s degree in a theological, ministerial or related field from an accredited college, university or seminary and completed four quarters of Clinical Pastoral Education (CPE) in an accredited educational program. At least three years of general ministerial experience and one year of hospital/healthcare experience preferred. Apply online for this and other employment opportunities at www.ministryhealth.org. EOE/AA.

**CHAPLAINCY MANAGER**

Leesburg, VA – Inova Loudoun Hospital is a 150-bed, nonprofit hospital committed to being the best health care provider in the world. Reporting to the Director of Acute Care Services, the Chaplaincy Manager will be responsible for leading a multi-faith team of spiritual caregivers. Responsibilities include: providing pastoral care to patients, visitors and staff; leading worship services; fostering relationships with local communities of faith; supervising a department of 20 chaplain volunteers and 10 on-call chaplains; providing backup on-call coverage; overseeing the Chaplaincy Services budget and expenditures. Qualifications: APC, NACC, or NAJC certified, self-motivated with a well-developed sense of the role of professional chaplaincy, excellent clinical skills, and an ability to handle all aspects of pastoral care administration. Send resumes via mail, fax or e-mail to: Tiffany Greene, Inova Loudoun Hospital Department of Human Resources, 44045 Riverside Parkway, Leesburg, VA 20176; office: (703) 858-6355; fax: (703) 858-6062; e-mail: tgreenel@lh.org.

**DIRECTOR – SPIRITUAL CARE SERVICES**

Milwaukee, WI – Come join an organization recently ranked 12th on the list of top 100 most efficient, best performing healthcare networks in America! The role of the Regional Director Spiritual Care Services is to contribute to Wheaton Franciscan Healthcare System’s effort to live out its mission and values within the larger context of Catholic identity. The Regional Director will serve as a catalyst and leader for the development, continuous improvement, and management of spiritual care services and function. In this position you will create, lead, and direct a spiritual care system which utilizes the professional skills of caregivers with a variety of clinical competencies (e.g. chaplains, ordained clergy, pastoral associates, parish nurses, bereavement counselors, etc.). You will also assure that spiritual care services are integrated into multidisciplinary care and integral to the broader care delivery system. This position requires an undergraduate degree in theology, religious studies, psychology, or related field, and a master’s degree in theology, religious studies, pastoral studies, or divinity. It also requires at least 5 years progressive experience in spiritual care in a health care setting and previous experience (2-5 years) in managing spiritual care function, including personnel, strategic planning, budgeting, etc. Spiritual care experience in the acute or continuing care settings preferred. Certification by the National Association of Catholic Chaplains required. To apply go to www.WFHealthcare.jobs, position #WCS16230.

**CHAPLAIN**

Mobile, AL – Immediate opening for a full-time chaplain at Providence Hospital. Catholic chaplain preferred. Providence is a 349-bed health ministry which is part of Ascension Health Systems. Qualifications include: Master’s in divinity or related field; completion of a minimum of four units of clinical pastoral education (CPE); current NACC or APC certification or eligibility for certification within one year. Competitive salary and benefits package is offered. Please apply online at providencehospital.org.

**DIRECTOR – CHAPLAIN SERVICES**

Rochester, MN – Mayo Clinic currently seeks qualified pastoral leader to plan, organize, direct, coordinate, and evaluate all aspects of our Department of Chaplain Services. This will entail pastoral program development and ministry to Mayo patients and staff, direction for team leaders, supervision of staff, and oversight of all functions within department. Though directing the department, you’ll also participate in team ministry with the department’s other members to provide a total program of pastoral care. Your role requires that you foster team commitment to Mayo core principles and to diversity, as well as maintain standards of accrediting bodies such as The Joint Commission. Administrative oversight includes the Mayo clinical pastoral education (CPE) program. Candidates must have advanced theological degree from an accredited seminary, certification by the National Association of Catholic Chaplains, the Association of Professional Chaplains, the National Association of Jewish Chaplains or the Association for Clinical Pastoral Education, and endorsement for chaplain service by one’s denomination, religious superior, or local ordinary. Knowledge of the principles of spirituality in relation to healthcare is imperative. Demonstrated proposal and project management are required. You must be have high self-initiative and a collaborative leadership style. Preferred candidates will have past chaplain experience and three years of work history in a supervisory role. Mayo Clinic, one of Fortune magazine’s “100 Best Companies to Work For,” offers an excellent salary and benefits package. To apply or learn more about this or other opportunities, please visit www.mayoclinic.org and reference job posting #15331. Stephanie Bowron, Human Resources; phone 800-562-7984. Mayo Clinic is an affirmative action and equal opportunity employer. Post-offer/pre-employment drug screening is required.

**CHAPLAIN**

Baraboo, WI – St. Clare Hospital and Health Services is seeking a chaplain to minister to the spiritual needs of our patients, families and employees at both St. Clare Hospital and St. Clare Meadows. Qualifications include an advanced theological degree from an accredited university or seminary, and three units of clinical pastoral education. Will work 8:30 a.m. to 5:00 p.m. every Monday to Friday with shared on-call times. Apply online at www.stclare.com or call the Human Resources Dept at (608) 356-1428 for more information.

**PRIEST CHAPLAIN**

Hollywood, CA – As a faith-based organization, QueensCare strives to provide, directly and with others, accessible healthcare for uninsured and low-income individuals and families residing in Los Angeles. We are a public charity with various divisions serving the healthcare needs of our community. Our Pastoral Care Department ministers primarily within Hollywood Presbyterian Medical Center, a 470-bed facility providing a full range of medical services. We have culturally, linguistically and religiously diverse patients, families and staff whom we serve. This diversity is reflected in our chaplains. QueensCare is currently seeking an additional Priest Chaplain to join our professional team of seven chaplains. You should have, or be able to obtain, ecclesiastical endorsement from the LA Archdiocese. CPE training and ability in Spanish are highly preferred. Please send cover letter and resume to: Liz Hoang, HR Director, QueensCare, 1300 North Vermont Avenue, Suite 502, Los Angeles, CA 90027; e-mail: LHoang@queenscare.org; or apply at our website: www.queenscare.org.
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Calendar

October

6-7 Chaplain certification interviews in Milwaukee, St. Louis, Boston, Portland, OR
15 Copy deadline, November-December Vision
22-24 NACC Decision Accelerator Summit, Omaha, NE
24-27 ACPE Conference, Dallas, TX
25-28 NACC Certification Commission meeting, Milwaukee
27 Supervisor certification interviews, Milwaukee

November

8-9 NACC Board of Directors meeting, Milwaukee
11-13 Standards Commission meeting, Milwaukee
12-15 USCCB meeting, Baltimore, MD
22 Thanksgiving; national office closed
23 National office closed