

Chaplains encouraged to interpret patient's story

By **Laurie Hansen Cardona**
Vision editor

Chaplains should be the primary interpreters of a patient's life story in order to be able to assist patients in "writing the next chapter or even in closing the book on their lives," Fr. Richard M. Gula, SS, Ph.D., told chaplains at the NACC national conference in Indianapolis.

The professor of moral theology at Franciscan School of Theology in Berkeley, CA, said as someone who has worked 25 years as an ethics consultant, he has become an advocate for chaplains playing an integral role in hospital ethics consultations.

It is logical for chaplains to take on this role, in part, the theologian said, because they "enjoy a constant relationship with the patient in the midst of a vast array of rotating medical personnel" and may hear more dimensions of a patient's story than anyone else. He made the comments in a plenary session titled "Ministry as Gift and Challenge – Celebrating our Ethical and Moral Responsibilities."

In response to a question after his talk, Fr. Gula said that he has been frustrated when, in ethics consultations about a patient, an impasse has been reached and "the chaplain is mute."

"I believe that the chaplain's gift to the patient and to the medical community can be to play a particularly important role in these consultations as the primary interpreter of the patient's story," he said during his talk.

The patient's story matters, he said. Who tells the story, how it is told, and who listens, makes all the difference in writing the next chapter, said Fr. Gula. Interpreting patients' life stories with skill is crucial, he said, because "some next chapters simply don't fit." They are utterly incoherent in light of the person's life story, he noted. "We want to live a coherent life, not a chaotic one," said Fr. Gula.

In his talk, the theologian referred to "Wit," Margaret Edson's 1999 Pulitzer prize-winning play and its heroine, Vivian Bearing, a middle-aged woman dying of ovarian cancer. Fr. Gula said, in the play, Ms. Bearing's medical treatment is part of a research experiment. Minimally the principle of autonomy, often referred to in medical ethics, requires that Vivian give informed consent about being a research subject before undergoing any treatment, he said.

"But it's hard to believe that has happened since the senior oncologist lies to her, the young physician researcher intent on getting data is blind to her suffering. The one nurse who does exercise kindness can't mobilize her awareness of Vivian's pain into effective action," Fr. Gula said.

Respect for autonomy is more than

"When we become sick we try to integrate the sickness and our response to it into the larger story of our life."

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Paula Phipps, of Rainbow Hospice in Park Ridge, IL, and Augustine Duru, of Rush University Medical Center, Chicago, IL, play the conga drums during a Mass at the national conference.

Gratitude, blessings offered to Lichter, Landry

In this, our conference edition of Vision, I share excerpts of my remarks surrounding the Ritual of Gratitude and Blessing for Fr. Thomas Landry, NACC interim executive director for 14 months, and David Lichter, NACC executive director for the past seven months. The ritual can be found on the NACC website.

During last year's conference, Tom Landry, our interim executive director, reminded us that he was indeed our interim executive director and that it was time to return to the Diocese of Worcester, MA, to pastor Good Shepherd Parish. With the assist of many midwives, NACC had given birth to a new articulation of our Vision, Mission and Values – and a new Strategic Plan to guide us into the year 2012. Standing on the threshold of the Vision and Action Initiative and then shepherding that good work had been a leap of faith for Tom, and yet another to respond to the call back home.

David Lichter's wife Jackie sensed, perhaps even before David did, that he was standing on the threshold of a new beginning that would integrate all of his personal, professional and theological competencies developed throughout his life. She and David both were poised for a leap of faith when he responded to the NACC ad for an executive director in the Milwaukee *Catholic Herald*. In his discernment and decision to join us, it has been clear that he was called to lead us, as David wrote in the Annual Report, "in bringing flesh and spirit to the strong bones and vibrant structure Tom led us in creating."

Through Tom, God's spirit was poured out, signaling a time of abundance and a renewed spirit of hope in NACC. The scriptural quotation, "I will pour out my spirit on your descendants, my blessing upon those who will

follow you," a favorite of Tom's, was part of the board farewell ritual. And Tom, for the gift of those 14 months shared with us, and in the hope that you will continue to treasure the memory of that time which truly watered the soil, preparing it for seeds of new life, we present you with this gift of a clock, inscribed with the words, with which to measure the length and breadth of your days and remind you of our gratitude and blessing.

"We ask that you keep this gift beside your desk in Milwaukee. Written on the scrolls that it holds are the names of all our members. May it be an ever-present reminder of your covenant with us and our confidence in you."

David concluded his remarks in the Annual Report with the quotation from Timothy printed in your booklet, "I remind you to stir into flame the gift God bestowed when my hands were laid upon you. The spirit God has given is no cowardly spirit, but rather one that makes us strong, loving and wise." In his comments, David evidenced his dedication and commitment to lead the ongoing implementation of our Strategic Plan, but "with our best wisdom" to guide the accomplishment of the goals, objectives and strategies, the hopes and dreams of our members. In both Tom's and David's strong commitment to and gifts in developing and strengthening partnerships I am reminded of Paul's letter to the Corinthians: "I planted, Appolos watered, but God gave the increase. He who plants and he who waters are one, each fellow workers in God's field." David, your enthusiasm for journeying with us is truly *en theos* – of God. Receive now our Litany of Gratitude and Blessing.

As we stand on the many thresholds of our lives, at the very moments we risk a leap of faith, it is also helpful to have traveling equipment to root us and ground us. David, this basket, which we offer you now, is formed from the root of a Chinese fir tree. Through these root carvings, farmers support their families. By digging them up and passing them on to skilled artisans to hand carve, they also prevent deforestation. As with all trees, this has a rich texture and grain that is unique – as are all our members. Even the cracks add to the exceptional character and personality of each work of art. We stand here with you tonight, ready and willing to take a leap of faith into the future with you. We ask that you keep this gift beside your desk in Milwaukee. Written on the scrolls that it holds are the names of all our members. May it be an ever-present reminder of your covenant with us and our confidence in you.

I've asked Rod Accardi to lead us in lifting our voices in singing together his gift to us – our closing song, "Leap of Faith," just completed and sung for the first time publicly tonight.

Leap of Faith

Lyrics and music by Rod Accardi

We are standing on the threshold to take a leap of faith.
 We are waiting on the threshold to take a leap of hope.
 We are standing on the threshold to take a leap of love.
 It's never too late, so don't hesitate.
 Put your trust in the source of your love, hope and faith.
 Everything of late leads to destiny's gate.
 We're standing on the threshold of the leap of faith.

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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Like Indy meeting, strategic plan advances in 'splendid varied ways'

By David Lichter, D. Min.
Executive Director

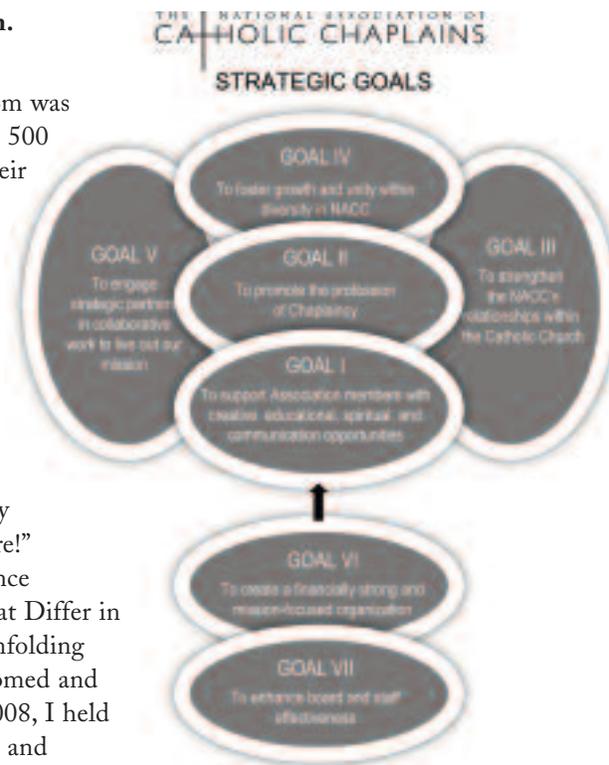
The energy in the room was palpable. More than 500 members making their

ways to the tables, catching the eyes of familiar faces, sharing news, trading professional stories, catching up on families and friends, noticing a lot of new faces. From the front of the hall, my first impression of our assembly was: "I'm blessed to be here!"

You could see the conference theme, "Bringing Gifts that Differ in Splendid Varied Ways," unfolding right before us. As I welcomed and opened our Conference 2008, I held up my "first-timer" ribbon and invited the other first-timers to stand. The 115 first-timers —almost 25 percent of the attendees — stood and were warmly welcomed. We all felt at home. Thank you.

All of us offer again our thanks to the Conference Planning Task Force that did a remarkable job on all aspects of the conference. Members remarked on the high quality plenary speakers and workshop leaders, the spirited liturgies, and all in between. Other columns in this *Vision* reflect on many aspects of the conference. I will devote this column to the business meeting. Don't leave the column yet! Stay with me a few more paragraphs, as I update you on how we are approaching and implementing our strategic plan.

I began by highlighting again the new NACC mission statement, why NACC exists. It leads with the phrase, "advocates for the profession of spiritual care," then follows with three verbs — "educates, certifies, and supports" — that shape member service. This mission statement is the member value proposition. As a



member, you judge the worth of your belonging to NACC based on our effectiveness in fulfilling this mission. The strongest associations have moved from only "benefit" language (What does a member get for dues?) to embrace "value" language (How do we strengthen the value of and advance the profession together?). Mission fulfillment is a joint venture, not the function of members alone or central office alone. Thanks to all of you who over the years have embraced contributing to the advancement of the profession in varied splendid ways!

I then offered how I interpret and approach the implementation of our NACC strategic plan. The plan's seven goals can be grouped into three driver goals, two partner goals, and two resource goals. The accompanying visual will help you see how this works.

The center driver goal is: promote the profession of chaplaincy (#2). It

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Goals

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leads the plan, just as it leads the mission statement. The other two driver goals, support association members (#1) and foster growth and unity within diversity (#4), contribute to meeting this center goal. The chaplaincy profession is promoted when you, as a professional, can improve your professional ministry through creative educational, spiritual, and communication opportunities (#1). The chaplaincy profession is promoted and its future ensured when the objectives of Goal IV (foster growth and unity within diversity) are met. This involves recruiting new chaplains and developing the understanding of and skill level for ministry with people of diverse backgrounds.

As you know, we have taken several early steps to implement the primary driver goal of promoting chaplains. These include: the Pastoral Care Summit and several task

forces with representatives from across the county that are working on metrics, pastoral standards, education/credentialing, and chaplain recruiting, as well as joint research projects with the Catholic Health Association for the Pastoral Care Survey and the Spiritual Care Collaborative for a compensation survey.

NACC Now, re-initiating local/regional gatherings, age-level conference calls, an Education Advisory Panel, and state liaisons are early steps toward addressing goal one to offer creative educational, spiritual, and communication opportunities.

Both our NACC marketing and recruitment task forces, and the Pastoral Care Summit recruitment task force have been working on early steps to address the other driver goal (#4) for recruitment of future

chaplains. We now have chaplain stories, a PowerPoint presentation, Frequently Asked Questions, and a brochure. We are working on an overall plan but are already communicating into education/formation centers where people are considering their future ministry.

These three driver goals are supported by two partner goals, strengthen relationships within the Catholic Church (#3) and engage strategic partners in collaborative work to live out our mission. These two partner goals serve the primary driver goal, promote the profession, and the other two driver goals, support members (#1) and member growth (#4). For example, as I write this article, I am attending a conference called “A National Ministry Summit: Emerging Models of Pastoral Ministry” as a strategy to strengthen relationships within the Catholic Church and to engage strategic partners *in order to fulfill the driver goals*. I am meeting here representatives of the episcopacy, higher education, dioceses, priests, deacons,

young adult ministry, and others to discover collaborative partners to meet the driver goals of promoting chaplaincy, developing educational, spiritual, and communication opportunities for members, and recruiting future chaplains. I also had a call while at the summit with our Pastoral Care Summit Steering Committee as we oversee and drive the four task forces in partnership with our strategic partner CHA *in order to fulfill the driver goals*. I also had one of our monthly conference calls with our strategic partner, the SCC, to focus on collaborative projects that *serve the driver goals*. We are very grateful to these partners that collaborate with us to accomplish our three driver goals above.

Finally, we have two resource goals, be financially strong and mission-focused (#6) and enhance board and staff effectiveness (#7). Financial and human resources fund and direct the plan. In the May *Vision*, my executive director column addressed goal six on finances. As you know, the Reid Group was very helpful to the NACC, not only in Strategic Plan development, but also in assisting the board in its own development and formation and in providing the board and me an assessment of the current office staffing. Their professional counsel gave guidance, but most importantly caused us to look carefully at how the board is structured, how to assess its work, how to identify board needs, and how to be more effective in overseeing the Strategic Plan implementation.

While we had much to celebrate over these past months regarding implementing the strategic plan, we have just begun the process of NACC mission fulfillment. A primary step this coming year will be to identify and engage state liaisons who will help connect state members to NACC, create communication channels among state members, and lead the coordination process of developing future gatherings. We have no one way to do this. As Susanne Chawaszczewski noted in her May article, states or regions have many ways of doing this. We can do this together. Groups that have already met are now thinking about planning the next gathering.

I look forward to continuing to partner with you to advocate for the profession of spiritual care. May you all have a blessed summer.

“The 115 first-timers — almost 25 percent of the attendees — stood and were warmly welcomed. We all felt at home. Thank you.”

Looking for more?

For more information about the NACC national conference in Indianapolis, go to the NACC website, www.nacc.org. Conference photographs in this issue of *Vision* were taken by Larry Gindhart Photography, www.GindhartPhoto.com, and the NACC staff.

Gula

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giving one freedom to change; it's also about maintaining one's identity. A narrow interpretation of Vivian's autonomy focuses only on "a thin slice of life frozen in time," on what is going on right now in relation to her body and in relation to her physician, the theologian said.

Vivian, like real-life patients, sees her sickness within the scope of an entire life, not just in this immediate moment, Fr. Gula said. And for this reason, he said, understanding how Vivian got to this place in her life is crucial for determining how to write the next chapter. "What and who has been important to her, how she relates to her medical condition, what her aspirations are, how she has lived or not her life of faith, what she thinks of death, are all important aspects of her identity. We need to know about them in order to respect her autonomy," he said

In "Wit," the doctors don't seem to be in touch with these identity factors, but the audience is, he said. "Knowing more enables us to see further down the road, both backwards and forwards. This longer view helps us to see what chapter she would like to write next. Or why she would even want to close the book," the theologian said.

He commented that a powerful dramatic feature used in the play is Vivian reporting directly to the audience about how she is feeling and about her professional identity as a teacher of John Donne's sonnets. And so the audience feels grief at her suffering, fury at her inhumane treatment by her doctors, and relief when she dies, Fr. Gula said.

"This is what narrative ethics can do for (chaplains) – it draws us empathetically into the particularity of the patient's life, it allows us to attend to various features of her life, and size up the values that make life meaningful for her." In addition, it can help lead to a treatment response that fits into the pattern of the life the individual's been living, Fr. Gula said.

"While our life narrative does not prescribe what we should do next, the character we have formed predisposes us to act in a way that is more consistent than chaotic. As a general rule, we do not take Kafkaesque turns and change into someone radically different," he said. Even with a career change, with retirement, or the affliction of Alzheimer's disease, individuals do not become radically different people, he said. People are consistent in character more often than not.

"When we become sick we try to integrate the sickness and our response to it into the larger story of our life," Fr. Gula said. "We bring this understanding of narrative coherence to guide and justify healthcare decisions for ourselves and for others, such as when we serve as a proxy and have to write the next chapter for someone who has entrusted themselves to us."

The theologian explored, in his talk, an article written by John Hardt in *America* magazine (Jan. 21, 2008) about a conversation with his father on using life-prolonging treatments. The dialogue in the article begins with John's father speaking: "If I'm ever in a situation where I'm permanently unconscious and unable to eat, I'm begging you: Let me go. I don't want to be kept alive by a feeding tube."

John holds his father's power of attorney for health care. In line with narrative ethics, John interprets his father's command,

"Let me go," from within the context of his father's life and the roles he has played and in light of the background stories of culture and religion which define these roles and give his life meaning, Fr. Gula said. In this way, John can let the manner his father dies be consistent with the way he has lived, Fr. Gula commented.

When interpreting his father's directive, John relies not only on his father's biography, but also on current medical and social cultures and also his father's Catholic faith. "Our medical and social cultures have great confidence in the powers of technology to prolong life farther into the disease, aging and dying process than ever before, although sometimes in a seriously compromised way," Fr. Gula said.

"Mr. Hardt does not want to get seduced by the technology that can keep death at bay but not return him to consciousness," commented the theologian.

Based on further dialogue in the *America* article, Fr. Gula concluded that Mr. Hardt seems to be the kind of person who would welcome technical interventions that provide comfort and improve daily function but "he does not want to merely extend his biological existence when he has no chance for communicating with his loved ones or awareness of himself."

Fr. Gula said there are several Catholic conventions that express the substance of the Catholic narrative influencing how Mr. Hardt can write the next chapter.

He cited one convention from the U.S. bishops' Ethical and Religious Directives for Catholic Health Care Services: "We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome."

This conviction recognizes that life is a gift that comes with the responsibility to take reasonable needs to care for it. Biological life is a basic value, the theologian said, but we are not to idolize biological life by using whatever means are available to prolong it.

Another convention from the Catholic ethical and religious directives he cited in his talk was: "The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side effects can be justified only by a proportionate benefit to the patient."

This means, Fr. Gula said, that the appropriateness of the treatment should not be judged simply on the effect it will have on the body. If the proposed treatment does not bring reasonable relief and the patient wouldn't judge this relief to be beneficial, then it need not be employed. In the Catholic narrative, the focus is the patient, not the treatment, he said.

At one point in the dialogue between father and son, Mr. Hardt, making reference to his Catholic belief in Heaven, asks: "Would I not have somewhere better to be, anyway?" Such a vision of hope, Fr. Gula said, is part of the larger Catholic narrative in which John's father lives and finds meaning.

"Therapeutic procedures that are likely to cause harm or undesirable side effects can be justified only by a proportionate benefit to the patient."

Long-time NACC member reflects on his first conference

By **Bob Barnes, BCC**

The first, and strongest, impression that I had of the NACC national conference was walking into the main hall on the first day. Due to the timing of my flight I arrived just before the opening prayer. The room was already packed with chaplains and there was a low roar as hundreds of voices blended in recognition and excitement. There were banners of many shapes, colors, and national origins hanging in the front, which very nicely reflected the diversity of the people in the room. And once the prayer began, the singing was truly awesome, both from the conference choir and the assembly.

As a “first timer,” I was continuously welcomed by participants who noticed the ribbon on my name badge. At no time did I ever feel like an outsider. I enjoyed meeting so many new friends, and putting faces with others I only knew by name. I also received my fair share of teasing for “finally” attending a national conference after 17 years of membership.

The plenary speakers were wonderful. Father Kenan Osborne, OFM, spoke of the theological complexity of the work we do and encouraged us to minister authentically in the moment. Sister Carolyn Osiek, RSJC, highlighted the prophetic nature of chaplaincy and grounded it in the biblical tradition of Jewish and early Christian prophecy. Father Richard Gula, SS, pointed the way to developing “narrative competence.” And Sister Jamie Phelps, OP, was inspiring as she spoke of the necessity of loving as Jesus loved, without boundaries or exceptions.

In between the plenary sessions there were many breakout workshops from which to choose, and plenty of time to visit with other participants. The prayer times were well planned and conducted. The banquet on Sunday evening featured a pleasant surprise: an unexpected “fifth plenary”



Benedictine Sisters Mary Ruth Krack, of Bloomington, IN, and Marian Wehler, of Erie, PA, (left to right), try out Native American flutes sold by Kansas-based Rhythmic Medicine, a vendor at the national conference.

as Dr. Ira Byock, recipient of the first “Outstanding Colleague Award,” spoke passionately of the importance of spiritual care and urged us as chaplains to never ask permission for your ministry.

The only downside of the entire conference for me was the higher than anticipated costs for transportation, lodging, and food. Now that I have been to the conference I know what to plan for in the future. I also want to thank NACC and the national office for the scholarship that made my attendance this year possible.

Throughout the conference I continually heard the question, “So, now that you’ve seen the conference, are you coming back?” While I certainly can’t commit to coming every year, I will definitely be back.

Bob Barnes is manager of spiritual services for Howard Young Health Care in Woodruff, WI.

Prayers for Healing

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

Dennis Eldridge (Kathy's husband)
Milwaukee, WI
Cancer treatment

Sr. Nancy Flaig, OSB
Duluth, MN
Chemo treatment for cancer

Sr. Mary Skopal, SSJ
Baltimore, MD
Back surgery recovery

Jeanne Childs
Hanover, NH
Surgery

Sr. Alice Smitherman, OSB
Overland Park, KS
Heart surgery recovery

Sr. Mary Anna Euring, OP
West Islip, NY
Non-Hodgkin's Lymphoma

Fr. Osborne to chaplains: God called, commissioned you

Theologian Fr. Kenan B. Osborne, OFM, D. Theol., contends that it is God who calls and commissions each chaplain to ministry.

“According to Vatican II, the church hierarchy is not the one who calls or the one who commissions,” he noted in a plenary session at the NACC national conference. “If you minister to the sick and dying, you have been called by God, not the bishop, not the pastor, and you have been commissioned by God.”

In his talk, titled “Ministry as Gift and Challenge – Celebrating our Sacramental Life,” he commented that church officials sometimes forget this Vatican II teaching. Fr. Osborne is professor emeritus of systematic theology at the Franciscan School of Theology and the Graduate Theological Union in Berkeley, CA.

He told the chaplains that he realized the challenges in their ministry are multiple and complex. He recalled speaking to a priest-chaplain from a huge public hospital complex in Los Angeles who told him that in a matter of minutes he had been paged three times and told to come immediately to three separate areas of the hospital to minister to patients close to death. One patient was in the Emergency Room, another in Obstetrics giving birth, and the third in ICU. Noting that he had chosen to answer the call in Obstetrics, thinking there could have been a dying baby as well, the chaplain asked Fr. Osborne what he should have done. “He had to make that decision. You don’t have time to say, ‘I’d better check with the chancery.’”

Fr. Osborne quipped that as a systematic theologian, not a moral theologian, he didn’t know what to tell the chaplain. “I said: ‘Blessings on you. God will take care of everybody else.’”

Being a chaplain to the sick and dying today is “profoundly complicated, highly existential and unavoidably charismatic.” In his talk, he said, he would prove that these three characteristics were true.

Before 1965, when the NACC was established, hospital chaplains were generally appointed by the diocesan chancery, he said. Often, chaplains were kind, compassionate priests with no special credentials, Fr. Osborne said. Gradually it became clear to healthcare officials that Catholic chaplains should have certain qualifications, and a sense of professionalism began to be demanded, the theologian recalled. To applause, Fr. Osborne noted that the NACC has been “a strong voice in that, pushing, pushing, pushing” for education, certification and professionalism.

He noted that the medical field is far more complicated than it was years ago. Today, he said, there is the question

of what is required by moral law when life-prolonging systems are available. In addition, “Is the cessation of life on such a system morally justified?... In what circumstances is it possible?” he asked.

Another new set of problems has arisen in the area of stem cell research, he said. Related issues, he said, are in constant flux. If church officials come down with a quick yes-or-no answer, it will be hard to accept because the scientific advances are so new that they are not completely understood. Is a given patient clearly ready for absolution or not? Is a priest even available to give it? he asked. What if a chaplain is bringing Communion to a Catholic patient about to be operated on, and the Protestant in the next bed requests Communion, too? “He or she is going to be operated on in the next day, too, for something very serious.... There’s no Lutheran or Anglican minister. You’re the only one there.” He offered the three conditions that the Catholic Church has taught to help guide a chaplain’s decision: the person is in serious need, his/her own minister is not available, and the person believes in the real presence.

Decisions have to be made quickly, he said, and the chaplain is “often caught between a rock and a hard place.”

The Catholic chaplain is unavoidably charismatic, Fr. Osborne said. Charismatic and institutional ministries have co-existed in the church since the beginning, he said.

In the Judeo-Christian tradition, he said, healing was never looked on as simply a secular thing. “Holistic medicine moves in the direction that it isn’t simply you get the right medicine, the right antibiotics, to make you well. It has to do maybe with the will to live. It has to do with the love of your family. It has to do with the care that people like you give.... It’s the notion that we are the sacraments of God here.”

Fr. Osborne said there may be days when there is no priest available and a non-ordained chaplain encounters a dying person, who has been out of church a long time, in a second marriage, who’s sorry for his or her sins. Those of you who are non-ordained, “Certainly you can say, ‘God loves you. God forgives you. In the name of the Father, the Son, and the Holy Spirit,’” the theologian said.

“It’s not what we are doing, or what the church is doing, or what the priest is doing,” he declared. “It’s what God is doing, in this moment, in this person, in these circumstances.”

“It’s not what we are doing, or what the church is doing, or what the priest is doing. It’s what God is doing, in this moment, in this person, in these circumstances.”

Doctor says end of life needs parity with beginning

By Laurie Hansen Cardona
Vision editor

Every medical student needs significant training in palliative care, equal to that of obstetrics, contends Dr. Ira Byock, director of palliative medicine at Dartmouth-Hitchcock Medical Center in Lebanon, NH.

"I think we need parity with the beginning of life," said Byock, who is also chair of palliative medicine at Dartmouth Medical School. "It doesn't happen because frail elders and dying people have few advocates within the rough and tumble politics of academic medical education and medicine, in general. We don't have a department," he commented in an interview at the NACC national conference.

In his view, medical education hasn't caught up with the public health priorities of the 21st century. "We're still teaching a mid-20th century curriculum in a 21st century world. We teach every single medical student how to deliver babies and care for pregnant women though very few of them do that and those who do already are doing a three-year post-graduate residency in obstetrics and gynecology or family medicine," he said.

In addition, he noted, only 50 percent of the population is "at risk for an obstetric experience," while all humans will eventually die. He estimated that 70 percent or more of physicians participate in care of people during final years of their lives. "It's not optional," Byock said.

He is convinced that change won't happen in the medical profession "without a strong citizen consumer voice."

"How could we have let it happen that the strongest citizen consumer voice is for legalizing assisted suicide," asked Byock. "Why are we not jointly writing letters, lobbying for legislation, and frankly demonstrating in the streets to have adequate staffing in our nursing homes for our grandparents and our parents, adequate education for our doctors in training, and a requirement of basic education in pain assessment and management as a condition for getting a medical license?"

Were this to happen, Byock said, it would be at least as controversial as the bills to legalize assisted suicide, but unlike those bills it would actually improve care.

But, he said, try to legislate medical education and the requirement that physicians pass tests in pain management to practice medicine and the medical establishment and the medical association will mobilize as they haven't around the assisted suicide issue.

If physician-assisted suicide is legalized, the physician said, the day after it's legal, "we still won't be educating physicians to care well for dying patients; we still won't be providing adequate insurance coverage for palliative care,

hospice care and nursing home care; we still won't be staffing our nursing homes at even a safe and prudent level. It changes nothing. It just provides society with a pressure-release to keep avoiding these absolutely unconscionable deficiencies in the way we care for frail elders and dying people."

Dying and caregiving don't have to be as difficult as they are today, in his opinion. "We make them particularly hard. We often abandon people to figure out for themselves how to do this, how to deal with symptom management and coordination of care among doctors, life completion and life closure. Figure it out. If there's not a medical code or a billing code associated with it, we can't help you," he said.

The reason the healthcare system doesn't rally its forces and reach out, Byock said, is not just about profits. "In the medical system, it's about problems; you have to be suffering to earn attention," he said.

Yet, he said, at the beginning of life, "it's enough to be a neonate, an infant. A baby and a new family don't have to be suffering to earn medical attention. It's simply part of what we extend in this inherently risk-filled, but utterly normal time in human life. Why don't we do that at the end of life?" the physician asked.

Byock said he'd been criticized on websites by fringe right-to-lifers because he won't do CPR on people as they are dying or won't insert feeding tubes in people where they would do more harm than good. In some instances, these treatments actually hasten death, Byock said. "Dying is natural. There comes a time when the body can't use those nutrients. When people just sort of swell up from the fluids. But I've been called the 'angel of death' on some fundamentalist right-to-life websites.

"Frankly few things are as offensive to me. I think that what we do in hospice and palliative care, at its most fundamental level, is celebrate life. I think we are the most life-affirming people in society, utterly committed to life. But if one is going to affirm life, one has to affirm all of life. And, it turns out, this gift of life is a finite gift," the physician said.

Byock quotes the late Chicago Cardinal Joseph L. Bernardin: "A person who decides to forgo treatment does not necessarily choose death. Rather he chooses life without the burden of disproportionate medical intervention."

The physician thinks there has been insufficient time to incorporate and culturally digest recent remarkable advances in medicine. "We all want the 'best care possible' for our loved ones and ourselves," he noted. "But what does the 'best care possible' mean?"

He recalled his parents telling him that they remember in the 1930s and 1940s, people started coming home from the hospital well, when they had entered with pneumonias and other infections that could have killed them. "All of a sudden, hospitals were a good place," he said. "Surgery made huge

"How could we have let it happen that the strongest citizen consumer voice is for legalizing assisted suicide?"

advances. People started having complicated surgeries and were healed. Cardiac care became so good.”

People learned quickly that the best care possible meant having someone you love who is ailing in the hospital, if possible in the ICU, or if that wasn't working, in the ICU of a referral hospital. “If all else fails, we'll send them to Sloan-Kettering,” said Byock. “While there's some truth to that, it turns out we're still mortal. That thinking and that path of services ultimately always fail. While it may succeed 100 times, it will fail on the 101st. If we don't have some corresponding planning for an endgame, somehow we end up abandoning people to figure this out for themselves.”

There's hope for positive change as large numbers of baby boomers age, he said, “but we have to find our citizen consumer voice.”

“If we're waiting for industry to do this for us, we'll be waiting a long time,” Byock said. “If we're waiting for the body politick, sorry, the body politick is waiting for us.”

Unlike young parents, frail elders, dying people and caregivers have no voice, he said. “Their voices are barely whispers.” In his view, AARP is avoiding (these issues), to their discredit. “They've made the decision to avoid these issues and, in doing so, they're letting us down,” Byock said.

Physician, deacon honored with NACC's top awards

Ira Byock, MD, a self-described “Jewish boy from Jersey,” and Deacon Arthur Metallo, BCC, a “servant leader” to his many chaplain colleagues, received top awards from the NACC at the national conference in Indianapolis.

Byock, chair of palliative medicine at Dartmouth Medical School, director of palliative medicine at Dartmouth-Hitchcock Medical Center in Lebanon, NH, and a professor in the departments of anesthesiology and community and family medicine at Dartmouth Medical School, was given the NACC's Outstanding Colleague Award for 2008.

With this award, the NACC recognized Byock as a person whose work has proven complementary to, supportive of, or otherwise has contributed to the advancement of the profession of chaplaincy in a significant and lasting way.

In accepting the award, Byock said he was proud to receive it from the NACC and glad to be a colleague to chaplains. He told the chaplains he was proud that, while others run away from illness, disease and death, “you rush in.”

He said if he had one wish for chaplains, it would be that they “stop asking permission.” “You are an integral part of the health care team. You advocate for others,” he told them, urging them to “speak up” on behalf of their patients.

Deacon Arthur Metallo, recently retired from Resurrection Health Care in Chicago, IL, where he was director of spiritual services, was honored with the Distinguished Service Award. At Resurrection, more than 100 chaplains and CPE interns and residents throughout the system considered him “their servant leader,” said Leszek Baczkura, a Resurrection colleague, during the award presentation.

With the Distinguished Service Award, the NACC recognizes the person who has advanced the mission of NACC or the ministry of chaplaincy in a significant and lasting way.

Deacon Metallo became a member of the National



Deacon Arthur Metallo, BCC, (at left), and Ira Byock, MD, pose for a photo after receiving top awards from the NACC at the national conference in Indianapolis.

Association of Catholic Chaplains in 1978 and in 1983 was certified. He was elected and served as director of Region VII (Illinois, Indiana, Wisconsin) from 1991-1997. During this time he also served as a member of the NACC National Leadership Council.

In managing chaplains of various denominations and faiths, Metallo showed respect for diversity and ecumenism, while at the same time modeling Catholic values, Baczkura said.

Upon receiving the award, Metallo commented that over 30 years in ministry, “I was blessed and privileged to meet and journey with so many beautiful people who came from many different cultures and diverse life styles.

“For this I am most grateful,” Metallo continued. “I was served and I served. I was taught and I taught. I was respected and I respected others. I was patient and others were patient with me. I was loved and I loved.”

Chaplains seen as prophets who help with decisions

Chaplains are called to personal prophecy in their ministry helping individuals with critical decision-making, Sister Carolyn Osiek, RSJC, Th.D., said at the NACC national conference.

“Prophecy is about decision-making. It’s about calling it as we see God would call it,” the theologian said in a plenary talk titled “Ministry as Gift and Challenge – Celebrating the Biblical Groundedness of our Calling.” Osiek has been Charles Fischer Catholic professor of New Testament at Brite Divinity School of Texas Christian University in Fort Worth, TX, since 2003.

“I believe that prophecy continues in the church. In our individualistic culture, prophecy takes on new forms.

Alongside public prophecy, there are also forms of personal prophecy,” Sr. Osiek said. “Some of these are closely connected with ministries in which you are engaged – spiritual direction, reconciliation, the bringing of spiritual healing in various ways. These ministries are not by nature prophetic; they are more likely priestly,” she said. “But there are moments when what is said and done penetrates in such a way that the recipient comes into a new awareness of the vital presence and action of God in the here and now.”

The theologian said that in the Acts of the Apostles it is written that the prophet Agabus, an eccentric figure, approached Paul, unwound Paul’s belt, a wide long piece of cloth, sat down on the floor and tied up his hands and feet with it, saying all the while, “Thus sayeth the Holy Spirit, the one to whom this belongs will be tied up like this in Jerusalem and handed over to the Gentiles.”

That prophecy proved true. “Now had Agabus tried anything like that in a Catholic liturgy today, he would be escorted out and sent for psychological evaluation,” Sr. Osiek commented. “This dissonance illustrates well the problem we face: How do we know true prophecy? Could we get around our cultural biases sufficiently to recognize it if it were staring us in the face?”

The theologian noted that in the first centuries of the Christian era, there was a belief among some, especially Jewish scholars, that prophecy had ceased since the destruction of the first temple by the Babylonians in about 587 B.C.E. The belief of the earliest Christians, however, she said, was that prophecy was ongoing and found its finest hour in Jesus, the greatest of the prophets.

According to the prophet Jeremiah, the function of prophecy was to tear down or build up. Generally, in the

Old Testament, prophets seemed to do more tearing down, and in the New Testament, more building up, Sr. Osiek said.

At the time of the Israelite monarchy, the institution of the temple priesthood provided social maintenance and stability, the theologian said. Prophecy, on the other hand, called into question established practices or assumptions in the name of covenant fidelity.

She noted that Jesus did not belong to the elite priestly group called the Sadducees or any other priestly group, either by birth or by theological inclination. “It was a theological tour de force that the Letter to the Hebrews cast him in a priestly role,” she commented, adding that Christ identified happily with the legacy of the prophets, the challengers of the priesthood. In all four Gospels he is referred to as a prophet, she said.

The practice of the disciples of Jesus, from the earliest years, was community-centered, not temple-centered, Sr. Osiek said. As time went on, followers of Jesus came to formulate new ways of expressing their faith, including the priesthood.

Her own informal list of characteristics of prophecy includes the reluctance of the prophet. “Recall Jeremiah trying the excuse that he was too young,” and Amos said he thought surely there was someone who could do it better, she noted. Beware the too-eager prophet, the theologian warned.

The second characteristic is that there is a cost to pay. Prophets, she said, know what it will cost: social conflict, disapproval, even ostracism. Jeremiah, in the stocks, says, “No more, I am not going to do this anymore.” But he can’t keep quiet because it becomes a burning inside him he has to let out, Sr. Osiek said.

The third characteristic is ambiguity. “How do you know if it’s true? Well you don’t,” she said. Sometimes prophets are in conflict, she said. While one prophet is preaching comfort, others are calling for upheaval. Who’s right? she asked. Discernment is needed to make that decision, she said, quoting Paul to the Thessalonians: “Do not quench the Spirit. Do not despise prophecy. Discern what is good.”

The fourth characteristic of prophecy is that there are “no limits of age, race, class or gender.” The gift of prophecy is “given by the Holy Spirit as she pleases,” she said. She pointed to four women prophets who stand out in Hebrew Scriptures: Miriam, sister of Moses and Aaron; Deborah, a judge who helped Israelites settle their conflicts; Huldah, who was asked to explain the meaning of a new scroll discovered in a temple; and Isaiah’s unnamed wife. Three of the four are married; celibacy was not required of these women to exercise their ministry, she noted.

“How do we know true prophecy? Could we get around our cultural biases sufficiently to recognize it if it were staring us in the face?”

Indy meet was 'exhilarating'

By **Joseph Bozzelli, D.Min., BCC**

Now that the conference is over, I have a better sense of what Peter may have felt following Jesus' Transfiguration. Instead of being able to pitch some tents and savor such an incredible moment, Peter had to tread down the mountain. He went back to the reality of life. I imagine that Peter must have felt really sad and even somewhat depressed, as he walked. "Wow, how can I ever top that!" he must have thought. If Peter did feel that way, it makes perfect sense. After all, coming off an exhilarating experience, it's understandable to have a period of sadness and even melancholy as you long to relive that wonderful moment.

Now that the conference is over, I have some "Post-Transfiguration Blues" myself. Being with the national office staff, the conference planning committee, and more than 500 of my colleagues from across the country was not only rejuvenating; it was fun! Coming back to "reality" has been somewhat of a jolt. So, I'm feeling a bit sad, which is a little unusual for me.

I think what's made the transition from conference to reality a little more bearable is the spirit of service that was so much a part of our conference planning team. During months of preparation and throughout our time in Indianapolis, every member of our group was committed to creating a conference that served the needs of our members. When I reflect on how we worked together, the spirit of generosity and love that was so much a part of our committee moves me.

Joseph Bozzelli, director of pastoral care at St. Elizabeth Medical Center in Crestview Hills, KY, was co-chair of the 2008 Conference Planning Committee.

Prep work was half the fun

By **Judi Shemkovitz, B.A., L.P.C., BCC**

When I awoke Monday, March 31, I was filled with anticipation and excitement. In just a few days I would be off to Indianapolis for the 2008 NACC National Conference and many months of conference calls, e-mails and meetings would come to fruition in the form of our gathering. Then, another feeling came over me as intensely as the first, sadness! It was soon to be over. All the planning — what would be our focus, what is it our membership wants and needs, who will be our plenary speakers, what types of workshops would be beneficial, and, of course, the greatest task of all, the menu selections — was in place.

A decision had to be made quickly. Would I grasp these days with the same commitment and joy that had filled me throughout the planning and preparation? The decision was actually easy to make. In all the years I have been involved with the NACC, especially relative to our certification process, I have always received far more than I have given. So I set out to be as truly present to every second and all of the people I would encounter. I didn't want to miss a moment.

My decision was richly rewarded. Yes, there was much work to be done even before all of the conference attendees arrived. There were cars to be unloaded, name badges to be prepared, conference packets to be filled, and more. Alongside the Planning Committee members and national office staff were local volunteers and some individuals who were not even members of NACC but came to help their friends. Already, meeting all of these people and the conversations that ensued had enriched my life.

And so it continued throughout the conference. I was reunited with many friends, even a CPE classmate. Memories were shared, new memories made. Would I choose to co-chair our conference again? Oh yes, in a heartbeat my answer would be yes. This was truly a splendid experience.

Judi Shemkovitz, pastoral care and volunteer coordinator at Hospice and Palliative Care Center in Cleveland, OH, was co-chair of the 2008 Conference Planning Committee.

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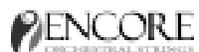
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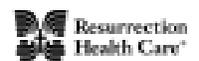
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Like Peter, chaplains interpret death, resurrection

The following homily was given at the NACC's April 6 morning Mass.

Readings: Acts 2:14, 22-28; 1 Peter 1:17-21; Luke 24: 13-35

By Bishop Randolph R. Calvo, D.D., J.C.D.
Episcopal Liaison to the NACC

By way of a simple introduction, I was ordained and installed as the Bishop of Reno a little over two years ago. Before assuming this office, I was a priest ministering in the Archdiocese of San Francisco for nearly 29 years. I was ordained in 1977, having completed my theological studies at St. Patrick's Seminary in Menlo Park, CA. In my second year at the seminary, I did my pastoral field education at Stanford Hospital. It was my formal introduction to the world of hospital chaplaincy and an experience that was challenging and unforgettable.

One incident in particular occurred soon after I started visiting patients on the floors. I came across an elderly woman who wanted to dispense with the niceties of initial chatter and so she cut to the chase and asked me, "Why? Why am I undergoing all this pain? Why am I suffering this way?" I suppose I was remotely ready for this kind of question, but I was taken aback by her look, which seemed to say, "Don't give me any pious platitudes. I don't need pat answers. I want a real one." It was a challenge to engage in an authentic dialogue of faith. Needless to say, this was the subject of my first verbatim.

The ministry of a chaplain often involves walking with someone on the edge of life and death. The issues that emerge have deep consequence. Physicians may deal with questions such as "What is wrong with me? How did this happen? What can be done? Will I be well again?" But for pastoral ministers, the questions often revolve around a basic one, "Why?" In a real sense, this is a theological question, one that deals with ultimate meaning and purpose. But its response does not admit of abstraction, but demands one that is specific, here and now, concerning this particular person and his or her relationship to God.

I notice that the plenary sessions at this convention all elaborate on the basic theme, "Ministry as Gift and Challenge." One challenge for those ministering to the sick is making sense or deriving meaning from their experience of illness and suffering. With this challenge comes the gift of what I would call the pastoral art of interpretation.

The Gospel today is familiar to us: Two disciples were on the road to Emmaus. They were talking about the events that just occurred in Jerusalem and they were feeling downcast. Appearing as a stranger to them, the risen Christ joined them and, after asking them what they were discussing, he chided them for looking at what happened only at face value. They needed to go beyond the facts of an event to understand its meaning. And so, as Luke's Gospel says, "he interpreted to them what referred to him in the Scriptures." The events the disciples recounted demanded interpretation, if they were to



Bishop Randolph Calvo of Reno, NV, episcopal liaison to the National Association of Catholic Chaplains, listens to a reading during the Mass he celebrated at the national conference in Indianapolis.

experience its life-giving significance. And as Christ was interpreting for them the meaning of what had happened, their hearts burned within them and eventually they were able to recognize Christ in the breaking of bread.

Jesus hung on a cross and died. This event left the disciples frightened and disappointed. It is hard for us in the 21st century to appreciate how Jesus' death by crucifixion was such a scandal for the disciples. He rose from the dead and was seen by some of the disciples. In itself, this was astounding, frightening at first, and even troubling. So this event also needed interpretation. That's

why our readings today — Peter's address at Pentecost in the Acts of the Apostles, the First Letter of Peter, the Gospel story — all are full of interpretation about the resurrection event.

Now when I talk about interpretation, I hope you do not misunderstand me and think that interpretation is all about spin. It is not about putting a silver lining on harsh reality, but of reflecting deeply on our faith, opening ourselves to the Holy Spirit in seeking to understand God's action in our lives. It is the response of faith that brings meaning to what is happening to us and to others.

I use the term, "art of interpretation," to describe one of the challenges and gifts of our ministry. Like all art, it involves a certain mastery — of human relations, of spiritual matters, of the human condition, and of questions of faith. It takes a skill of engaging in a conversation of faith, one that is attentive, perhaps intuitive and definitely open to the other person and to the Holy Spirit. We each bring our specific, personal gifts to this art of interpretation: our experiences, our knowledge, our personality, our reflections and our journey on our own road to Emmaus. It is an art; it's not like painting with numbers, where we have ready answers to questions that arise from the depths of one's soul.

I remember hearing someone describe the Acts of the Apostles as the unfinished work of the New Testament; that is, chapters continue to be written as we the church carry out our mission through the power of the Holy Spirit given at Pentecost. In the first reading today from the Acts of the Apostles, we hear of Peter standing with the Eleven before the crowd and proclaiming — interpreting — for the people the meaning of Christ's death and resurrection in light of the Hebrew Scriptures. Today we still proclaim and interpret the

Chaplaincy is 'critical' ministry, doing what Christ did

By Laurie Hansen Cardona
Vision editor

Bishop Randolph Calvo, episcopal liaison to the NACC, called chaplaincy “a very critical ministry in the church.” “Ministering to the ill and dying, while not high-profile in one sense is, in essence, doing what Christ did — bringing healing and hope to the world,” Bishop Calvo said in a telephone interview following his attendance at the Indianapolis national conference.

He said he was able to leave the conference with “a good sense of the concerns and the goals” of Catholic chaplains. He said he wants chaplains to know that he is very supportive of their work.

He called “short-sighted” the fact that some hospital systems have eliminated chaplaincy positions in recent times. “It is contrary to our understanding of healing as holistic, that is, healing the sick involves the spiritual and emotional as well as the physical,” Bishop Calvo said.

While the emphasis on metrics is vital, “some things can

never be quantified,” he said. “Spiritual life is one of those. Healing comes in ways we may never have strategized,” he said. The work of the Holy Spirit does not show up in quantified results, he said.

“To someone who is dying, a few brief words and a spiritual presence may bring a level of peace that is amazing,” Bishop Calvo said, adding that hospitals can be “cold, mechanical places” without chaplains.

In his homily at the April 6 conference liturgy, the bishop called the “art of interpretation” a gift and challenge of the chaplain ministry. In the interview, he said chaplains could build their mastery of this art by increasing their sense of professionalism, in terms of continuing education, which he noted the NACC strongly promotes. This art of interpretation, he said, involves a sharing and reflection that grows out of having competency in theology and skills to interact with people at a deep level.

The bishop noted in his homily that he was formally introduced to the “world of hospital chaplaincy” in his third-year pastoral field education at Stanford Hospital in Stanford, CA. When he least expected it, he was thrust into what he termed “an authentic dialogue of faith” with an elderly patient.

“This kind of conversation has to be coming from one’s own sense of who they are. It can’t be rote, pat answers. It means recognizing what the other is experiencing, and responding with one’s own experience, faith and knowledge,” Bishop Calvo said.

“To someone who is dying, a few brief words and a spiritual presence may bring a level of peace that is amazing.”



David Lichter, NACC executive director, shares a laugh with Rachel W. Argueta, after congratulating her on becoming a newly certified chaplain.



The 2008 newly certified chaplains, supervisory candidate and associate CPE supervisor pose for a photographer at the national conference in Indianapolis.

dying and rising of Christ in our own lives, not only before a gathering of people, but as we sit next to someone sick in bed or as we visit a patient in a hospital room. As Peter, centuries ago, relied on the gifts the Holy Spirit gave to the disciples, so

we also rely on the Holy Spirit’s gift to our ministries, so that we might meet the challenge of bringing the hope and love of God to our brothers and sisters who face illness, pain, loss, isolation and suffering.

Indy locals, chaplains harmonize in joint choir

By Carey Landry, BCC

Because of my extensive experience in music ministry, I have wanted for some time now to lead the music for an NACC national conference. The opportunity presented itself when this year's conference was scheduled to be held in Indianapolis (actually very near to where my wife, Carol Jean,

and I live). I arranged to have as accompanists some musicians who are part of the music ministry at Immaculate Heart of Mary Catholic Church, where I am director of music and where Carol Jean and I minister week in and week out. We were also able to receive great support from a local music store that graciously donated a superb cello for our use during the conference.



Chaplain Carey Landry of St. Vincent-Carmel Hospital in Carmel, IN, plays guitar during a Mass at the national conference. During liturgies at the national conference, Landry directed a choir made up of chaplains attending the national conference and members of his local parish choir.



Members of the joint chaplain-local parish choir, led by Chaplain Carey Landry, sing out strong during a national conference liturgy.

With that group of local musicians as the “core,” I had no great concerns about seeking to form a choir from the NACC membership — a “first” for an NACC conference. Not only did we have a wonderful choir of members from all over the country, but we also had the services of several gifted musicians from the NACC membership, who provide cello, trumpet, African drums and Conga drums. We truly “sang a new church in splendid varied ways.”

I am so grateful for the many expressions of affirmation of the music received during the conference and the notes I have received since then. May God continue to help us all to “sing a new church into being.”

Carey Landry is a chaplain at St. Vincent-Carmel Hospital in Carmel, IN, and he and his wife, Carol Klinghorn-Landry, are composers of Catholic liturgical music.

Drummer soared, swooped like an eagle

By Paula Phipps

Playing drums with Carey (Landry) directing is a bit like being an eagle, riding the wind currents to heights undreamed — soaring and swooping, becoming one with the power and the beauty of all that is. Carey becomes the music ... and so do I. His every move radiates a oneness with Music (as in Source of being). Seeing him conduct is like a personified poem.

There were so many gifts for me at this conference (a first-timer). My favorite was being part of the music!

— Paula Phipps is a chaplain at Rainbow Hospice in Park Ridge, IL.

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There is no 'other' in the human family

There is no "other" in the human family, Sister Jamie T. Phelps, OP, Ph.D. told chaplains at the NACC national conference. "There's simply a brother or sister we need to meet."

Sr. Phelps, in her plenary talk, challenged the chaplains to examine their own prejudices and attitudes about people different from themselves. She also urged them to remain open to the good and positive coming from the institutional church. Her talk was titled "Ministry as Gift and Challenge: Naming Our Present Realities and Celebrating Our Vision."

Sr. Phelps is director of the Institute for Black Catholic Studies and professor of systematic theology at Xavier University in New Orleans. A member of the Adrian Dominican Congregation since 1959, Sr. Phelps has founded several institutional programs to encourage a continued growth of theology and ministry in the black Catholic community, including the National Black Catholic Sisters' Conference, the Augustus Tolton Lay Ministry Program at Catholic Theological Union, and the renewed Black Catholic Theological Symposium.

She has written more than 50 theological articles on the mission of the church, evangelization, inculturation, Christology and spirituality. She holds a doctorate in systematic theology from The Catholic University of America in Washington.

Sr. Phelps told the chaplains she knew that many of them had come to the chaplaincy having served the church in other capacities first.

"You are a sacred people. You are a people who do a very important ministry in the church. You have lived the spiritual journey in many ways. As my novice mistress said, God writes straight with crooked lines," noted the theologian.

She said she was aware that some chaplains felt they weren't affirmed in their ministry and others were angry at the institutional church. "Check back with home base," she urged them, suggesting that improvements may have taken place in recent years.

"Many just dismiss the pope," she said, because they disagree with certain papal statements. In her view, however, "We can't say God is here and not over there. The Spirit moves where it wants to moves. No one of us is the same person we were one year ago," she said, "not to mention 20 years ago."

The theologian cited Pope Benedict XVI's encyclical letter on hope, "Spe Salvi," issued in November 2007, in which he included a slave narrative about St. Josephine Bakhita. Josephine, an African saint who lived her early life

as a slave, converted to Catholicism after finding "the great hope" which had "redeemed" her. She spent the rest of her life as a nun, preaching throughout Italy and was canonized in 2000.

"If you've been turned off by the institutional church, maybe you don't notice when it gets it right. It's an ever ongoing conversion with wisdom and knowledge," said Sr. Phelps.

She recalled that Jesus entered into human history to teach: "You shall love your God with all your heart. You shall love your neighbor as yourself," and, she added, "Jesus said: Love your enemies."

In her view, "It's hard enough to love your neighbors. Sometimes it's hard enough to love yourself."

In reality, the theologian said, "we don't have enemies. We have estranged brothers and sisters." She told the chaplains, "You're terrific at what you do. You have a listening ear" but urged them to reach out to their brothers and sisters who look or speak differently than they do and who have differing cultural backgrounds and beliefs.

She expressed dismay at the lack of understanding of the African-American culture evident in the presidential election campaign and the ongoing debate about Senator Barack Obama and his former pastor, the Rev. Jeremiah A. Wright, Jr. "People are shocked" by Wright's assertions, said Sr. Phelps. "They just discovered the black church?" she asked, noting that the black church was born out of white rejection.

The theologian said indifference toward the new immigrant is contrary to Jesus' teaching about loving one's neighbor. "Why can't they speak English? I can't understand their accents." Sr. Phelps said when she hears these comments, she asks the speakers about their own grandparents, who likely came as economic or political refugees, and may have struggled with the English language. "I think people should be bilingual, starting with us," Sr. Phelps said, recalling the axiom: "She may speak with an accent, but she doesn't think with one."

The theologian told the chaplains to reach out to their patients as if they are their own — no matter their culture, language or skin color: "You are people in the healing ministry. You are about the business of reconciling that which is fragmented. You are meeting people in their most vulnerable space ... bed-ridden and challenged with their mortality."

"If you've been turned off by the institutional church, maybe you don't notice when it gets it right."

Two workshops helped chaplain to relax, heal

By Michelle Lemiesz, M.Div, BCC

S1: Zen Practice, Christian Practice presented by Georgia Gojmerac-Leiner, S.T.M, D.Min in process, BCC

The minute I entered the room, there was a palpable feeling of peace and a delight of the senses as light incense penetrated the room. The presenter, in a calm and welcoming voice, invited you in and then requested that you take your shoes off and find a seat. Since I am a “no shoes” type of person, I was immediately captivated and anticipated a calming session, joking with my friends that I was about to find my “inner Buddha.”

As someone who is well versed in the writings of Thomas Merton, the integration of these two forms of spirituality are well known to me and I was looking forward to this session.

What followed was not a didactic in the true sense of the word, but an experiential gathering that allowed the participants to engage in stillness and awareness according to the tradition of Zen. We were invited to participate in both sitting and walking meditations and then the presenter shared with us some readings from a few of the women mystics and touched on how the rule of St. Benedict is complementary to this form of meditation and



Hospice chaplains Ann Seckinger, of San Jose, CA, and Sr. Mary Murphy, SMG, of Sea Isle City, NJ, (left to right), participate in a workshop of SignChiDo™. SignChiDo™ creator Dr. Anne Borik aims to help stroke patients and others, using this blend of sign language and martial arts.

prayer. In many ways, her voice and demeanor were just as calming and centering as the meditative experiences were and the session provided a “time-out” for the participants from the busy-ness of the day.

M9: SIGNCHIDO™/The Art of Moving Prayer presented by Dr. Anne Borik, D.O.

As any participant of the conference can affirm, Monday was a day that was packed with activities and there was little time to actually take a breath. By this session, which took place in the afternoon after 1:30 p.m., I was beginning to feel stressed and stretched. My shoulders had a dull ache and I had quite a severe headache. In all honesty, the last thing I wanted to do was go to another session. However, this workshop was exactly what the doctor ordered (no pun intended!), and I left feeling invigorated and whole.

Dr. Anne Borik, an osteopathic physician with a practice in internal medicine, is the “inventor” of SIGNCHIDO™. The name is taken from SIGN: the utilization of sign language, CHI: the life force, the Christ, and DO: to do or doctor of osteopathy and it is a form of gentle exercise, balance and prayer that involves every part of the brain and the body.

As Dr. Borik presented the materials, and led us through some of the signs/prayers, her passion and compassion were evident. Imagine a group of chaplains sitting or standing and engaging in sign-language prayer, movement and breathing. You would think it would have been quite the sight since none of us had engaged in this practice before, yet it was an almost symphonic synthesis of movement where we were all led in to experience the richness of the practice. One would think that we had done it all our lives.

We signed/prayed: the verse from the psalms, “Be still and know I am God,” the Magnificat, the Prayer of St. Francis, others, and then concluded with “God Bless America.” I think I can speak for the majority of the participants that we all felt blessed and envisioned how this practice could enhance both our ministries and our personal lives. Testimony to this was the long line of members at her booth waiting to purchase the DVDs and CDs about it immediately after the session ended. And for me, the greatest testimony is that my headache left and the pain in my shoulders dissipated!

Michelle Lemiesz is director of Mount Carmel East Chaplaincy Services in Columbus, OH.

Julian Center given over \$4,000; silent auction nets more than \$1,500

The Julian Center, this year’s national conference charity, received more than \$4,000 in donations from NACC members. Located in Indianapolis, the center provides counseling, safe shelter, and education for survivors of domestic violence, sexual assault, and other life crises. Through outreach and consultation, it educates the community about the issue of domestic violence and its impact on everyone’s lives.

For more information, visit www.juliancenter.org.

NACC’s first silent auction, conducted at the national conference in Indianapolis, netted \$1,594! Many thanks to donors of auction items. Successful bidders walked away with books authored by plenary speakers, multicultural resources, oil paintings, quilts, beaded moccasins, fabulous hand crafted jewelry, shawls and quilts, homemade jams and jellies, stress relief kits, and even an overnight artist’s retreat. The monies raised will be used to provide scholarships to student members of the NACC.

Plan now for Spiritual Care Summit '09

It's time for NACC members to plan for Spiritual Care Summit '09, which will take place Feb. 1-4, 2009, in Orlando, FL. Six pastoral care, counseling and education associations, including the NACC, are sponsoring this ground-breaking collaborative conference.

Title of the summit is "Health and Hope: The Hard Reality of Living Intentionally in a Village of Care." The education committee has announced the following plenary speakers for Summit '09: Benjamin W. Corn, M.D., chairman of radiation oncology at the Tel Aviv Medical Center-Ichilov Hospital; Tel Aviv, Israel; David Deane, Ph.D., assistant professor of theology at the ecumenical Atlantic School of Theology, in Halifax, Nova Scotia, Canada; and Ada Maria Isasi-Diaz, Ph.D., professor of Christian ethics and theology, Drew University School of Theology, Madison, NJ. Conference weaver will be the Rev. Pamela Cooper-White, Ph.D., professor of pastoral theology at The Lutheran Theological Seminary of Philadelphia in Philadelphia, PA.

While the Spiritual Care Summit '09 will be held Feb. 1 - 4, please note that a number of pre-conference activities are being scheduled on January 29 - 31, including traditional events and meetings for each participating association, pre-conference educational events, and a golf tournament.

The setting for Spiritual Care Summit '09 is Disney's Coronado Springs Resort. Conveniently located in Disney's Animal Kingdom® Resort area, Disney's Coronado Springs

Resort is near all four Walt Disney World® Theme Parks, championship golf and Disney entertainment districts.

It's important to make travel plans and secure your airline reservations early. The 2009 Super Bowl is being held in Tampa, FL, Feb. 1, 2009, and it is expected that as airline reservations become completely booked into Tampa, persons will utilize Orlando as the next closest airport.

Hotel reservation information is available at the SCC website at http://www.spiritualcarecollaborative.org/summit_hotel.asp

When you click the icon for "Book Your Room Now" you will find a link to online registration or contact information to make reservations by phone. NOTE: This is the only online link you may use in order to receive Summit '09 Conference rates. If you register directly through the hotel website, you will pay regular rates that will not be adjusted at check-in. Please note that room rates are \$126 per night plus taxes and payment of one night is required at the time of reservation, to be paid by credit card. The one-night charge is refundable upon cancellation made at least five days prior to arrival. On a space-available basis, your hotel stay at Coronado Springs may be extended between the dates of Sunday, Jan. 25 through Sunday, Feb. 8 at the conference rate.

For a taste of what you have in store for you, or to view hotel rooms or a list of amenities, visit www.disneyconventioners.com where you will find a link to Coronado Springs Resort and other information to assist you in your trip planning.

ACE aims to improve delivery of palliative care

By **Linda F. Piotrowski, MTS, BCC**

If we are to be a powerful voice for the vulnerable populations that we serve, we must hold ourselves accountable to develop the leadership skills that are necessary to impact change. (Module 1-The Ace Project)

If you believe as I do, that we must increase our credibility and competence as clinicians, educators, advocates and researchers and that excellence in chaplaincy care is not optional, then the Advocating for Clinical Excellence (ACE) Project, sponsored by the City of Hope and funded by the National Cancer Institute is just the thing for you!

The primary aim of ACE: Transdisciplinary Palliative Care Education is to improve the delivery of palliative care by psychologists, social workers, and spiritual care professionals through an intensive advocacy and leadership training program. This program includes more than 30 hours of didactic and experiential transdisciplinary education to improve end-of-life knowledge, team skills, and leadership abilities.

I was a participant in the ACE project in October 2007. The three days were packed with opportunities for learning and networking. Not a minute was wasted. Themed lunch tables gave us the opportunity to seek out others with similar interests and challenges. Many of us used our free evenings as mini-retreats in which to reflect on all that we experienced during the day.

Admission to the ACE Project is competitive. The application

process requires thought, a commitment to on-going education, and just plain hard work. Demonstrated knowledge and experience in end-of-life care, a letter of support and commitment from your work supervisor, and a project proposal - designed by you - are required. Acceptance includes a \$300 travel stipend, free registration and course materials, meals (breakfast, lunch and snacks), complimentary hotel stay during the course, 20.00 CE credits for full attendance of the course, and 6- and 12-month follow up and support of participants.

The October 2007 consisted of nearly 70 participants, chosen from 150 applicants. We learned leadership and advocacy skills. I returned to my workplace committed to advocating for change from "business as usual" to one providing exemplary palliative, end-of-life and bereavement care within my department and throughout the Medical Center.

Two 30-hour courses remain out of the four originally planned. The remaining courses will take place Nov. 11-14, 2008, and Oct. 13-16, 2009. Participants need to commit to attend one of the annual courses and the reunion conference Oct. 20-22, 2010. Read all of the details at www.cityofhope.org/ACEproject. The June 30, 2008, deadline for submitted applications for the November 2008 course is fast approaching.

Linda F. Piotrowski is spiritual care coordinator/chaplain at Palliative Care Service/Norris Cotton Cancer Center, Dartmouth-Hitchcock Medical Center, in Lebanon, NH. She can be reached at Linda.f.piotrowski@hitchcock.org

She sees Chittister, Nouwen as disciples of integrity



Name: Kathleen (Kate) Sullivan

Work: Vice President of Religion and Pastoral Care and NACC/ACPE Supervisor, The Village at Manor Park, Milwaukee, WI

NACC member since: 1988

Volunteer service: I'm evening receptionist and lector at the Cathedral of St. John

the Evangelist in Milwaukee. I also volunteer at the church's major fundraising project, the St. Patrick's Day Celebration. In the past I have had the privilege of serving on: NACC Regional Certification Committee; Interview Team member for NACC certification; Search team for the NACC executive director; and ACPE National Certification Commission.

Book on your nightstand: "Miss Rumphius," by Barbara Cooney, a children's book that speaks to three important things in my life: travel, living by water and making the world a more beautiful place.

Book you recommend most often: "When Things Fall Apart / Heart Advice for Difficult Times," by Pema Chodron, and "Scarred by Struggle, Transformed by Hope," by S. Joan Chittister, OSB.

Favorite spiritual resource: Sitting on my balcony overlooking Lake Michigan

Favorite fun self-care activity: Getting massages

Favorite movie: "Calendar Girls"

Favorite retreat spot: St. Joseph Retreat Center, Baileys Harbor, WI

Personal mentor or role model: My high school

teacher, Sr. Cecilia James, who embodied gentleness of spirit, acceptance of people, sense of humor and, most significantly, a deep and abiding faith in her God.

Famous/historic mentor or role model: Henry Nouwen and S. Joan Chittister, both have modeled for me being a "wounded healer" as well as a disciple of integrity and faithfulness.

Why did you become a chaplain? During a three-week stint in the hospital as a patient in 1975 I observed a chaplain "working with" patients. She offered a safe, accepting presence. Six months later I had the opportunity to take my first unit of CPE, fell in love with the process and the caring ministry. The rest is history and the beginning of living a new ministry.

Why do you stay in the NACC? Since becoming a member of NACC I have been impressed with the professional, competent training for ministry, the respect with which lay people are welcomed and trained, and NACC's efforts to work toward creating standards that put us on a par with other certifying organizations.

Why do/did you volunteer? For me, it is part of faithful stewardship. I have been given much, and I try to give back when possible and with gratitude.

What volunteer activity has been most rewarding? Serving on the National Certification Commission for ACPE and the Regional Certification Committee for NACC. "Journeying with" people as they answer God's call is truly visiting sacred space.

What have you learned from volunteering? I've been in awe and humbled by the generosity of so many wonderful people.



Plan ahead for renewal of certification

Q. I was required to renew my certification during 2007 and submitted my application and material in November. I didn't receive notification that my certification had been renewed until April 2008. Why the delay in notification?

A. The Certification Commission reviews applications and material for renewal of certification at each of its three yearly meetings — at the annual conference, mid-July, and late October. Applications and material arriving after the October meeting are not acted upon until the next scheduled meeting at the annual conference (e.g. materials that arrived after Oct. 20, 2007, were reviewed at the April 2008 meeting; and materials that are received after Oct. 20, 2008, will be reviewed at the February 2009 meeting.)

The deadline for receipt of renewal of certification applications remains Dec. 31 of the year you are required to renew — this has not changed. We offer our members a

choice for receiving a response based on the initiative of the person submitting renewal materials. The earlier in the year the Certification Commission receives the application materials the sooner we will be able to render a decision.

For those renewing in 2008 there are two more meetings of the Certification Commission in this calendar year — July 10-13 and Oct. 29-31. Submitting your completed renewal of certification application and material prior to Oct. 20 will ensure notification before the end of the year.

We hope this information assists you in planning your time to prepare your renewal of certification application and material in addition to clarifying the internal timelines associated with the renewal process. For more information on renewal of certification, go to www.nacc.org/certification/renewal.asp.



Please remember in your prayers:

Father Joseph F. Ciolek, NACC president in 1975-76, who died Feb. 7 at the Holy Family Cancer Home in Parma, OH, where he served as chaplain from 1971 until retiring in 2003.

The 85-year-old Catholic priest, who was a chaplain for most of his priesthood, was a past trustee of the Greater Cleveland Hospital Association. He also served as delegate for health affairs to Cleveland Bishops James A. Hickey and Anthony M. Pilla.

Msgr. Frank Garvey, a retired CPE supervisor now living in Grove City, MN, in a telephone interview, called Fr. Ciolek "hard-working and dedicated."

The NACC was 10 years old when Fr. Ciolek became president, commented Msgr. Garvey. "He stood up for us in dealing with the ACPE, arguing that we were legitimate and capable of training students as well as they were."

He said Fr. Ciolek was "a fighter, standing up for Catholic teaching and for us training our own people."

"These were tough times for us," Msgr. Garvey commented. "We were growing fast and getting training programs up and running."

Fr. Ciolek, a Cleveland native, was the seventh of 11 children born to Polish immigrant parents. Three of the brothers became priests; one sister became a nun.

Brother James F. Brennan, FSC, 79, of the Christian Brothers Community, Oakdale, NY, who died Jan. 23 in Brooklyn.

Br. Brennan was pastoral care coordinator and hospital chaplain in Brooklyn, until his retirement in 2000 at Scalabrini Brothers Residence, North Kingstown, RI.

Br. Brennan received a bachelor's of science degree in history from The Catholic University of America, in Washington, DC, in 1952. He earned two master's degrees from Manhattan College: one in history in 1958 and one in religious education in 1975. He began his teaching career in the New York Catholic

In Memoriam

elementary Schools at St. Thomas the Apostle, Holy Name and Incarnation between 1952 and 1958. From there he taught at La Salle Military Academy, in Oakdale, NY, until 1963. From then until 1970 he ministered in Kenya, Africa. His other assignments were as development director and moderator of the familiaris of the Long Island-New England District from 1980-1989.

Sister Jeanette Caron, RSM, formally known as Sister Mary Paul, 81, who died April 23 at St. Joseph's Manor in Portland, ME.

Sr. Caron had ministered since 1977 in the areas of counseling and pastoral care. She brought comfort to many as a member of the staff at Westbrook Community College, Portland; St. Paul's Center, Augusta, ME; Mid-Maine Medical Center, Waterville, ME; Mercy Hospital, Portland; Counseling Services, Inc., Saco, ME; Bolster Heights, Auburn, ME; and Springbrook Health Care, Westbrook, ME. She also was a receptionist at St. Joseph's Manor, Portland, and for the Roman Catholic Diocese of Portland's Human Relations Services, Inc.

In 1993, Sr. Caron received the Martyr Mann State of Maine Lifetime Achievement Award in recognition of her tireless commitment to assisting those in need.

A lifelong learner, she attended Thomas Business College, Waterville; received her B.A. from St. Joseph's College, Standish, ME; a master's of science in administration from the University of Notre Dame in South Bend, IN; and attended Antioch University New England, in Keene, NH.

In addition to her chaplaincy ministry, she worked in schools for 20 years as a classroom teacher, a school principal, a comptroller and a business manager.

▼ CPE RESIDENCY

Rochester, MN — Mayo Clinic CPE residency positions beginning August 21, 2008, through August 19, 2009, four consecutive quarters. Residents are offered a broad array of clinical opportunities, which include medical and surgical subspecialties, diverse intensive care unit ministries, organ transplantation, a children's hospital, a psychiatric hospital and a regional trauma center. Two different hospital campuses and two certified supervisors make this a uniquely powerful learning environment. Mayo Clinic health and dental benefits available to residents at a reasonable rate. The resident stipend is \$26,200 for 12 months. For program information e-mail cpeprogram@mayo.edu, or write Mayo Clinic CPE, 201 West Center Street, Rochester, MN 55902, phone: (507) 266-7275; fax: (507) 266-7882; website: www.mayo.edu

▼ CHAPLAIN

Lancaster, PA — Hospice of Lancaster County, the largest hospice in PA, is seeking a full-time Chaplain to join a team of nine other chaplains. Bachelor's degree is required. Masters of Divinity preferred. Must be board certified with APC or NACC (or ability to be certified within two years of hire). A minimum of four units of clinical pastoral education required. Some hospice experience preferred. The successful candidate will be

Positions Available

proficient in end of life care, spiritual assessment, and computer documentation. Applicants must be able to work well independently and with an interdisciplinary team. Please refer to our website at www.hospiceoflancaster.org if you would like more information. Holly Hampp, Hospice of Lancaster County, 685 Good Drive, P.O. Box 4125, Lancaster, PA 17604-4125; (717) 391-2442; Fax (717) 391-9582.

▼ CATHOLIC PRIEST

Santa Cruz, CA — Dominican Hospital – CHW is currently seeking a full-time priest to serve as a member of our interdisciplinary team. Important aspects of this position include ministering to the emotional and spiritual needs of patients, families and staff associated with the mission and work of CHW, collaboration with our health care team and celebration of religious rituals. This position will share on-call responsibilities, which will include nights. When you work at Dominican, not only will you find innovative technology and outstanding benefits, but also an atmosphere that treats each

Positions Available

employee with personal respect consistent with the mission and values of a premier Catholic healthcare provider. You'll find a comprehensive and advanced range of services, cutting-edge technology and a professional setting that is truly supportive and rich in team dedication. Position requires a Master's degree in Theology or equivalent and CPE training. Bilingual Spanish/English and NACC certification are preferred. Dominican Hospital – CHW is a 375-bed acute care, not-for-profit hospital. Please apply directly online at www.dominicanhospital.org in the Careers section. EOE/AA/M/F/D/V

▼ DIRECTOR OF SPIRITUAL CARE

Yuma, AZ — Yuma Regional Medical Center (YRMC) is a 333-bed not-for-profit acute care facility. We have perfect weather and a great working environment for professionals. The primary responsibilities for the Director of Spiritual Care include: planning, implementation and operation of the department in order to meet the needs of the organization. The Director will provide leadership and expertise in the management of the department. The individual will also be accountable for human resource management, financial management, and quality management supporting the mission, vision and strategic objectives of YRMC. Education requirements include: Bachelor of Science or Bachelor of Arts from an Accredited College or University, Master of Divinity from an Accredited University, Certified as an ACPE Supervisor by the Association of Clinical Pastoral Education, Inc. and be Ordained and endorsed by a religious/faith group. Three years experience as an ACPE supervisor in a Medical Center required. For more information and to apply online, visit our website at www.yumaregional.org under the employment section.

▼ EVENING CLINICAL CHAPLAIN

Yuma, AZ — Yuma Regional Medical Center (YRMC) is a 333-bed not-for-profit acute care facility. We have perfect weather and a great working environment for professionals. The Chaplain we seek will report to the Director of Spiritual Care & Patient Advocacy. The staff Chaplain assists with faith issues in the healing process, provides crisis intervention and interfaces with patients, families, and staff when making spiritual assessments. Education requirements include: Master's of Divinity or Master's of Theology Degree. The individual must be eligible for certification through the Association of Professional Chaplains, National Association of Catholic Chaplains, or National Association of Jewish Chaplains and must obtain certification within two years. Four units of Clinical Pastoral Education required. For more information and to apply online, visit our website at www.yumaregional.org under the employment section.

▼ CERTIFIED CHAPLAIN

Billings, MT – Respond to your life's calling as a certified chaplain and make big sky your home! St. Vincent Healthcare seeks a compassionate and caring, professional, certified chaplain to serve and collaborate with a dedicated Spiritual Care team. This professional we seek requires NACC or APC certification or eligibility for certification (must have completed four units of CPE), Master's in Theology, Divinity or related field, and ecclesiastical or faith-group endorsement. Candidate must be experienced in providing pastoral support to culturally and religiously diverse populations. Must have one year of healthcare experience. This staff chaplain will provide spiritual

care and a ministry of presence to patients, families and staff as a part of a collaborative interdisciplinary team that provides the highest quality holistic care. Apply online www.svh-rmt.org EOE/AA

▼ CHAPLAIN

Jefferson City, MO — St. Mary's Health Center seeks a full-time Chaplain. Makes personal contacts, provides crisis intervention, listens and consoles patients, families, visitors, and staff; contacts area churches, provides availability of sacraments, and supports the mission and values of St. Mary's. A Master's degree in Theology or related field required. Certification as a chaplain with the National Association of Catholic Chaplains or Association of Professional Chaplains or actively working toward certification. Minimum of two years' pastoral experience in a hospital setting desired. Those interested can apply at www.lethealingbegin.com. EEO/M/F/D/V

▼ DIRECTOR OF PASTORAL CARE

West Islip, NY — Good Samaritan Hospital Medical Center, a 450-bed acute care hospital of Catholic Health Services of Long Island, is currently seeking a full-time Director of Pastoral Care to join a team of professional chaplains and be responsible for program development, fiscal management, planning, organization, implementation, direction and evaluation of spiritual care services to patients, families and staff. Qualifications: NACC Board Certified Chaplain, at least 3-5 years clinical pastoral experience in a healthcare setting, along with excellent management, clinical, interpersonal and leadership skills. Please apply at www.good-samaritan-hospital.org

▼ ACPE SUPERVISOR AND PROGRAM DIRECTOR

Omaha, NE — Alegent Health is a faith-based healthcare organization (Catholic Health Initiatives and ELCA) with more than 8,500 employees. The CPE program, which is accredited for Level I-II and Supervisory Education, just completed successfully its on-site, ten-year accreditation review with no notations. The CPE Supervisor directs the CPE program, works with Staff Chaplains in five acute-care facilities, and reports to the Operations Director for Pastoral Services. Primary duties: The CPE supervisor is responsible for planning, organizing and implementing the ACPE-accredited CPE program, placing students in up to six different facilities within the Alegent Health system and overseeing some community-based CPE. Alegent Health facilities provide Level II trauma care. In addition, Alegent Health is the sole private provider in the region of behavioral health services and provides a regionally recognized rehabilitation center. Qualifications required: accredited M.Div., ordination or commissioning and ACPE certification as Supervisor (or Associate Supervisor). CPE supervisory experience in multi-facility and community setting preferred. Three years management experience preferred. Board certification as chaplain preferred. Comprehensive benefits, competitive compensation commensurate with experience. Position available: Summer 2008. Further information about CPE program available at www.alegent.com (use services directory tab and CPE). If you are interested in joining a progressive and dynamic healthcare organization, please apply online at www.alegent.com. For additional information, please call 402-717-1860. AA/EEO

▼ SUPERVISOR - CLINICAL PASTORAL EDUCATION

Rochester, MN — Mayo Clinic currently seeks a qualified CPE supervisor to assist in planning, evaluating, and conducting the Mayo CPE Program and to minister to the spiritual needs of

patients, families and Mayo Clinic employees. This supervisor collaborates with the Coordinator of CPE and staff preceptors in matters regarding intern and resident educational issues; supervises the summer unit of Level 1 CPE interns; supervises one or more resident quarters; acts as a key member of the Mayo CPE Committee and is a representative to annual national and regional conferences. This high-profile role requires an advanced theological degree from an accredited seminary, pastoral and general hospital experience, and supervisory experience for a multilevel CPE program. Candidate must also be certified as a supervisor by the Association for Clinical Pastoral Education (ACPE) or the United States Conference on Catholic Bishops (USCCB). Mayo Clinic, one of Fortune magazine's "Top 100 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 #17899, Mayo Clinic, Stephanie Bowron - Human Resources, Phone: 800-562-7984. Mayo Clinic is an affirmative action and equal opportunity employer. Post-offer/pre-employment screening is required.

▼ DIRECTOR OF SPIRITUAL CARE

Seattle, WA — Since 1966, chaplains at Swedish Medical Center in Seattle have been available around the clock to provide confidential emotional and spiritual support, individual or family counseling, and assistance in contacting clergy of all faiths. The professional chaplains in our Spiritual Care program have a unique calling to serve our diverse population, and in a healthcare environment. We are seeking a highly motivated leader for the role of Director of Spiritual Care, to direct, coordinate, and deliver a wide range of spiritual care services to patients, families, and staff on our four campuses. The chosen candidate will develop and deliver programs covering the breadth of spiritual care including the system-wide Clinical Pastoral Education program. Qualified candidates must possess a Master's in Divinity. Association for Clinical Pastoral Education (ACPE) Supervisory Training is desired. ACPE, APC, NAAC or equivalent preferred. Three years experience in ministry, at least one year of which should be in a medical setting, is essential. To meet these challenges, candidates must have the ability to develop and maintain effective working relationships with all members of interdisciplinary healthcare teams. Demonstrated knowledge and ability to practice theology, support the grieving process, and address related counseling and medical ethical issues are important. Management, budgeting, and Microsoft Office skills are also keys to the success of this role. Swedish offers competitive pay, industry-leading benefits, including a generous 401(k) plan, and a customized relocation package. For more information about Swedish, and this position, visit our website at www.swedish.com/jobs. EOE

▼ FULL-TIME PRIEST CHAPLAIN

Wheeling, WV — Wheeling Hospital is looking for a Roman Catholic priest chaplain to join its Pastoral Care team. Responsibilities include sacramental needs of patients, families and staff, as well as pastoral care of non-Catholic and non-religious clients. Duties will include on-call and weekend assignments. Candidates must be in good standing and have ecclesiastical approval with faculties from their current diocese and/or superiors. Please send resumes to Sister Mary Ann Rosenbaum, CSJ, Wheeling Hospital, Pastoral Care Department, 1 Medical Park, Wheeling, WV 26003; fax, (304) 243-3060; e-mail, mrosenbaum@wheelinghospital.org.

▼ CATHOLIC PRIEST CHAPLAIN

Pittsfield, MA — Berkshire Medical Center and The Berkshire County Sheriff's Office, Jail and House of Corrections, in

Pittsfield, MA, have joined together to offer a unique opportunity for someone interested in providing pastoral care to two very diverse populations. Berkshire Medical Center (BMC) is a 310-bed Regional Hospital. The Berkshire County House of Corrections houses approximately 350-400 men and women. Both facilities are seeking a Catholic Priest Chaplain. This position offers a competitive salary and benefits. Primary responsibilities include providing pastoral care to patients, inmates and staff, and related services. CPE and some experience preferred. Send resume to Ellen Greer, Director, Patient Relations, Berkshire Medical Center, 725 North Street, Pittsfield, MA 01201.

▼ PRIEST CHAPLAIN

Phoenix, AZ — The Department of Spiritual Care at Banner Good Samaritan Medical Center is seeking a Roman Catholic Priest to become a member of our team dedicated to providing quality spiritual care to our patients, families, and staff. A CPE program and Board Certified Staff provide support in this ecumenical Southwest setting. The position reports to the Director of Spiritual Care. The Priest Chaplain is responsible for patient care including emergency sacramental needs, weekly Mass, and coordination of Eucharistic Minister volunteers. Requirements include: 4 units of CPE, NACC or APC certification or eligibility, M. Div. and faith group endorsement. Proficiency in Spanish is desired. Banner Good Samaritan is a part of Banner Health, located in seven western states. BGSMC is a 670-bed, level 1 Trauma Center, with an additional 62-bed rehabilitation facility and a 22-bed inpatient psychiatric unit. BGSMC has ranked for the past seven consecutive years in U.S. News and World Report's Best Hospitals. For more information, please contact Rev. Kelli Shepard at 602/239-4324 or apply online at www.bannerhealth.com EOE.

▼ STAFF CHAPLAIN

New York, NY — Staff Chaplain, Burn Center and other clinical sites — New York Presbyterian Hospital, Weill Cornell Center. This position is part of an interfaith pastoral care staff at a site with an accredited CPE program. The position focuses on ministry to patients and families who have sustained burn injury and pastoral ministry to patients and families in other clinical services. Requirements are a Master of Divinity degree or its equivalent, certification or board eligible for certification in Association of Professional Chaplains, National Association of Jewish Chaplains, or National Association of Catholic Chaplains. Position requires teaching and administrative skills and three or more years of professional experience in ministry. Position opens on 10/01/08. Send resume and inquiries to: The Rev. Curtis W. Hart, Director of Pastoral Care and Education, New York Presbyterian Hospital, Weill Cornell Center, Box 167, 525 East 68th Street, New York, New York 10021.

▼ CPE RESIDENCY

Temple, TX — Scott & White Hospital (pastoralcare.sw.org) is recruiting for the 2008-2009 CPE programs. Our programs include a summer intensive program and a first-year residency program. Our innovative CPE Residency program offers 3 units of CPE in a calendar year. We provide residents time for development of relationships with the medical staff, integration of learning with practice, and opportunities for specialization in clinical areas. Competitive stipends and benefits. No tuition for residency. \$25 application fee required. Send applications to: Krista Jones, Scott & White Hospital, 2401 S. 31st St., Temple, TX 76508, fax 254-724-9007, phone 254-724-1181, or e-mail KRJONES@swmail.sw.org.

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Calendar

June

- 20 Southern California Chaplain
Gathering, Irving, CA
- 22-24 Catholic Health Association
Assembly, San Diego, CA
- 25 Northern California Chaplain
Gathering, San Francisco, CA

July

- 9-10 Interview Team Educator
Training, Milwaukee, WI
- 10-13 Certification Commission
meeting, Milwaukee, WI
- 17 APC/NACC Gathering -
Region IX Chaplains, Omaha, NE
- 21 Articles due for September-
October issue of Vision
- 30 Board of Directors Meeting -
Conference Call

THE NATIONAL ASSOCIATION OF
CATHOLIC CHAPLAINS

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