

# vision

National Association of  
Catholic Chaplains

July/August 2009  
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## One Book, One Association:

NACC reads 'When Crickets Cry,' by Charles Martin

We are excited to introduce our "One Book, One Association" selection for 2009 — "When Crickets Cry," by Charles Martin.

Modeled on the Library of Congress "One Book" projects, initiated by the Washington Center for the Book in 1998, this NACC project has been designed to gather you, the members, together as a community by selecting one novel and encouraging reading, writing, and discussion.

We are especially grateful to a group of dedicated chaplains who read this book during the summer, offering comments, and coming to consensus that this would be an exciting selection

for our members to read as a group.

Special thanks to NACC members Michael Doyle, Jim Letourneau, Mary Beth Moran, Marilyn Williams and

NACC staff members Laurie Hansen Cardona and Becky Evans. Inside *Vision* you will find the comments of Ms. Moran and Ms. Williams. On these pages you will also find: Charles Martin biographical information and an interview with him; discussion questions; information



Related stories on  
pages 11-15.

concerning continuing education hours; and ideas for meeting with other members of our association. This information will also be available on our website at [www.nacc.org/resources/onebook/martin.asp](http://www.nacc.org/resources/onebook/martin.asp).

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## Decisions of next 2-3 years crucial to future of Catholic chaplaincy

By David Lichter, D.Min.  
Executive Director

When you read this column, it will be early July. As I write the column in late May, I am taken back to two years ago in May 2007 when I was beginning the interview process as a candidate for the executive director position. I recall the phone interviews with the screening teams, and with Tom Landry, our interim executive director at the time. Researching materials on the NACC website materials, reviewing the Standards for Certification, reading past *Vision* articles, speaking with some NACC members I knew, and studying the draft of the 2007-2012 strategic plan were all part of my preparation and discernment. I can still feel the affinity and affection for and attraction to your ministry of healing and pastoral care. These have only grown over the past two years. Thank you for allowing me to serve you and the continuing

healing ministry of Jesus in the name of the church.

What was of highest concern then, and now, is the future of Catholic chaplaincy. While NACC is able to be proud of its 40-plus years of service to chaplaincy, including the past two years, what it attends to in the next two to three years will have significant impact on our spiritual care ministry and the associations that support it. In the May-June 2009 issue of *Vision*, Barbara Brumleve, our NACC board chair, used the "butterfly effect" image to highlight small variations in a living system, like NACC, that can have larger, long-term influence. I want to comment here on five areas that need our attention over the next couple of years because how we handle them will significantly influence the future of the profession of board-certified chaplaincy.

1. The professionalization of the

See [Decision](#) on page 2

## Decision

Continued from page 1

With the recent downturn in the economy, where every entity faces the need to create greater efficiencies and cut unnecessary, or at least lower priority, costs, chaplaincy has to position itself as high priority in metrics and benefit language the CEOs and CFOs understand.

**ministry:** While strong strides were taken to advance the professionalization of the ministry through collaborative efforts of the Spiritual Care Collaborative (SCC) in developing the common standards and advocating for board-certified chaplains, the need to demonstrate the value and effectiveness of board-certified chaplains grows and becomes more urgent as the spiritual care ministry stands alongside other professions. The May-June issue of Catholic Health Association's *Health Progress* offered fine articles on chaplaincy in healthcare settings that articulated both the value of chaplaincy and the diverse efforts being taken to professionalize the ministry. The Association of Professional Chaplains has recently worked on and will be publishing standards of practice for chaplaincy also. With the recent downturn in the economy, where every entity faces the need to create greater efficiencies and cut unnecessary, or at least lower priority, costs, chaplaincy has to position itself as high priority in metrics and benefit language the CEOs and CFOs understand. On many fronts, dialogue and partnership are taking place to advance these efforts, but we still have a way to go. How we progress in this area will be defining for the future.

**2. Networking and communication efforts:** "Social networking" is a buzz phrase as many tools, like LinkedIn, Facebook, and Twitter, have been developed to put people in touch with one another. Every profession seeks fast, efficient, simple ways to help colleagues connect to one another. A chaplain's profession can be a solitary experience that does not often provide outlets and avenues to share and process with other chaplains. While significant strides have been made to create communication options for members from *NACC Now* to local gatherings, listservs, audio conferences, and other such means, more still needs to happen. Professional growth, mutual spiritual and emotional enrichment, colleague

support, and other benefits flow from this type of networking. Our younger generation of chaplains grew up on this type of communications. Yet, NACC still has more than 400 members who have not provided an e-mail account so they can take advantage of the many communications that come from NACC other than *Vision*. As an example, this coming October we will be conducting electronically, rather than by mail, our NACC member voting for board candidates for the NACC Board of Directors. This will be explained in our next issue of *Vision*. While current and future economics are factors in shaping these trends, these trends also are shaping how we network because our growth as a profession and an association will require low-cost, highly effective tools to keep us connected, working and

thinking together.

**3. Identifying and encouraging the next generation of chaplains:** The NACC strategic plan Goal Four articulates this focus. While the economic downturn has meant the elimination of director of pastoral care and chaplain positions nationwide across systems and organizations and created concerns that some positions will never return, there is a general consensus that spiritual care positions occupied by board-certified professionals will remain central to the provision of spiritual care. Even as organizations seek ways to supplement service with volunteers and/or non-certified members, only a board-certified chaplain can provide the scope of service needed. We will need well-prepared and board-certified lay, religious, and priests to fill these positions. Whether you are currently underemployed or unemployed or are preparing for this ministry, the future will require your ministry if you are a well-prepared, board-certified professional chaplain.

We cannot avoid the reality that almost two-thirds of our NACC members are 60+ years old. This population will need to be followed by others prepared for this ministry. While NACC has had a significant lay presence in its history and its current membership is 44 percent lay, most likely the number of lay persons serving in this ministry must grow for a Catholic chaplaincy ministry to survive. Lay ministers as chaplains are, for the most part, unique to Catholicism. Most chaplains in other denominations and faiths are ordained ministers with a lay person being an exception. For Catholicism, a lay minister serving a chaplaincy role will become the majority of our membership in the next couple of years.

Alerting our Catholic lay population to this ministry is critical. We are devoting time and resources to reach out to those studying for ministry in theological programs throughout the United States. We have marketing tools to assist our members to speak on behalf of and share the profession with others. What if each of us encourages someone to consider chaplaincy? As you know, planting a seed could take months or years to germinate. Still, seeds need to be planted. How do you feel about chaplaincy? Would you encourage another to follow you?

**4. Accessible, quality professional ministry formation and CPE programs:** The future chaplains need affordable and accessible ministry formation and Clinical Pastoral Education (CPE) programs. With the certification requirement for Master's level theological training, members who are working on their graduate degrees seek programs that offer flexibility of programming. This past February, I met with 40 members of the Association of Graduate Programs in Ministry (A.G.P.I.M.) at their annual meeting, and had the opportunity to share with them our NACC Standards and how they relate to the curriculum of their ministry formation programs. We shared a mutual enthusiasm for ways we can cooperate to promote chaplaincy as a ministry and further develop ministry programs to help chaplains be ready for board certification. We still have work to do, but we are moving forward.

CPE is the cornerstone education program for chaplains. Yet both the Association for Clinical Pastoral Education (ACPE) and the NACC are finding it challenging right now to identify,

## vision

Vision is published six 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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support, and train a sufficient number of CPE supervisors to adequately fill current CPE supervisory positions in accredited programs. Both financial and accessibility barriers exist. NACC has chaplains who are interested in becoming supervisors but cannot financially afford to enter the supervisory process as it is currently structured. For some members finding a CPE site near them is difficult. Some creative programs are emerging that offer ways to complete some of the supervision through distance learning. Our ability to prepare sufficiently trained and board-certified chaplains for the future depends on what we do together (ACPE and NACC) in the next couple of years to improve upon where we are now regarding affordable and accessible CPE programs.

**5. Healthy, vibrant associations to support chaplaincy:** Nationally, most member associations have been challenged by recent economic conditions, as their members struggle with job security and less access to educational funds for programs. Those with more diverse programs and sophisticated communication tools are faring better. As many of you know or expect, each of the participating associations in the Spiritual Care Collaborative (SCC) has been or is struggling with its financial base. Boards are working hard with executive directors to monitor the financial environment and its impact on the associations. I want to emphasize that at the end of 2008, the NACC reorganized its staff and the Board approved a conservative 2009 budget. After the first five months of this 2009 fiscal year, the NACC is doing OK, but we are watching closely our monthly revenues and expenses, and will make adjustments to expenses as needed.

Nevertheless, SCC association participants will need to continue discussion and come to decisions as to how best to commonly represent and support the spiritual care profession. This common exploration is a matter of both developing a common voice and exercising sensible stewardship. To

paraphrase and quote language from the American Society of Association Executives and the Center for Association Leadership mission and beliefs ([www.asaecenter.org](http://www.asaecenter.org)), our SCC associations should believe that we have the power to transform our spiritual care ministry and ultimately society for the better. And our passion is to help spiritual care professionals achieve “previously unimaginable levels of performance.” And we can do this by “nurturing a community of really smart, creative, interesting people — our members. In short, we connect great ideas and great people.”

## Concluding thoughts

I began this column by stating that what NACC “attends to in the next two to three years will have significant impact on our spiritual care ministry and the associations that support it.” I believe a variety of factors makes these five areas near term imperatives for us to address carefully yet persistently because they have such significant influence on you as members, the future of board-certified chaplains and CPE supervisors, and the associations that support you. I want to write this column two years from now with definite progress in these five areas. I am energized and committed to advance our efforts collaboratively with our key partners. I end again with gratitude to you. Thank you for allowing me to serve you and the continuing healing ministry of Jesus in the name of the church.

While significant strides have been made to create communication options for members from NACC Now to local gatherings, listservs, audio conferences, and other such means, more still needs to happen. Professional growth, mutual spiritual and emotional enrichment, colleague support, and other benefits flow from this type of networking.

## NACC seeks award nominees

The NACC, at its annual conference, bestows two awards. One is the Distinguished Service Award that recognizes outstanding dedication and service to the NACC or to the field of chaplaincy by a member of the NACC. The award will be presented to an individual who has advanced the mission of NACC or the ministry of chaplaincy in a significant and lasting way.

The other is the Outstanding Colleague Award that recognizes outstanding dedication and service of a professional colleague in a field other than professional

chaplaincy. The award will be presented to an individual or to a group 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.

The NACC Board of Directors invites nominations for these two awards. Your nominations need to be submitted to the NACC National Office by Sept. 1, 2009. For more details about the awards, their criteria, and the process of submission, please go to [www.nacc.org/aboutnacc/awards.asp](http://www.nacc.org/aboutnacc/awards.asp).

## Revised 2008 Annual Report available on NACC website

It came to our attention that the financial section of the NACC 2008 Annual Report published in the prior May-June 2009 *Vision* issue was incomplete (lacked the left column that identified the financial categories represented by the numbers). We have corrected that mistake, and have made the revised copy of this 2008 Annual Report available on our NACC website. Please visit either of these links for this revised report:

**May/June 2009 *Vision***  
(includes the Annual Report)  
**2009 NACC Annual Report**  
(stand-alone document)

## Transcript analysis required for those with non-U.S. degrees

**Q** I have a degree from a foreign country. How can I verify if it meets the requirements for a bachelor's degree or master's degree in the United States?

**A** If you have a degree from an institution that is not in the United States, you are required to have transcript analysis at your expense to verify that your international degree(s) meets the requirements for a bachelor's degree or master's degree in the United States (see Certification Procedures Manual 131.3m and 131.3n).

For information on recognition of foreign qualifications, see the U.S. Department of Education Network for Education Information at [www.ed.gov/about/offices/list/ous/international/usnei/us/studyrecog.doc](http://www.ed.gov/about/offices/list/ous/international/usnei/us/studyrecog.doc). For a list of credential evaluation services that have admission standards and an enforced code of good practice, see the National Association of Credential Evaluation Services (NACES) at [www.naces.org/members.htm](http://www.naces.org/members.htm).

The transcript analysis is due at the time all of the other certification materials are due: postmarked Sept. 15 for a spring interview and postmarked Feb. 15 for a fall interview. No exceptions will be made in terms of the deadline for materials. A copy of your international transcripts will not suffice for certification with the NACC. Please do not send copies of these transcripts as they will be returned to you.

You are not eligible to enter the certification process until all degrees acquired outside the United States have been



analyzed and the NACC has received the evaluation report directly from the evaluation service showing your international degree(s) meets the requirement for a bachelor's degree or master's degree in the United States.

**Q** What are the postmark deadlines, locations, and fees for chaplain certification for 2010?

**A** Postmark deadlines:  
Sept. 15, 2009, for a spring 2010 interview  
Feb. 15, 2010, for a fall 2010 interview

Certification application fee: \$350

Locations:  
Spring 2010 interviews (subject to change based on applicants/availability of interviewers)  
May 1-2, 2010  
Baltimore, MD  
Orange, CA  
Milwaukee, WI  
St. Louis, MO

Fall 2010 interviews (subject to change based on applicants/availability of interviewers)  
Oct. 2-3, 2010  
Boston, MA  
Milwaukee, WI  
Portland, OR  
St. Louis, MO

# NACC Conference 2010: Winds of change, spirit of promise

By Rev. James Kunz, BCC

“Winds of Change, Spirit of Promise” is our banner and theme for next year’s NACC Conference. I want to introduce myself. I am Fr. Jim Kunz, staff chaplain at the Mayo Clinic in Rochester, MN, a long-standing member of NACC. This year I was a part of Summit ’09 in Orlando, FL. I have been asked to chair next year’s conference for NACC and am honored and humbled at this invitation to serve our association. A number of our colleagues and I are already working hard to plan and prepare for next year’s conference in St. Paul, MN. We are excited and looking forward to welcoming you to St. Paul and Minnesota for this significant gathering of chaplains and other related professionals. The conference begins March 20 and runs through noon on March 23. There will be preconference workshops and a retreat offering before the formal conference begins.

Winds of Change: I think we have all been experiencing some pretty tumultuous wind gusts during these last months, whether that is literally or because of the economy, downsizing in our work environments, being asked to stretch in our healthcare settings and belt tightening in our own personal lives. And so it becomes even more imperative for us to gather next year. In the midst of blowing winds, we want to draw support, resources and encouragement from one another in telling our own stories and being enriched by the wisdom, knowledge, and experience of our colleagues and peers. It is our faith in Christ, grounded spirituality, and rich heritage and experience that help us know that

there is hope and the spirit of promise in the midst of this turbulence.

So mark your calendars. Reserve the dates. We, in Minnesota, are hoping for warmth as we cross that threshold of spring during our conference. We are keeping in mind that many of our conference attendees will be coming at personal expense and sacrifice, so we want to make the conference as beneficial and helpful as possible. We are in the process of securing our plenary speakers and planning the celebrations of our days together. Plan now to stay until the end for a meaningful closure.

Keep the planning group in prayer as we move through these next months. Already I have been so grateful to be a part of such a dynamic and rich group of colleagues/planners in working for this conference. I look forward to joining with you next year and sharing this time to deepen and expand our healing ministry of Jesus in our various ministry and work settings.

As we explore the “winds of change,” may we experience anew the “spirit of promise.”



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# Witnessing love at time of pain led him to chaplaincy



**Name:** Joseph G. Bozzelli

**Work:** Director of pastoral care, St. Elizabeth Healthcare, Edgewood, KY

**NACC member since:** 1990

**Volunteer service:** I served on liturgy planning committees when we had our regional conferences. Since then, I've volunteered as a certification interviewer and site coordinator, NACC Vision

and Action Planning Committee member, co-chair of our 2008 National Conference in Indianapolis, member of the National Certification Commission and Nominations Panel.

**Book on your nightstand:** "Teachings on Love," by Thich Nhat Hanh

**Book you recommend most often:** "The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness," co-authored by Jon Kabat-Zinn, Mark Williams, John Teasdale and Zindel Segal.

**Favorite spiritual resource:** Henri Nouwen

**Favorite fun self-care activity:** OK, I think you meant to say "activities," because I have several: sailing, photography, going to movies, connecting with nature, and being around my nieces and nephews.

**Favorite movie:** It depends on my mindset. When I'm in a serious mood, it's "To Kill A Mockingbird." When I want to connect to my Italian heritage, it's "Godfather" 1 and 2. When I need a laugh, it's "Young Frankenstein," and when I'm longing for my "Indiana home," it's "Hoosiers."

**Favorite retreat spot:** Loyola House, Spiritual Retreat and Jesuit Training Center in Guelph, Ontario.

**Personal mentor or role model:** My father, Nicholas; he was a humble and holy man.

**Famous/historic mentor or role model:** St. Francis of Assisi.

**Why did you become a chaplain?** For the money, what else? Just kidding. I always felt a call to be of service to others. My parents, Nicholas and Frances, nurtured that call. My Mom used to tell her nine children that we were all missionaries for God. She and my father lived their faith so beautifully, that it seemed natural for me to want to share God's love with others, too.

During the course of my MDiv studies at St. Meinrad School of Theology, I completed my first CPE unit. That experience helped to deepen my self-awareness and introduced me to the ministry of hospital chaplaincy. But it wasn't until after I graduated and returned to work for the seminary that my interest in chaplaincy took root.



While working in the development office, I became close friends with Dennis and Katie Etienne. Dennis was an attorney for the seminary and Katie was on the faculty. Dennis had been his class president at Notre Dame. He was extremely bright and had an incredible sense of humor. In addition, he had a deep goodness and love for people. Dennis and Katie had a wonderful marriage and a promising life ahead. But just about a year into our friendship, Dennis was diagnosed with a rare spinal cord tumor. It was about the time that he and Katie learned they were pregnant with their first child, Will. Dennis was able to see Will born and celebrate his first birthday, but he died shortly afterwards. It was one of those "when bad things happen to good people" scenarios, that unfortunately, many of us in pastoral care know all too well.

But being with Dennis and Katie helped guide me to hospital chaplaincy. I had the privilege of being with them during the worst time in their lives. I witnessed the deep love that they shared for one another. I watched as Katie spent

countless hours in intensive care, always giving, always supportive, never wavering in her love for Dennis ... all of this while raising a newborn. In the midst of unimaginable pain and suffering, I saw God's loving presence in the eyes of a devoted wife and the heart of a loving husband. Dennis, Katie, and their family helped to deepen my faith and my love for God.

That was 20 years ago, and I have been blessed to journey with other patients and their families ever since. It hasn't always been easy. Like most, I struggle with issues of suffering and injustice. But the certainty of God's goodness, love, and presence in our lives, keeps me going. And, the opportunity as a chaplain to be an instrument of God's love to those in need; well, as the commercial says, it's priceless.

**What do you get from NACC?** I get validation, support, and guidance for my ministry.

**Why do you stay in the NACC?** Because they are holding my dog hostage! OK, humor is important to me, so, thanks for indulging me. Anyway, the NACC continues to be a source of nourishment, both for my personal and professional development.

**Why do you volunteer?** Because I believe that by helping our membership continue to grow, I am not only helping members in their ministry, but I am ultimately helping the patients and families whom they serve.

**What volunteer activity has been most rewarding?** Serving as a certification interviewer.

**What have you learned from volunteering?** That in giving, you receive.

# She volunteers when her heart is touched by issue, people



**Name:** Marilyn Williams  
**Work:** Chaplain, Memorial Hospital of Catholic Health Initiatives in Chattanooga, TN.  
**NACC member since:** 2004  
**Volunteer service:** Currently I volunteer with the NACC as a certification interviewer, contributor to *Vision*, member of the Ethics Commission, and State

Liaison for Tennessee. Apart from the NACC, I work with the Ministry Task Force for The Coalition Against Domestic and Community Violence of Greater Chattanooga; and I am a board member of the Ladies of Charity of Chattanooga.

**Book on your nightstand:** This week the books on my nightstand are: "The Return Of The Prodigal Son," by Henri Nouwen; "Humility Matters for Practicing the Spiritual Life," by Mary Margaret Funk, OSB; "Day by Day with Saint Benedict," by Terrence G. Kardong; "The Art of Listening in a Healing Way," by James E. Miller; "Reading The Letters of Saint Paul," by Carolyn Thomas, SCN, "A History of God," by Karen Armstrong; and "Time Is a River," by Mary Alice Monroe.

**Book you recommend most often:** There is not any one book I recommend more than any other. In the area of spirituality, I may recommend Joyce Rupp, Joan Chittister, Thomas Merton and Richard Rohr most often. And most recently I have been recommending to my women friends "Sweetgrass," by South Carolina author Mary Alice Monroe.

**Favorite spiritual resource:** The Rule of St. Benedict; nature and the cycle of life; and praying/chanting the Liturgy of Hours as part of a community.

**Favorite fun self-care activity:** Being with my small Benedictine oblate community on weekends — talking, working, praying, and eating together. During other times, being in nature either walking/hiking, gardening, kayaking, or sitting on the porch.

**Favorite movie:** There's not one all-time favorite since my taste in movies is almost as diverse as my taste in books. Favorites have included "Gone With The Wind," "The Sound of Music," "Schindler's List," "Julia," "The Way We Were," "Star Wars," and "Lord of the Rings."

**Favorite retreat spot:** At one time this would have been Sacred Heart, a Benedictine Monastery and Retreat Center, in Cullman, AL, but it became "home." So at this time I would say anywhere in nature, especially a quiet beach.

**Personal mentor or role model:** Although both are now deceased, two older friends from different times of my life have served as mentors and role models: Marge Sparks Fullan of Birmingham and Sister Maurus Allen, OSB, of Sacred Heart Monastery. Although they lived very different lives, both expressed much wisdom and gave unconditional love becoming

images of divine love. The patients and families I encounter daily also provide me with models of how to live life with hope and tenacity despite poor health, illness or aging.

**Famous/historic mentor or role model:** There are so many and for so many reasons! For example, women like Hildegard of Bingen, Joan of Arc, Jane Adams, Dorothy Day, Eleanor Roosevelt, Georgia O'Keeffe, Susan B. Anthony, Hillary

Clinton and so many more who listen to that small inner voice that called them to be faithful to their beliefs and to take risks even if it meant the derision or rejection of others and sacrifices. Also, Gandhi and Martin Luther King, Jr. for choosing the way of peace in the face of violence. And Mary for saying "Yes" to God and for her faithfulness at the Cross — for not running away because of the pain or the fear.

**Why did you become a chaplain?** I became a chaplain because God called. First God called me to a spiritual journey, and then called me to become a Benedictine oblate for Sacred Heart Monastery. And as that journey continued as a lay Benedictine, God

called me to do a unit of CPE and three years of living and working in one of the Benedictine Sisters' ministries located at Sacred Heart. And then God called for me to be a Benedictine in the world as a hospital chaplain after a one year CPE residency in Omaha, NE.

**What do you get from NACC?** NACC facilitates my growth as a chaplain through its educational offerings, professional standards of practice, and the opportunity to network with other chaplains throughout the country. I also appreciate the role NACC takes in developing the profession of healthcare chaplain. Moreover, the recognition that NACC provides me as a certified chaplain is important to my ministry.

**Why do you stay in the NACC?** In addition, as the only Catholic hospital chaplain in this area of the country, NACC enables me to make connections and build relationships with other Catholic chaplains.

**Why do you volunteer?** Whenever my heart has been touched by an issue or by people, my response has been to volunteer — to find solutions to problems or to help those affected. I volunteer to make a difference in the world and to improve the lives of others and all of us.

**What volunteer activity has been most rewarding?** Within NACC the most rewarding activity to date has been serving as a certification interviewer because I learn so much from the process. Each time I review the application and interview a certification applicant, I learn more about myself, especially in terms of my ministry, spirituality and the practice of chaplaincy.

**What have you learned from volunteering?** One of the most important lessons may be the importance and power of joining together as community. Although I believe one person can change the world, by joining together we can accomplish so much more.





## Could heaven be any sweeter than this?

By **Peg Newman, M.Ed., BCC**

Every Sunday afternoon at 4:15, I preside over a communion service in the assisted living area of the infirmary at the psychiatric prison hospital where I work as a Catholic chaplain. I provide the music (through a CD player), Scripture readings (though prayer books), Communion (bread that has been consecrated/blessed by a priest) and, on occasion, something to make the day special (i.e., donated Bibles or a decoration like an Easter Lily or Poinsettia). The men who live there provide the genuine encounter of God.

Anywhere between 10 and 16 of us sit in a circle. We open with song and, boy, do we sing. The men chose the songs – “Old Rugged Cross,” “Amazing Grace,” “What a Friend We Have in Jesus,” “Rock of Ages” and a few more. The men have their favorites and like to stick to the same few songs. An inmate-worker, a man who has transferred from another prison to work at the hospital, volunteers his time to be part of the community. He attends to the music and helps the men follow along with the service.

The men are all seriously mentally ill. Most suffer from dementia as well as mental illness. I imagine some also have a degree of mental retardation. To me, they are angels – God’s angels. They minister to me. They accept my love and they love me in return. They create a very special place for my heart to be nourished and renewed every single week. To me, they are near-perfect expressions of God’s love.

Last Sunday was a typical service. I begin by asking for volunteers to do readings. As usual, there were more volunteers than readings. Peter expressed his hurt feelings and closed his eyes, as if to punish me by going away. When the music started, he put aside his disappointment and heartily joined in the singing.

The readers are often difficult to understand and many have trouble pronouncing long or uncommon words. Last Sunday was much like any other Sunday. The inmate-worker helped the men with their readings as graciously as he could. Then I read the Gospel story of the workers and the vineyard. I wanted to communicate the idea, drawn from the story, that we should not be resentful of other people’s good fortune. Several of the men

have trouble listening quietly. As a group, they are far more tolerant of interruptions than any other group I spend time with, but I, on the other hand, often lose my train of thought. With time and great effort, I am slowly getting better. I made my point as best I could. I think one or two of the quieter men got the basic idea.

Then we did some praying and singing and we shook each other’s hands as a sign of peace. Then it was time for Communion. I walked from man to man around the circle and placed the Communion host on each person’s hand or in his mouth. As I was doing this, one of the men went around the circle behind me, passing out individually wrapped pieces of peppermint candy that he had bought with his very limited funds from the prison canteen.

My first reaction was to think that this was inappropriate. In this solemn moment, I could only see the importance of the sacred Communion hosts, the Body of Christ. Fortunately, before I said anything stupid, I saw that this man was also sharing something sacred and precious. Like the widow who gave her last coins, this man was giving a lovely gift born of his poverty and love. One member of the congregation very thoughtfully held my piece of candy aside until I was finished giving out Communion.

In a prison setting, the corrections officers can seem gruff and detached. On this unit, I often see the softer side of the officers. They routinely encourage the men to go to church. When they have to interrupt, they are always as respectful about it as they can possibly be. It is a setting where the officers are able to let their humanity show despite the difficult demands of their job. In response, the men regularly pray for the officers, showing genuine concern for their well-being. What a wonderful island of love God has provided us in the middle of the often turbulent ocean of prison life.

*Peg Newman is a prison chaplain for the Massachusetts Department of Corrections. She currently divides her time between Bridgewater State Hospital and Massachusetts Alcohol and Substance Abuse Center in southeastern Massachusetts. She also works, every other weekend, as a per diem chaplain at Brigham and Women’s Hospital in Boston. [peg\\_newman@msn.com](mailto:peg_newman@msn.com)*

## 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.

Kelly Elizabeth Sexton  
(daughter of NACC member  
Melyssa Sexton)  
Madison, WI  
Cancer

Fr. Bill Spacek  
Baltimore, MD  
Detached retina and other eye  
issues

Sr. Nancy Crane, OP  
Akron, OH  
Cancer treatment

Raymond Kelleher  
Olympia, WA  
Heart surgery

Sr. Hilda Mallet, MHS  
Lafayette, LA  
Cancer treatment

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

Sr. Rita Rzeppa, IBVM  
Chicago, IL  
recovering/rehab from knee surgery

## Been 'let go,' 'right sized?' Assess your skills and make a plan

By Margot Hover, D.Min.

You've heard the old joke line, "When you're up to your eyebrows in alligators, it's hard to remember that your original objective was to drain the swamp." The current translation is, "When you've just lost your job, it's hard to think creatively, beyond survival." Whether you were fired or "let go," "right sized" or RIFed (Reduction in Force), Baby Needs Shoes. It's incredibly difficult to think freely and creatively when survival needs press you to the wall, so you bid farewell to your office and work colleagues ... and head for the want ads and Internet job listings as fast as you can go.

However, in the bible for job hunters, "What Color is your Parachute? 2009," (Berkeley: Ten Speed Press, 2009) Richard Bolles cites research reporting that both sending out resumes randomly to potential employers and answering ads in professional/trade journals have only a 7% success rate. Answering local newspaper job ads is a successful strategy 5-24% of the time; the success rate is higher the lower the salary, similarly with private employment agencies and search firms. Here's the surprise: 33% of seekers find positions by asking for leads from family/friends/high-school and college career centers. Forty-seven percent are successful by knocking on doors at any companies that interest them, even if they have no current openings. Sixty-nine percent are hired when they visit interesting companies by phonebook listings. Eighty-four percent of the successful job hunters combine that with membership in a job club, meeting with other seekers. Finally, 86% engage in a process of assessing their transferable skills, preferred work environment, and intensive advice-and-information interviews. So answering newspaper ads and random distribution of your resume may fill your empty days with something like work, but will probably not result in a satisfying position. And Baby does need those shoes!

As an ACPE/NACC supervisor with my own history of periodic joblessness, I'm really convinced that markets shift

rather than disappear, even and perhaps most often in an economic downturn. For example, hospices did not exist years ago, but now, the Joint Commission is becoming increasingly stringent in requiring that hospice staffs include spiritual caregivers with CPE and/or seminary degrees. The National Institute of Business and Industrial Chaplains includes members employed in airports, tourist centers, funeral homes and other settings where spiritual care is vital.

If you have the luxury of accrued vacation or severance pay, begin your career planning by thinking of it as your new full-time job. Even if you have to take a stop-gap job for survival, save a bit of time each day for yourself and your future. Find a support group, or if your church or community doesn't already have one, start one. Give the group a positive structure by using a guide text such as Bolles's book. Browse bookstore shelves with an open mind. Use your prayer time to wonder with God about your wildest dream occupations and work settings. Write a resume that reflects your skills and dreams, rather than your old jobs; you'll find lots of models at the library.

By all means, process your disappointment and grief, but also ask friends, family, neighbors, and chance encounters to suggest contacts who could give you advice, even if they don't have job openings. Conduct "advice and information" calls, with formal letters of introduction and follow-up thank you's. Aim for 20 of those each week; that seems to be the critical mass for positions to surface. Above all, use your support systems to think of yourself as a CEO; you are making executive decisions about your future, not begging.

Although NACC's thrust has traditionally been healthcare chaplaincy, we would be enriched if our membership stretched to include spiritual care venues not yet explored. It will be the gift of members now in the job market to challenge the imaginations of the rest of us.

*Margot Hover, of St. Louis, MO, is an ACPE/NACC CPE supervisor emeritus.*

## Think smart, think creatively, do 'informational interviewing'

The first/best/hardest way to deal with job loss is to look at the situation as an opportunity. Use all of your resources to remember that you are not a helpless victim of the economy, new administration or the Forces of Evil. You may have stepped off or been shoved off a cliff, but flying is an option!! Actually, I've found myself wondering about new ministries that arose when people — founders of many religious communities as well as Anton Boisen come to mind — found themselves up the proverbial creek.

Statistics indicate that your best tools for finding a position are combining a support group with a defined process or course of action. While you might organize or join a support group for job seekers at your parish or library, you might also convene your own group of five or six friends or acquaintances who can commit to meeting with you regularly to offer suggestions and

to keep you focused on your new job — which is finding a good position that matches your preferences in work environment, skills, and life goals. In reality, all of us need to do that periodically.

For a process, I always begin with "What Color Is Your Parachute: 2009" (Richard Nelson Bolles, Berkeley: Ten Speed Press, 2009), although you can find many other books on Amazon and local library or bookstore shelves. Bolles is particularly good at helping the reader lay the groundwork — temperament and skill assessment — and translating your dreams into the marketplace. Geared for the veteran as well as the first-timer, his book is updated annually, and you'll find yourself chasing fewer dead leads than with older books.

See [Interviewing](#) on page 10.

## Post honeymoon seen as time of wisdom, discovery

*The Spiritual Care Giver's Guide to Identity, Practice and Relationships.* By Thomas St. James O'Connor, Colleen Lashmar and Elizabeth Meakes (eds.). Cappeswont. Halifax, NS, 2008. Paperback, 287 pp., \$40 (Canada).

By **John Gillman, Ph.D.**

Three assumptions guide the perspective of the contributors: respect for diversity, giving voice to different experiences of spiritual care, and the interface between theory and practice.

What happens after the “honeymoon” experience for spiritual care givers is over, when the glow of the work loses its luster and the bliss of the calling becomes mundane? Through the 18 articles assembled in this collection, the editors offer hope that the post-honeymoon period in spiritual care and therapy can be transformed so that it becomes “a time of growth in wisdom and of discovering new and different forms of energy and passion” (p. 8).

Three assumptions guide the perspective of the contributors: respect for diversity, giving voice to different experiences of spiritual care, and the interface between theory and practice. Largely written by Canadian professionals from within their cultural contexts, diversity appears in such forms as reflections from an aboriginal cultural helper, a case study by a Muslim chaplain, and insights from a counselor regarding her work with lesbian families. Models and styles of theological reflection are offered as the framework to explore lived experience.

Organized into three sections addressing issues of identity, practice and relationship, with a concluding

chapter on integration, this book is a rich resource for chaplains and pastoral educators. CPE supervisors will benefit from the chapters that address the postmodern context of Clinical Pastoral Education, a philosophy of supervision called “mentoring mindfully,” and a qualitative study of students’ positive and negative experiences in CPE. More specific to the Canadian scene is a chapter on the future direction of CAPPE/ACPEP.

Spiritual care givers will benefit, for example, from the chapters on how to hear the person with attention to images and symbols, ways to use music for children and in palliative care settings, appropriate responses to fetal loss, and the importance of providing spiritual care in the context of community.

The essay that relates research on the relationship of couples to healthy spiritual care relationships is innovative and beneficial. Using lessons distilled from the Gottmans’ work with heterosexual couples, the authors challenge chaplains, pastoral counselors and church ministers to evaluate the “nutritional” value of their helping relationships.

My main critique is that some authors seem to have lost sight of the over-arching metaphor — after the honeymoon — intended to unify the collection. On the other hand, those who do venture into this landscape more easily build a bridge for those seeking to renew their energy and passion as spiritual care givers. I have benefited from much that is offered by this seasoned group of professionals and recommend this as a resource for others.

*John Gillman is ACPE/NACC CPE supervisor at VITAS Innovative Hospice Care in San Diego, CA.*

## Interviewing

*Continued from page 9*

Many professional career planners recommend a process of “informational interviewing.” They suggest blanketing your current network members with a “functional” resume and a cover letter asking only for their advice as you plan your future. While those contacted may be reluctant to meet with you if they think that you will ask them to hire you, nearly everyone loves to give advice – and that is what you want. In the course of 20 minutes, you can introduce yourself and your career direction, hear their slant on your plans, and get the names of at least five other contacts they would like you to meet. Follow up with a professional thank-you letter and the promise to keep them informed of your progress. Keep annotated cards on each contact. Before long, you will find your own ideas sharpening, your previous notions stretched, and job possibilities surfacing.

Spend some time browsing the Internet (but stay away from

the Solitaire page). Follow information threads. For example, I checked some of the many, many websites listed in “Parachute;” the book is worth the price just for those. A sample: [www.job-hunt](http://www.job-hunt) is made for browsing, with cut-to-the-chase articles on assessing one’s preferences and skills, ideas for networking (have you called your alumni association, for example?), assessing a potential employer, and getting to insider Power People.

A link to [www.womenforhire.com](http://www.womenforhire.com) will give you excellent templates for functional resumes, cover letters and informational interviews, as well as the all-important query about whether your resume was received and what happened to it. I thought that I was “up” on openings in my area, but at [www.indeed.com](http://www.indeed.com), an international site that centralizes and organizes thousands of job listings, I found four local openings for chaplains that I hadn’t heard about. Losing your job is a mixed blessing, believe it or not. May these suggestions open the door to some pleasure and excitement about the process of finding your place.

— *Margot Hover*

# Novel brings readers along on journey of the heart

*Author's eloquent descriptions create vivid pictures in the mind*

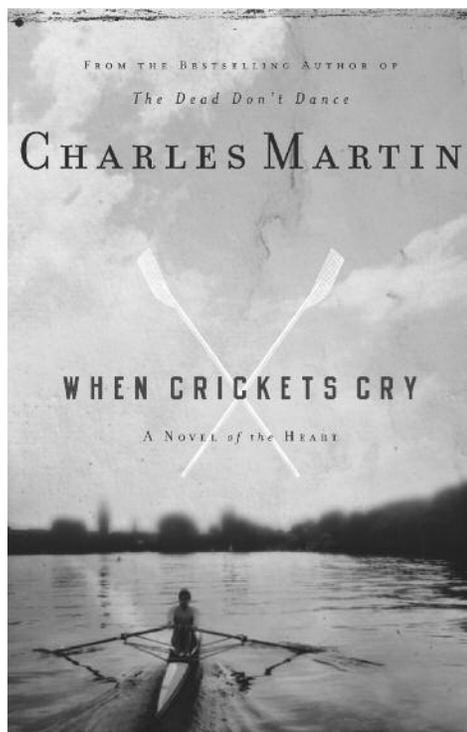
*"Her forced idleness told me the clock was ticking, so I continued to read every scientific book I could get my hands on that dealt with the human heart. But the more I read, the less I understood why textbooks treated the heart like Humpty Dumpty. Medicine and science — thanks in large part to Aristotle and Descartes — had divided the body into systems and parts. As well they should. How better to understand it? But I was learning that getting well and finding healing are two very different things." "When Crickets Cry," p. 113*

**By Susanne Chawszczewski, Ph.D.**  
**Certification and Education**  
**Coordinator**

Charles Martin's "When Crickets Cry," published in 2006, provides us with an account of a journey taken by the main character Reese Mitchell. This journey, characterized by chapters that describe Reese's previous life experiences with his wife Emma interspersed with chapters about his current life in a small town in Georgia, illustrate his struggle with the concepts of getting well vs. finding healing. Martin's book is neither a medical treatise nor a theological text. Rather, it is a work of fiction, which allows the reader to delve into Reese's struggle with the heart.

As we progress through the book, we find that the story is really about the personal tragedy of a reclusive Georgia heart surgeon involving his wife Emma who was his childhood sweetheart and also had a faulty heart. This is coupled with the new-found hope he acquires as he journeys with a 7-year-old girl named Annie, who also happens to have a faulty heart. He has left the practice of medicine but reconsiders after he meets Annie because he is compassionately drawn to Annie's case.

As you will see from reflections by Mary Beth Moran and Marilyn Williams, "When Crickets Cry" may elicit different feelings, thoughts and opinions. But in most cases, disharmony and disagreement create wonderful opportunity for discussion. And that is what I found engaging about "When Crickets Cry." It made me think about how I felt about Reese's story and also the compelling stories of everyone else in the novel. While the characters of Reese, Emma, and Annie are certainly central, we also find the minor stories of Reese's brother-in-law Charlie and Annie's aunt Cindy equally



compelling.

I was particularly drawn to some of the novel's imagery. Martin certainly has a knack for description. From the depictions of water to the reminders about blindness and to the story of the Well, Martin's imagery is woven like a tapestry throughout the book. In the images of water we see the Tallulah River, Lake Burton, leaking pipes, storms, and a recurring dream involving a water pitcher. In the images of blindness, we see Reese's relationship with Charlie, who was blinded, and how Reese is confronted with the image of blindness many times within the context of whether he himself can really see. The novel is also packed with literary allusions, although in some cases, I'm not sure of their placement or context.

As I found myself reading, I marked some of the passages that stood out particularly well for me. One is the

description of the Well, in Chapter 18. Martin's vivid images allowed me to close my eyes and imagine that I actually saw the restaurant with all of its wacky references to religion. The

other is Annie's description of why crickets cry in Chapter 25. Again, the explanation allowed me to close my eyes and imagine those crickets crying. And it caused me to pause and think about what I hear with my heart and whether I could hear the crickets cry.

Finally, I would like to share my favorite passage. It is my favorite because it allowed me to hold my breath for just a minute as I read it — captivated and captured by the words. They helped me to remember that, despite what

some may perceive as shortcomings, the book allowed me to be "in the moment" with the story of Reese, Emma, Annie, and all of the other interesting characters. This favorite passage involved the story of the orange tree, which reminded me that "sometimes trees forget they were meant to blossom and just need to be reminded" — and it drew me to the question of who I need to remind to blossom. Who do I need to tap in my own life?

As you explore "When Crickets Cry" as I did, I encourage you to take time to reflect on both the passages and stories you liked in the novel and also the areas that caused you some dissatisfaction. Balancing what we see as affirming with that which is challenging in the novel, we will be able to be "in the moment" with the story in a more profound way.

**One**  
**Book**  
 ONE ASSOCIATION

## Here are questions for book groups to discuss

**T**itles are always important. Why do you think the author chose this one? In Asian countries, the cricket is a symbol of luck and prosperity. What role do crickets play in this story? What do you think about Annie's comment that "they give their lives for mine"?

▼ One of the major themes in "When Crickets Cry" is love — both the nature of love and how it affects people. What are some of the examples of love from the novel (not just romantic love, but also the love of friendship and of sacrifice)? How did each of the characters grow in his or her understanding of love?

▼ An obvious symbol for love is the heart, and the author uses this symbol — doctors who "fix" hearts, people with diseased hearts, characters with "closed" hearts, and don't forget that heart-of-pine house — to draw our attention to the theme. In addition to love, the symbol of the heart can also be used to represent life itself, compassion, or the center of wisdom. How are these different aspects of the heart reflected in Reese's life throughout the story?

▼ When we first see Annie, she is wearing a yellow dress and selling lemonade. Considering that yellow is a common symbol of the sun and sunlight, what do you think the author

wants us to think about Annie's role in the novel?

▼ Another important theme in this novel is the concept of redemption. Who needs a second chance in this story? Who offers one? Does it seem as if each major and minor character falls on both sides of the equation — both needing redemption and yet somehow able to offer it to someone else?

▼ As in all of Charles Martin's novels, water is a recurring motif in "When Crickets Cry." From the Tallulah River flowing into Lake Burton, to the leaking water pipe, a few rainstorms, and a recurring dream in which Emma pours water from a pitcher, this novel is full of water. Water is often thought of as a symbol of new life — such as when the spring rains bring the landscape to life with new growth and color. Discuss the ways that water represents both life, and new life, in the story.

▼ Boats are another powerful and evocative symbol in the novel. Reese spends time on the lake rowing, and he also builds little "toy" boats — it's no accident they call to mind a Viking funeral — to dispose of Emma's letters. Boats can represent a journey, a crossing, adventure, and exploration; discuss how each of these relates to Reese's progression through the story.

▼ Several things in this story have been buried, starting with the town that is "buried" under the lake that Reese lives next to. What else is buried in this novel?

▼ Sometimes it seems as if Reese is hiding behind his literary allusions, holding his emotions at arm's length. From Donne's "No man is an island" and the castaway in "Robinson Crusoe," to Shakespeare's "I will wear my heart upon my sleeve ... I am not what I am," the author is giving us clues as to Reese's inner feelings, feelings he is often unwilling to give free rein to. The quotations are also used to foreshadow events in the story. Which reference did you find most meaningful? Why?

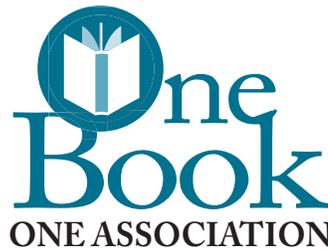
▼ Discuss the meaning of the Scripture on Emma's medallion ("Above all else, guard your heart, for it is the wellspring of life; Proverbs 4:23"). What is the significance of Reese's deciding to give the medallion to Annie?

▼ Blindness is a symbol that appears in "When Crickets Cry." Emma's brother, Charlie, is blind, and Helen Keller is both referred to and quoted frequently. Blindness can represent ignorance, darkness, and error — or a refusal to see reality. It can also represent inner vision (as Helen Keller said, "the best and most beautiful things in the world cannot be seen or even touched, they must be felt with the heart"). Who is blind in this story, and who can see?

▼ Why do you think that Reese avoided reading Emma's last letter? Would you have saved it as he did?

▼ What do you think Reese whispered to Annie's heart?

*Used with the permission of Thomas Nelson, Inc., Publisher.*



### Books by Charles Martin include ...

- ▼ "Maggie." Nashville, TN: Thomas Nelson. 2006.
- ▼ "When Crickets Cry." Nashville, TN: Thomas Nelson. 2006.
- ▼ "Wrapped in Rain." Nashville, TN: Thomas Nelson. 2006.
- ▼ "The Dead Don't Dance." Nashville, TN: Thomas Nelson. 2007.
- ▼ "Chasing Fireflies: A Novel of Discovery." Nashville, TN: Thomas Nelson. 2008.
- ▼ "Where the River Ends." NY: Broadway Books. 2008.

### Join One Book, One Association Committee

If you are interested in serving on a committee to choose the 2010 "One Book, One Association" selection, please contact Susanne Chawaszczewski, Ph.D., at 414-483-4898 or schaw@nacc.org.

### Obtain a copy of 'When Crickets Cry'

There are many options for you to read "When Crickets Cry." You may want to check with your local public library or a local bookstore. Books are also available to order online at such places as [www.amazon.com](http://www.amazon.com) or [www.barnesandnoble.com](http://www.barnesandnoble.com). For your reference, the paperback edition's (2006 edition) ISBN Number is 978-1-59554-054-6.

## Author develops his novels around a picture, research *Martin says he's not a writer of 'Christian fiction'*

By **Laurie Hansen Cardona**  
Vision editor

Charles Martin, author of “When Crickets Cry,” explained that most of his books start out with a picture that flashes through his mind. In the case of “When Crickets Cry,” he said, it started with a mental picture he had of a little girl in a yellow dress who spoke “in a tangy voice, a Southern, sweet, raspy thing.”

The girl he envisioned, who he later named Annie, was standing on her toes on a street corner selling lemonade, Martin said in a May 26 telephone interview with *Vision* from his home in Jacksonville, FL. “I knew she had a scar on her chest and a chain around her neck with a container of nitroglycerin or some kind of heart medication,” he commented.

Martin, who left the insurance industry to become an author, said he also knew right away that the girl was seriously ill and that the story he would write would revolve around “two heart transplants, one real and one emotional.”

With that in mind, Martin said he went to see his primary care physician, “a good friend of mine who lives here in Jacksonville.” He painted the picture he had envisioned for his physician and asked him to help outline the girl’s physical deterioration in terms of blood pressure, skin, nails and hair. The doctor’s response became the outline for his book. A character in the book, Dr. Ezra Trainer, is named for this physician contacted by Martin early on in the book’s development. Martin mentions Dr. John Trainer in the book’s acknowledgements.

The real Dr. Trainer also put the writer in touch with a cardiothoracic surgeon. Thanks to his help, Martin was able to sit in on several heart surgeries, he said. He never witnessed a heart transplant operation, however, and would still like to do so, he said.

After completing a draft of “Crickets,” Martin said he gave the book to three doctors to look at “from the standpoint of veracity.” He said they approved, while pointing out that he had pressed the envelope a little, using a bit of “dramatic license.” He believes that’s his prerogative as a writer of fiction.

Martin said his research into the heart changed the way he thought about himself. “I’ve always been a bit of a fitness nut. When I got to working on this story, I began to think more about this physical ticker that I always take for granted. Eating Doritos and chicken wings and other stuff, I was abusing it.” The heart research has him eating more salads today, he said.

Other research needed to write the book involved old boats, barbecued pork, and the book’s setting, real-life Lake Burton in northeastern Georgia. None of this was too difficult for Martin, who said that friends in Lake Burton took him under their wing when he was in college. There he witnessed firsthand and participated in the friends’ two hobbies – rebuilding old boats and barbecuing. He helped work on an antique cigar-shaped Greavette boat one summer, similar to that mentioned in his novel, he recalled.



With frequent Scripture quotations and allusions not only in “Crickets” but in Martin’s other novels as well, his books often have been categorized as Christian literature. “Somewhere they were labeled as Christian fiction. I did not know how to write Christian fiction, and I wouldn’t know how,” the author said.

He commented that Christian fiction sets out to deliver a message, something he has never done with his novels. “I talk to the Lord about my stories all the time, daily. I hope they’re on his shelf and bring a smile to his face,” Martin said.

He noted that his novel titled “Where the River Ends”

See [Martin](#) on page 15

I talk to the Lord about my stories all the time, daily. I hope they’re on his shelf and bring a smile to his face.



Charles Martin

Charles Martin earned his B.A. in English from Florida State University, and his M.A. in Journalism and Ph.D. in communication from Regent University. He served one year at Hampton University as an adjunct professor in the English department and as a doctoral fellow at Regent. In 1999, he left a career in business to pursue his writing.

He and his wife, Christy, live near the St. John’s River in Jacksonville, FL, with their three boys: Charlie, John T. and Rives.

You can read more about Charles Martin on his website <http://charlesmartinbooks.com>, which includes a blog with more biographical information.

## Two members weigh in on chosen book

### Story of human brokenness spoke to her heart

*"A joyful heart is good medicine but a broken spirit dries up the bones. Every heart has two parts, the part that pumps and the part that loves. If you are going to spend your life fixing broken hearts, then learn about both. You can't just fix one with no concern for the other."*

— Charles Martin, "When Crickets Cry"

I first read this book for our book group at my hospital where it was warmly received by the entire staff. Comments arose regarding how realistic the book was in terms of medical issues, but once everyone was reminded that this was a fictional work, everyone relaxed. Most of all the staff got involved in discussing human brokenness and hope.

In my final unit of CPE, my supervisor, the late Rev. David Boulton, S.J., once admonished my group "to get out of our heads and out of our guts and get into our hearts. Hearts are where the real ministry comes from." In reading this book, I was reminded of Fr. Boulton and his words.

In our pursuit of excellence to minister to our brothers and sisters in Christ, often we read technical and academic books to help us in our daily work; very rarely do we read fiction. In addition to being a chaplain, I have a medical background. I knew this book was not medical reality and had shortcomings; it is not the Summa, however it gave me some food for thought.

First, I was reminded that as a chaplain I need to practice self-care. Reading fiction feeds me on a different level than reading textbooks. This book, which favors heart over head, gave me an insight into what other people read for pleasure. Second, I was challenged to reflect on how well I know my staff at the hospital. Would I have picked up on some of the warning signs that Reese was exhibiting? How would I have ministered to him, his colleagues and the nursing staff? How could Cindy and Annie have been better served during their frequent trips to the hospital? How I wished that the chaplain had visited them during her hospitalization and testing. Also, a social justice issue arose for me over the plight of Annie, who was raising and selling crickets to pay for her heart transplant.

I was also reminded how much I listen in a day and reflected on a passage from the book about Emma. Emma educates Reese with her words about the cardinals at the windowsill and the male and his cry for the injured female bird. Emma understands the male bird in his brokenness and its longing for the female bird. Reese does not, and Emma states: "That's cause you're listening with your ears and not your heart."

I appreciated this book for all that it was and also for all that it was not. Just like the human living document we encounter daily in our work, it is not perfect. But in taking the time to listen and to be, with our hearts open, often we find wisdom, beauty and love.

Mary Beth Moran, BCC  
Winchester Hospital  
Winchester, MA

### She finds 'Crickets' unrealistic, uninspiring

Prior to serving on the Book Selection Committee I had not read "When Crickets Cry" and therefore voted for another book that I had read and thought was outstanding. Although I had not found the book description particularly inspiring, I looked forward to reading the book knowing others had recommended it. I admit, however, that my first negative reaction occurred prior to reading the first page in finding it at one of the larger bookstores not in the General Fiction Section but in a section called Christian Fiction. The few times I had started a book so classified I had been unable to complete it due to poor writing and shallow content. However, I attempted to keep an open mind as I started reading, hoping that I would be pleasantly surprised this time.

Having now read the entire book, I have found, unfortunately, that my biases have only been reinforced. There were times I thought the author could become a pretty good writer if he would quit trying so hard to make references to God and to launch into preaching sermons on unrelated topics such as sexual morality.

For example, there were five references to God in the first five paragraphs of the Prologue when one reference would have been adequate. I recognize that my negative reaction is probably due in part to living in the Bible Belt, but I prefer sensing the presence of God to speaking about God for indeed the "Word became flesh." Likewise, the most powerful vehicle for evangelizing to me is living our faith, through imitating Christ.

In addition, although Martin uses the book and his main character, Reese, to talk of God, he does not explore in any meaningful way Reese's relationship with God. Nor does he explore the impact of Reese's grief and struggle on his faith after the death of his wife Emma and his departure and return to cardiac transplant surgery. It appears that Martin, in writing "Christian fiction," is afraid to deal with real human emotions and struggles for faith in the midst of tragic situations.

As a result, the cardiac surgeon character does not appear to have much depth. The book could have spoken of a man who came to truly comprehend human limitations. Instead the story shows a man



## Continuing education hours and opportunities for involvement

As a community, when we read one work together, it brings opportunities for us to have a common ground and common place to begin our conversations. This project encourages both individual and community involvement. While we may not always agree with what is written, it is important to discuss both the positive elements of the book and those areas in which we are challenged. Here are some ways in which you can read and reflect with your companions in the NACC.

Read “When Crickets Cry” and explore the resources provided in *Vision* and on the website to enrich your own experience.

Write a reflection on a passage or aspect of the book. Send the reflection to the NACC office for publication in *Vision* or

on the website.

Host a gathering and book discussion – This is a wonderful opportunity for you to connect with members in your area or even via email. The NACC can help you to organize this gathering. If you are interested in hosting an event, contact Susanne Chawaszczewski at [schaw@nacc.org](mailto:schaw@nacc.org) or 414-483-4898. We can publish the information in *Vision* and on the website. Additionally, we would be happy to provide mailing labels and lists of those members in your area as well as email the members about your gathering.

Utilize these opportunities when preparing for renewal of certification. Please see the Renewal of Certification information found on our website at <http://www.nacc.org/certification/renewal.asp>.



## Martin

*Continued from page 13*

made The New York Times Best Seller List and has been translated into seven languages. It's not considered Christian fiction, he said, yet “I talked to the Lord just as much about it.”

Martin said he is a frequent reader of Scripture. “King David is my favorite writer. Why do I read the Bible? Because I need it.”

Martin said he was reading Proverbs with his three sons when he came upon the Scripture quotation he used frequently in “Crickets:” “Above all else, guard your heart, for it is the wellspring of life” (Proverbs 4:23).

“I thought to myself, the wisest man ever said, ‘above all else...,’” the author commented.

The author noted it was a paradox that the protagonist in “Crickets,” a heart surgeon, a “binder of hearts,” was unable to heal his own aching heart. “Reese (the book's protagonist) needed Annie more than Annie needed Reese. There's the saying: ‘Physician, heal thyself.’ Well, he couldn't do it, no matter what he did. He needed Annie.”

Martin sees certain thematic consistencies in his books. He said that like Southern author Walker Percy, whose strong Catholic faith was evident in his writing, he tends to believe “we're all shipwrecked castaways and we can't rescue ourselves.”

In all of his books, Martin said, “I start with a character who's broken,” and in the course of the story he figures out

how to get him off the island and back to shore or whole again.

The author said that his decision in “Crickets” to slowly reveal important details is “the nature of fiction. Every story by its DNA is something of a ‘who done it.’” He said he tries to first convince the reader to care about his characters so that they want to find out more as “I'm slowly trickling out those details.”

Martin said when writing his novels he gives himself a quota of words he needs to reach each day. When writing “Crickets,” there was a day when he hadn't met his word quota and it was dinner time. “I was hungry, but I said I'm not giving up; I need to keep writing. But if I can't go eat, I'm going to do the next best thing.” That's the day he had fun developing the cheeseburger menu for The Well, a bar with restaurant that features prominently in his novel. The burger menu includes the single-patty “Slight Murmur,” the “Carotid Clotter, with its two patties and chili and jalapeno slices,” and the “heart-stopping Quadruple Bypass,” with its “four succulent patties just dripping with saturated fatty acids.”

Martin noted that “The Well” is operated by “a guy running from some stuff, and (the bar is) his way to reach out to the world.” “If you put up a bar anywhere, you're going to attract people” who have troubles and need a listening ear, he said.

The author declined to say if the ending of “Crickets” involves a miracle or to spell out the words whispered to Annie on the operating table. “The story is richer” without giving that away, Martin commented.

# Informatics: Capturing and measuring spiritual care

By Lisa Burkhardt, Ph.D., RN

Chaplains have always intuitively known the importance of spiritual care. They have seen its transformative ability to shape people's lives, particularly at those moments of great need, when the distressed, pained, and grieving find hope, acceptance, and salvation in those sacred moments of spiritual connections. There was never a doubt as to its power. However, chaplains also know they minister within an institutional infrastructure with scarce resources and are continually challenged to meet great needs with few resources. Decision-makers in health systems ask for data to help allocate scarce resources. Chaplains have been asked to provide "data" to describe what they do or measure the impact of what they do. This process of data collection, aggregation, report generation to justify one's calling can be time-consuming, tedious, and frustrating.

However, rather than viewing this need for information as additional work, chaplains can take this as an opportunity to rethink and restructure how spiritual care is integrated in health systems. Because there is a legal requirement to document patient care, the health record can be a central place to assist in this restructuring. The movement toward an electronic health record (EHR) can assist in data collection and aggregation, depending on how spiritual care is integrated into the system. Chaplains may find an interesting partner with the Information Systems Department.

Catholic institutions have always known the importance of spiritual care, but research has also demonstrated that people who have higher levels of spiritual well-being are physically, psychologically, and socially healthier. Specifically, spiritual well-being is associated with better adherence to treatment regimen, and is associated with less symptom distress, less pain, lower anxiety, better quality of life, and lower mortality rates. Particularly for the oncology population, higher levels of spiritual well-being are associated with higher levels of well-being, hope, coping, social functioning, self-rated health, and quality of life and are associated with less psychological stress, depression, financial strain, and suicidal ideation (Burkhardt & Hogan, 2007; Burkhardt, Solari-Twadell, & Haas, 2007 — primary sources available in these two articles). This suggests that spirituality is not only important in coping with disease, but increased spiritual connectedness has the potential to improve quality of life, relieve symptoms, and reduce disease.

This research has led to a Joint Commission requirement to provide spiritual care within a multidisciplinary environment. As the experts in spiritual care, chaplains are called to assist in interpreting and operationalizing this requirement. This introduces several questions: What is multidisciplinary spiritual care? How can a health system provide spiritual care using an integrated approach? The first question requires one to look at

discipline-specific research. In answering the later question, we delve into research and methods to integrate spiritual care in the electronic health record.

## Multidisciplinary Spiritual Care

Provider groups define and approach spiritual care differently. The majority of the spiritual care literature identifies chaplains, nurses, physicians, and social workers as the providers of spiritual care within their own practice perspective. However, little to no literature presents methods to integrate spiritual care across disciplines.

Chaplains are clearly viewed as the experts in spiritual and religious care. However, in most institutions chaplains do not automatically visit all patients, and patients do not always request a chaplain visit. Bringing together the patient and chaplain requires another healthcare professional to recognize a spiritual need and to request a chaplain consult. Physicians and nurses are the primary gatekeepers to the chaplain.

Most medical literature integrates spiritual and religious care. Much of the medical literature has shown that religion is associated with coping patterns and, if the patient has a religious preference, promoting that religion can promote coping and healthy behaviors (Pargament, 1997; Koenig, 2001; Pulchalski, 2004). This work has resulted in adding questions related to spiritual and

religious beliefs, preferences, and needs as part of the medical admission history and physical. The FICA assessment structure (Faith/Belief, Importance/Influence, Community, Address/Action in Care) is an example of how physicians can integrate spiritual/religious assessment as part of the patient history and physical (Pulchalski, 2004). Based on this assessment, the interventions primarily involve chaplain referral.

Nursing research in spiritual care has focused on what is spirituality and spiritual care in nursing practice and what are spiritual assessments and interventions. From a nursing perspective, spirituality is defined as a dimension of self that expresses and searches for meaning and purpose in life. Spirituality includes both faith and meaning perspectives, and spiritual care includes assessments and interventions to promote the patient's spirituality. Spiritual assessment is the recognition of a spiritual need in the moment, rather than adopting a formal list of spiritual assessment questions. Spiritual interventions include promoting self-reflection, promoting relationships with family/friends, and facilitating the practice of religious rituals and prayer (Burkhardt & Hogan, 2008; Taylor, 1995). Research also indicates that providing spiritual care can affect the nurses' spiritual well-being, and, in turn, affect the nurses' ability to provide spiritual care in the future.

Clearly different healthcare professionals interpret their role in providing spiritual care differently. The challenge is in creating an integrated approach to provide spiritual care for the benefit of the patient. The electronic health record can facilitate



this integration by fostering communication among healthcare professionals.

## Integrating spiritual care in the Electronic Health Record

Both professional organizations and state law affect what specific information must be documented in the health record. Required information includes assessment data, problem identification, intervention/treatment descriptions, and patient response to those interventions/treatments. To best communicate spiritual information across all healthcare providers, spiritual assessments and interventions must be integrated into this documentation structure.

The use of an EHR required healthcare professionals to create lists of terms, or taxonomies, of assessment areas, patient problems/issues, and interventions that relate to their practice. These lists have been standardized, accepted by their respective professional organizations, and published in both electronic form and dictionary-like books. All of these taxonomies have been merged into one database infrastructure for healthcare, called SNOMED CT (Systematic Nomenclature of Medicine, Clinical Terminology). SNOMED-CT has been designated a core terminology for the United States National Health Information Infrastructure (NHII) by the National Committee on Vital and Health Statistics (NLM, 2009). The terms in SNOMED CT are used to populate the drop-down boxes and check-off lists on the computer screens. Creating common lists of terms in one database infrastructure allows for more clear communication among and between healthcare providers and across health systems, as well as designing databases for statistical analysis. SNOMED CT includes spiritual and religious terms. This provides the building blocks to create a documentation system that integrates physical, psychological, social, and spiritual care.

When designing an EHR, individuals within the health system choose what terms to include in the documentation screens. Each health system develops a strategy for individualizing the EHR. It is critical for chaplains to be involved in this design so that spiritual care is integrated into the appropriate screens. Given that physicians, nurses, social workers, and chaplains claim to be involved in spiritual care, spiritual care terms should be incorporated in each professional's documentation screens. Both documenting and sharing this information electronically can promote the provision of spiritual care in a multidisciplinary environment.

## Case example at Loyola University Health System

Loyola University Health System purchased an EHR and developed multidisciplinary committees to individualize the system. The pastoral care department took primary responsibility in identifying how best to capture chaplain care and subsequently to suggest what spiritual terms should be available (or "common") to all healthcare providers. Integrating spiritual care involved several steps, including analyzing current chaplain workflow, developing a list of SNOMED CT terms to reflect the workflow, manually piloting the system to identify

the utility and accuracy of the terms, and developing the screens based on the results of the manual pilot test. Common terms were then identified and submitted to the Documentation Steering Committee and nursing task forces for approval. Definitions and measurement systems were modified based on nursing's input. The following describes how spiritual care was integrated into the admission patient assessment, chaplain documentation, and nurse documentation.

The admission patient assessment includes a detailed multidisciplinary physical, psychosocial history and physical. A brief spiritual assessment was included, identifying a faith tradition and relevant spiritual practices. This assessment is consistent with what is commonly integrated in most EHRs.

The chaplain documentation screen has some unique characteristics. Many chaplains document descriptive information about visits, including type of visit (initial, follow-up, discharge), who is present during the visit, site of visit, and urgency/crisis of the visit. Religious needs are also documented (e.g., prayer, sacraments, information, religious resources). A unique feature to this documentation is the spiritual assessment. Pilot data indicated that patients' spiritual issues relate to fear, hope, suffering, family coping. Chaplains measure those areas on a 5-point scale, with "1" being the worst and "5" being the best. For example, if a chaplain visits a patient preoperatively with a possible cancer diagnosis pending surgery, the chaplain may document "Fear" as "2" and Hope as "4." This can be interpreted as the patient is fearful of the diagnosis, but is hopeful of a good outcome. Using a measurement system allows chaplains and other healthcare providers to derive meaning at a glance and can integrate that information in patient care. Data can also be statistically summarized and analyzed across time.

Chaplains also document a global measure for spirituality, called "Spiritual Assessment." This item also appears on nurse documentation screens so that nurses can be informed of the patient's spiritual well-being while they are documenting. Nurses can also measure the spiritual assessment item from their practice perspective.

Spiritual care is central to the chaplain role. Both the spiritual care Joint Commission requirement and the adoption of the EHR offer an opportunity and method to integrate spiritual care in health systems. The building blocks for the integration exist. Chaplains can become involved in this process. The benefit is to engage all healthcare providers in spiritual care, but, more importantly, to measure the impact of spiritual care on patient outcomes toward the ultimate goal of improving patient health.

*Lisa Burkhart is assistant professor in the Marcella Niehoff School of Nursing at Loyola University in Chicago, IL. Her area of study is spirituality and informatics.*

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*See Research Update on page 18*

## Research Update

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## Review

Continued from page 14

whose actions implied that he thinks he could save first his wife and later the little girl Annie against all odds. Likewise, the book could have addressed how a person could come to have faith and trust in God.

Furthermore, in reading the scene where Reese attempts "to save" his wife, I couldn't help wondering how anyone could do the described things to someone he or she loves. As an intensive care chaplain I couldn't help thinking one couldn't attempt such procedures in a non-sterile environment without the person becoming septic. Thus, the book seemed to me to be totally unrealistic in its depiction of the medical issues involved. Seeing all too many family members who are unknowledgeable and/or in denial of biological facts or clinical reality, I have many misgivings about any movie or book that is misleading in its treatment of medical facts and has a "miracle" ending. Although there are rare times that people survive incredible odds through so-called "medical miracles," we should not base our faith, our hope on such.

Despite these shortcomings, by the time I was two-thirds into the book, I did want to know how the story would end. In addition, I did find the character of the little girl, Annie, to be engaging. Also, in fairness, the book might provoke one to think about issues such as human limitations, the ethics of transplants, including the extent of resources used for extraordinary measures such as transplants, and the theology of hope.

Marilyn Williams, BCC  
Memorial Health Care  
Chattanooga, TN

## Introducing NACC staffers



Jeanine Annunziato

*In recent months, two individuals have been added to the NACC staff. They were asked to write a few lines about their background and thoughts about their new positions.*

What stood out most to me when joining the NACC was the mission of the association and the relationships present among the staff and the association members. Knowing the work our members do and how they help so many inspires me to work hard to support them in their individual missions. In my position as administrative specialist/education programs, I coordinate our educational offerings, from local education events to our annual conference. This role utilizes my years of experience in project/event coordination and customer service. What I find most satisfying in my position is knowing that the events I help plan provide our membership an avenue to receive continuing education, but also an opportunity for personal networking and group learning. Originally from Australia, I have been living in Wisconsin for 11 years and though I could stand a little more summer weather, enjoy my life here in Milwaukee. My husband and I are blessed with

two daughters and enjoy spending our spare time as a family and discovering the many miracles around us.

— Jeanine Annunziato



Mary T. Pawicz

I enjoy working for the NACC probably because of my background. I spent 35 years in customer service at my previous employer so helping people with their questions or concerns comes naturally to me now. I believe the NACC provides a valuable service educating and certifying chaplains, and also offers support and encouragement for those just beginning on their ministry path. In the role of membership specialist, I'm responsible for member

statistics. But I always try to remember that there's a human side to the numbers and, more than once, I have been a shoulder to cry on during difficult times some members have experienced. On a personal note, I've been married for 22 years to my husband, Konstanty (Conny). We have a 15-month old German Shepherd mix named Jerry Lee. My husband and I love to travel and try to get away as often as we can.

— Mary T. Pawicz

## Q&A with Sister Arlene Winkler, HSOSF, RN, MA



*Sister Arlene Winkler, who combined a background in nursing, chaplaincy and gerontology to work in hospice, has earned the respect of her peers for her efforts to calm the fears of the dying and their families through songs she composes to help them face end-of-life concerns.*

*Born in 1929 in Leipsic, OH, Sister Arlene is now semi-retired, has faced a serious illness and is struggling with poor*

*vision, yet continues as a volunteer providing bereavement care. She entered the convent in 1949. She graduated from St. John's Hospital in Springfield, IL, in 1961, earning a nursing degree. She was a staff nurse at St. Francis Hospital in Litchfield, IL, St. Joseph's in Highland, IL, and at a sanatorium in Springfield. In 1971, after earning a bachelor's degree in nursing from Marillac College in St. Louis, MO, she became activity director for the elderly Sisters at her motherhouse in Springfield. She earned a master's degree in gerontology from the University of Illinois at Springfield in 1981, and then worked in the hospice unit at St. John's Hospital, through which she continues to volunteer.*

**By Laurie Hansen Cardona**  
Vision editor

**Q** What led you to chaplaincy?

**A** My love and care for the elderly. They are full of wisdom and have a deep faith. I witnessed the dying process in many of our Sisters. Then when on a home visit, my uncle asked me to stay and help him die. I thought that getting some knowledge in pastoral care would be useful and it was. At this time, too, there was much in the news about Mother Teresa of Calcutta and her care of the dying.

**Q** What should nurses know about chaplains, and chaplains know about nurses?

**A** They both are important professions and complement one another. While the nurse focuses on the physical care of the patient, the chaplain focuses on the spiritual care of the patient. By nursing the body one also nurses the soul. They both must work together.

**Q** I understand that one of the charisms of your religious community, the Hospital Sisters of the Third Order of St. Francis, is "Presence to the Dying." How do you interpret that charism?

**A** Yes, our congregation was founded to care for the sick and the poor. Presence to the dying means that we are there to care for them when cure is no longer possible. We show this presence by listening to the patients, offering any comfort measure, praying with and for them. This also includes the family members.

**Q** How can music make a difference in the lives of the dying?

**A** Over the years I have sung to patients and their families. Care has many dimensions and song is one of my gifts. Music often relaxes the patients and gives them comfort. Some are fearful of death, and music eases their anxiety. Spiritual hymns can remind the dying of the times they were at their own church service. The words of the songs that I sing tell them of God's love for them and of their

See [Q&A](#) on page 20

### Jesus Is Calling

**By Sister Arlene Winkler, 2009**

Jesus is calling, calling you softly,  
Jesus is saying, "I'm here by your side.  
For I love you deeply, I love you completely,  
I love you now, let me be your guide."

*Optional refrain after each verse*

His love is enduring.  
He loves without measure.  
He loves you more than you really know.  
He loves you now and it really shows.

Jesus is calling, calling you gently,  
Jesus is calling you (person's name) by name  
For He loves you deeply, He loves you completely,  
He loves you now, yes, that's why He came.

Jesus is seeking, seeking your presence.  
He wants your sorrow, your trust and your love.  
For He loves you deeply, He loves you completely  
He wants you in heaven with Him above.

Jesus is asking, asking this question,  
"Won't you give back your life which I gave to you?"  
For I love you deeply, I love you completely,  
I offer a life that is glorious and new."

Jesus is caring, caring for you always,  
Through the nurses and other personnel.  
For He loves you deeply, He loves you completely,  
He wants you in Heaven with Him to dwell.

Jesus is listening, to your plea, to let go of all useless things,  
For He loves you deeply, He loves you completely,  
In exchange His peace he now brings.

Jesus is waiting, waiting for your answer.  
Do you want to see Him face to face/  
Then give Him a smile, a nod of approval,  
For this is your hour of pardon and grace.

His love is enduring, He loves without measure,  
He loves you more than you really know.  
He loves you now and it really shows.

## Q&A

*Continued from page 19*

journey ahead. The song “Jesus is Calling” reveals that they are special in God’s sight and then poses questions for them to ponder.

**Q** How do you offer comfort and solace to the families of the dying?

**A** I do this mainly by listening to the life stories of their loved ones. If they cry, I tell them that it’s OK, for tears are healing balm for them. I wipe their tears, offer them water or whatever is appropriate. I sometimes sit with the patient while they go to the cafeteria to eat. If they ask, I pray with them. Sometimes I even orient them to their surroundings. Just knowing that you are concerned about them makes them feel good.

**Q** What advice would you offer to new chaplains working in a hospice setting?

**A** Do not be afraid of the dying patient nor the family. Death is a sacred event and no two patients die in the same way. There is no due date for death like there is for birth. Be calm, reserved and offer assistance when you can. Call their pastor, rabbi or minister if necessary.

**Q** What are your own feelings about the end of life?

**A** There is a saying, “We will die as we live.” I try to live each day the best I can. From the perspective of gerontology, I see life as having many challenges. We study hard and accumulate much knowledge through our experiences. Someday there will be an end to all of it. So share your life experiences with others now. Live life to the fullest, and thank God every day for his love. We Sisters in our religious community have been asked to prepare our funeral liturgy if we wish, and I am in the process of doing that. I think when I die I will be judged and rewarded according to how I have used God’s graces.

## In Memoriam

Please remember in your prayers:

**Sr. Sara Margaret Carter, CCVI**, an NACC member who was a certified CPE supervisor for many years and died May 18.

Sr. Sara, 64, played a significant role in the history of CHRISTUS Health, according to Don A. Beeler, president of CHRISTUS Santa Rosa Health Care, which is based in San Antonio, TX. She was administrator of CHRISTUS St. Anthony Hospital in Amarillo, TX, and opened CHRISTUS Villa Rosa Hospital in San Antonio, in 1970. In 1978 she retrained in pastoral care and education and began the first Department of Pastoral Care and CPE Program at CHRISTUS Santa Rosa. She expanded the priest-only staff to include professionally certified women and men religious and laity as chaplains, according to Mr. Beeler.

“She was a champion of patients’ rights, particularly in regard to end-of-life issues long before Advance Directives,” he said. Mr. Beeler said Sr. Sara also established Ethics Committees, which became common in Catholic healthcare.

Most recently, Sr. Sara was chaplain for CHRISTUS Spohn Hospitals in Corpus Christi and Beeville, TX. She also volunteered at the CHRISTUS Transplant Institute.

Mary D. Davis, manager of spiritual care at CHRISTUS Santa Rosa Hospital and CPE supervisor for CHRISTUS Santa Rosa Health Care, noted that Sr. Sara had written a chapter on quality assurance in a book titled “Health Care Ministry: A Handbook for Chaplains” (1990), a compilation of articles prepared by NACC members.

Her parents, Thomas and Bridget Carter, and a brother, Michael, preceded her in death. She is survived by five brothers and seven sisters. All reside in Ireland.

## Night chaplain’s prayer

By Wendi Steinberg, BCC

*I was on call last night for three hospitals. I bartered with another chaplain so that we could switch some hours. She had worked all day but agreed to swap some hours. I had an opportunity to baby sit my new grandson! So I traded away part of my on-call shift from 5 p.m. - 11 p.m. Somehow, the pager did not go off the entire night (and yes, the battery works and it was turned on). I wrote this prayer this morning when I woke up. Maybe it will refresh a few other weary souls.*

Oh Lord, I am weary from the day, but I long to serve you.

Your people need your touch, your smile, the sound of your comfort.

I am so blessed to be called to do your work. Thank you for allowing me to be your words, your hands, and your heart. May the patients feel the compassion of your love when they need you.

And Lord, may you grant the chaplain sleep that is restoring so that when the sun rises, I may serve you again refreshed with the coming of the dawn.

Alleluia Alleluia, Amen Amen.

*Wendi Steinberg wrote this prayer when she worked as a chaplain for Catholic Health Systems in Port Jefferson, NY. She is an associate CPE supervisor and currently resides in Virginia Beach, VA.*

# Gratefully yours

**W**e wish to express our gratitude to the members and friends of the NACC who have contributed life-giving support to our Development Fund so far this year. We thank these many donors who have shared their blessings and joined with us as partners in our effort to share the healing mystery of Jesus. Together with our partners, the NACC will work toward our goal of making professional spiritual care and counseling available to all God's people.

This list represents all gifts received for our 2008 appeal. Please remember that you will have many more opportunities to assist the NACC this year. We hope that you will remember us.

Bro. James F. Adams FMS, in memory of  
Bro. Denis Hever FMS

Sr. Huguette M. Allard SGM, in memory of  
Micheline & Laurent Farmer

Anonymous

Archdiocese of San Francisco

Dr. Linda M. Arnold

Sr. Mary Lou Averbeck RSM, in memory of  
Bernice Marie Soete, RSM

Sr. Carmen Avila MCDP, in honor of  
Salomon T. Rivas and in memory of  
Sister Anita de Luna, MCDP

Sr. Regina T. Aviso Carm.O.L

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in memory of Catherine Beranek

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Mr. Albert J. Blazavitch, in honor of  
Rev. Jack Crabb

Ms. Roseann H. Bloomfield

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Patrick H. Bolton M.Div.

Ms. Mary C. Bomba

Alan Bowman MDiv,MBA

Ms. Karen Breunig

Mrs. Beatrice C. Britz

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Joseph & Anne Bronersky

Most Rev. Tod D. Brown

Sr. Barbara Brumleve SSND,PhD

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Ms. Marilyn Bucher

Sr. Eileen Buckley RSHM

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Ms. Joan M. Bumpus, in memory of  
Mr. & Mrs. Adrian Bumpus

Rev. William T. Burke SJ

Ms. Bonnie J. Burnett, in memory of James  
E. and Mary J. Burnett

Rev. Michael E. Burns SDS, in memory of  
John and Ella Rae Burns

Rev. Deus-Dedit B. Byabato

Rev. Henry Byekwaso

Most Rev. Randolph R. Calvo

Mr. John W. Carley, in honor of Kelly Dunn

Rev. Liam C. Casey

Ms. Annette Castello, in memory of  
John A. Wilcox

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Mr. Charles P. Ceronsky, in honor of  
Larry Seidl

Sr. Cecilia LM Cham FDCC

Bro. George E. Cherrie Jr., OFM Conv

Sr. Theresa Chiappa SSC, in memory of  
Father Michael Walsh

Deacon Gerald Christiano

Mrs. Diane E. Clayton, in honor of  
St. Vincent Pastoral Care

Ms. Linda Colozzi

Sr. Patricia A. Conlan RSM, in honor of  
Grace Ann Gassman

Sr. Maureen Connolly

Most Rev. Thomas J. Connolly

Mrs. Ginny M. Conron, in memory of  
Baby Carmichael, our grandchild,  
miscarried December 2007

Ms. Lou Cooney Erickson, in memory of Fr.  
Richard Tessmer

Rev. Raymond J. Cossette

Sr. Rosemary J. Coughlin CSJ,  
in memory of Chaplains Mike Jayne  
and Carman Jones

Rev. John T. Crabb SJ, in honor of NACC  
National Office

Ms. Margaret M. Crowell, in honor of  
Bea Gallery, Diocese of Raleigh,  
North Carolina

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Sr. Donna DeMange OSF, in memory of  
DeMange, Bon, and Steed Families

Mrs. Deborah J. Dexter

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Sr. Mary Anne DiVincenzo CSJ

Ms. Lenore J. Domers-Merrill

Mr. & Mrs. Michael and Marie Doyle,  
in memory of Larry Mayer

See [Thank you](#) on page 22

## Thank you

*Continued from page 21*

Mr. Andrew H. Drance Jr.  
 Mrs. Roserita A. DuFresne  
 Rev. Lawrence Duncklee  
 Kelly Dunn, in honor of  
 Rev. Joseph Driscoll  
 Ms. Audrey M. Dwyer  
 Sr. Mary Edmund Dzienkowski CSSF,  
 in memory of all the faithful departed  
 Deacon William W. Eckert  
 Mr. L. Rex Ehling  
 Rev. Fidelis I. Ekemgba, in memory of Mom  
 - the late Mrs. Roseanna E. Ekemgba  
 Mr. Remigius O Ekweariri, in memory of  
 Innocent and Juliana Ekweariri  
 Rev. John Eybel MM, in honor of  
 Organization of Professional Chaplains in  
 Eastern Africa  
 Mr. James J. Fedor, in memory of  
 Frank Wanca  
 Mrs. Eileen Fernous  
 Ms. Maggie V. Finley, in memory of  
 Laurence E. Walsh, SJ  
 Franciscan Sisters of Christian Charity  
 Franciscan Sisters of Christian Charity  
 HealthCare Ministry, in honor of The  
 Chaplains in FHCM member organizations  
 Sr. Theresa A. Frere IHM, in memory of  
 Sr. Katherine Sugrue IHM  
 Sr. Jeraldine Fritz DC  
 Sr. Mary John Fryc CSSF  
 Miss Mary J. Funke, in memory of  
 Sister Margaret M. (Margie) Vehige, FSM  
 Sr. Janet K. Furman CSJ, in honor of  
 Mary Jane O'Neil and in memory of  
 John & Irene Furman  
 Sr. Mary P. Gallagher RSM  
 Robert R. & Donna M. Gazaille Family, in  
 honor of Fr. Tom Landry's 25th Anniversary  
 to the priesthood and in memory of  
 Georgianna Landry  
 His Eminence Francis Cardinal George  
 O.M.I.  
 Sr. Mary Theresa Gil SSM  
 Sr. Michelle M. Gillespie OSF, in honor of  
 Sisters of St. Francis, Sylvania, OH  
 Sr. Elizabeth Gillis OSF, in memory of Sister  
 Helen Hayes, OSF  
 Bro. Kenney Gorman CFX, in honor of  
 Xaverian Brothers  
 Rev. Raymond Gramata

Mrs. Cathy B. Grandjean  
 Ms. Donna L. Greischar  
 Ms. Bonita Griffith  
 Norma Gutierrez MCDP  
 Rev. Paul J. Hadusek  
 Sr. Colette Hanlon SC, in honor of Chaplain  
 Jeanette Wyrick  
 Ms. Marybeth Harmon  
 Ms. Jean M. Harrington, in honor of  
 Joan Martin RSM  
 Sr. Karen J. Hartman SFP  
 Sr. Mary C. Hauke OSF, in honor of  
 Spiritual Services, Wheaton Franciscan  
 HealthCare  
 Rev. John J. Healy  
 Mrs. Alice C. Hennessy  
 Sr. Elaine R. Herold ND  
 Mr. James E. Hoff, in memory of  
 Elena McNamara  
 Sr. Nancy K. Hoffman SC  
 Mrs. Lee Carol S. Hollendonner SFO  
 Mr. Blair J. Holtey  
 Ms. Prudence R. Hopkins  
 Archbishop Alfred C. Hughes Jr.  
 Rev. Kevin K. Ikpah  
 Sr. Margrit Immoos SSM  
 Sr. Judith Jackson SCL  
 Sr. Ritaclare Johnson SSSF  
 Rev. Francis G. Jordan, in honor of Kansas  
 chaplains  
 Sr. Marian Jordan CCVI, in memory of  
 Sr. Angela Clare, CCVI  
 Chaplain Marcella M. Keefe-Slager  
 Sr. Betty Keegan FMM, in memory of  
 My parents, John & Maria Keegan  
 LeRoy P. Keppers  
 Sr. Pao-Ling R. King SSS  
 Rev. Edmund John Klimek  
 Sr. Dorothy Kline RSM, in honor of  
 Mr. Richard McGeehan  
 Very Rev. Richard H. Klingeisen  
 Deacon Phillip H. Klinkhammer, in memory  
 of Faythe Rita Klinkhammer  
 Ms. Lorena M. Klinnert  
 Rev. Gerald E. Knueven  
 Ms. Judith M. Konen  
 Mrs. Dian E. Korb  
 Mr. William F. Kramer, in memory of  
 Mr. & Mrs. Robert Kramer  
 Sr. Adelaide Kulhanek DC, in honor of Edith  
 Kulhanek and in memory of  
 George Kulhanek  
 Sr. Clara F. Kusek CR

Deacon Roland J. LaCasse  
 Deacon George Lambert  
 Sr. Mary Venarda Lance RSM  
 Rev. Thomas G. Landry III, in memory of  
 Georgianna E. Landry  
 Sr. M. Wendelin Leadem RSM  
 Ms. Charlotte M. Leas, in honor of  
 Fred Leas - 50th Anniversary  
 Ms. Aoife C Lee  
 Sr. Jacqueline A. Leech SC  
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 Mr. David A. Lichter DMin  
 Ms. Susan M. Lied DMin, in honor of the  
 Lied family  
 Mrs. Judith LoGerfo  
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 Paul Marceau Th.D.  
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 The Sisters of Providence  
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 Sr. Mary P Medland SC, in memory of  
 Jeanne and Paul Medland  
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 honor of Deacon Don Molinari and the  
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- Rev. William J. Moriarity, in memory of Deceased members of Moriarty & Sherman families
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- Ms. Susan E. Murphy, in honor of Bonnie J. Burnett, friend and mentor
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- Ms. Mary Lou O'Gorman
- Rev. Anselm C. Ohanekwu, in memory of My parents
- Rev. Bartholomew N. Okere, in honor of The Blessed Virgin Mary and in memory of The victims of cyclone in Myanmar
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- Rev. Kevin A. Ori, in memory of Prince Thomas Ori Ezewuiro
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## Calendar

### July

- 1, 8, 15 NACC Audio Conference
- 8 Interview Team Educators (ITEs) Meeting/Training, Milwaukee, WI
- 9-12 Certification Commission Meeting, Milwaukee, WI
- 23 A Contemplative Approach to Spiritual Care, Children's Hospital & Medical Center, Glow Auditorium, Joint APC/NACC, Omaha, NE

### August

- 3 Articles due for September/October *Vision*
- 15 Feast of the Assumption of Mary