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Latina theologian urges chaplains to go beyond respect for differences

By Laurie Hansen Cardona
Vision editor



Latina theologian Ada Maria Isasi-Díaz, Ph.D., said since first hearing the words that formed the title of Summit '09: "Health and

Hope: The Hard Reality of Living Intentionally in a Village of Care," she was captivated by them.

"To live morally one has to live intentionally, which means we have to take responsibility for who we are, what we do, who we become, what we choose and what we choose not to be and not to do," she said during a plenary session at Summit '09. "Our intentionality is attacked every day, every minute of our existence. The overwhelming advertising-saturated world in which we live is precisely about doing away with the intentionality, about getting us to 'go with the flow,' about getting us to not take responsibility for our world and our society. Any gathering that wants to talk about intentionality, count me in."

Ms. Isasi-Díaz, a professor of ethics and theology at Drew

SUMMIT '09

HEALTH AND HOPE: The Hard Reality of Living Intentionally in a Village of Care

University in Madison, NJ, made the comments in her presentation titled "Embracing Diversity and Caring: A Matter of Justice." Summit '09 took place Feb. 1-4 in Orlando, FL, at Disney's Coronado Springs Resort & Convention Center in Orlando, FL. The meeting was organized by Spiritual Care Collaborative, an umbrella group of spiritual care providers. Members of the various chaplain cognate groups, NACC, AAPC, ACPE, APC, CAPPE/ACPEP and NAJC, were present.

The second word in the summit title that caught the theologian's attention, she said, was "care," which she described as a word rich in meaning. She asked her audience to think about

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"Relationships make us realize that once differences stop being unfamiliar, they are no longer frightening."

Let's become 'voice of spirituality' in medicine *Don't wait to be invited, allowing clinical colleagues to become experts on 'our' subjects*

By Jane Mather, M.A., BCC

Chaplaincy is evolving as a profession. Depending on the institutional work setting, chaplains are integrated, appreciated, well-utilized and often considered essential enough to other healthcare team members that many are able to survive budget cuts. Most chaplains can articulate their role more clearly than they might have 10 years ago, and the improved integration and clarity are due in part to

the fact that we gather annually. At our conferences we enjoy fellowship, exchange stories, successes and struggles, and collectively strive to raise the profession's standards. Annual conferences, journals and regional gatherings as well as concerted efforts to employ common standards and encourage certification have helped to refine the unique role of the professional chaplain, and we have been prolific in discussions on these

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Packed *Vision*, Annual Report reflect active year for NACC

By David Lichter, D. Min.
Executive Director

Like every other organization, NACC was affected by the economic downturn. While our financial bottom line was not strong, we were in a much better position than 2007 due to the positive impact of our 2008 National Conference, the Annual Appeal, and careful deployment of NACC staff.

This May-June *Vision* edition is a packed volume! You have news on the presentations and events of Summit 2009 and the NACC annual report. Barbara Brumleve, SSND, our NACC board chair, offers her reflections on the “numbers” and the “butterfly effect” of this past year and Karen Pugliese, as NACC board chair through 2008, offers her reflections in the Annual Report. These items and many more, hopefully give you a sense of the multiple avenues we have taken this past year to implement the NACC Strategic Plan, and the exciting beginning of 2009 with Summit '09.

Traditionally the NACC annual report was made available concurrently with the annual national conference. This year, due to the early Feb. 1-4, 2009, dates of the Spiritual Care Collaborative (SCC) Summit '09, we could not complete it before the members' business meeting. So we now share it with you. It provides an accounting to you, the NACC members, of our 2008. Like every other organization, NACC was affected by the economic downturn. While our financial bottom line was not strong, we were in a much better position than 2007 due to the positive impact of our 2008 National Conference, the Annual Appeal, and careful deployment of NACC staff.

So what's happening in 2009? With the first part of the NACC mission statement stating that the NACC “advocates for the ministry of spiritual care,” efforts to advocate are front and center in 2009. Let me highlight, by way of examples, three efforts to advocate and promote chaplaincy.

1. At Summit '09 the Spiritual Care Collaborative (SCC) Steering Committee comprised of the executive directors, the board chairs, and another board representative of the six founding associations met to review the mission and focus of the SCC. The group reaffirmed its mission of “actively collaborating to advance excellence in professional pastoral and spiritual care, counseling, education and research.” Advocating for our professions is its primary focus. For example, on April 2, representatives from most of the SCC members met with a select group of other pastoral care leaders from around the country in Washington, D.C., in advance of the emerging healthcare reform legislation this spring. John McDonough, chief advisor on health reform from the Washington office of

Sen. Edward Kennedy, began our meeting with a briefing on the current status of healthcare reform legislation, then responded to our questions. Next the group shared their perspectives on the prospects and challenges that lie ahead for healthcare reform, while envisioning together ideas for how religious leadership in general and chaplaincy leadership in particular may come forth in a supportive and prophetic way.

2. We value the strong relationship with the Catholic Health Association, and our teaming with its members to advocate for spiritual care. Along with our 2008 collaborative efforts, we have worked early in 2009 with them as they prepared their May-June edition of *Health Progress* featuring pastoral care. We are appreciative of their efforts to emphasize pastoral care and the role of chaplains in this edition. Mary Lou O'Gorman and I provided an article on the essential functions of a chaplain and how spiritual care benefits the institution.

3. Ascension Health's Spiritual Care Task Force, under the leadership of Laura Richter, Ascension's director of workplace spirituality, has been working on projects to position and promote spiritual care and chaplaincy within its system. Many of these resources will also be made available to NACC members. I am grateful to be a participant on this task force. Ascension Health has also offered to produce for NACC a video on chaplaincy for our recruitment purposes, as it simultaneously creates a video on spiritual care and chaplaincy for its own system. These resources will be a great benefit to us as we present chaplaincy to diverse groups.

While NACC is working on other fronts, I wanted to highlight these. Where else should we devote our attention? Just contact me at dlichter@nacc.org.

Help with upcoming issues of *Vision*

Vision's Editorial Advisory Panel seeks input on the following themes for upcoming issues of *Vision*:

- ▼ September-October: Chaplains Involved in Outpatient Ministry.
- ▼ November-December: The Role of Chaplains on Ethics Panels.
- ▼ January-February: Chaplains in Small Hospitals and Other Facilities (50 beds or fewer)

We are looking for individuals to write articles on topics related to these general themes as well as seeking suggestions of individuals to be interviewed on related issues. For more information or to volunteer ideas, yourself as writer, or others as sources, contact Laurie Hansen Cardona, *Vision* editor, at lcardona@nacc.org.

Thank you!

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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NACC's 'butterfly effects' may include more 'green,' increase in state liaisons, SCC partnerships

By **Barbara Brumleve, SSND, Ph.D.**
NACC Board Chair

As I look at our 2008 report I celebrate vigor and life among us in NACC. Numbers tell part of our story:

- ▼ 600 of us participated in 20 local/regional gatherings.
- ▼ 54 of us achieved board-certification last year.
- ▼ 242 of our chaplains renewed their certification.
- ▼ 3 of our members entered or advanced in supervisory certification.
- ▼ 150 CPE units were completed in our USCCB/CCA-accredited programs.
- ▼ 87 of us serve as liaisons in 45 of our 50 states.
- ▼ 22 of us trained last year for Spiritual Care Response Teams (SRT).
- ▼ 150 Catholic higher education leaders know more about NACC because we contacted them.

And behind these numbers are innumerable patients, family members, staff, colleagues who have been served. Thank you and congratulations!

During 2008, we participated in three surveys important for our profession:

- ▼ Current state of pastoral care was the subject of a joint NACC-CHA (Catholic Health Association) survey.
- ▼ Future directions for pastoral care and counseling across the United States and Canada were addressed in a joint survey of SCC with HealthCare Chaplaincy (HCC).
- ▼ Compensation Survey was a joint effort with Spiritual Care Collaborative (SCC). Together, we provided information helpful not only to ourselves but to mission leaders, department directors, and administrators.

During 2008, through print and electronic mediums, we achieved the following:

- ▼ NACC Now reaches 300 people in addition to those of us in NACC.
- ▼ Websites for the NACC and the Spiritual Care Collaborative have not

only been improved but have had more visitors. Let's keep it up!

▼ NACC Certification Standards and Procedures are now available online and lots of other resources too.

You, the members, are the reason for these 2008 achievements; thank you and congratulations! Thank you, too, to our commissions, committees, task forces, and special liaisons; to our staff and executive director; to our Episcopal Advisory Council and our board members, to our donors, colleagues and friends.

As I review 2008 I feel pride, awe, and gratitude for NACC, which is us. I also wonder what were our 2008 "butterfly effects," those small variations in a living system like NACC that in the long run may produce large variations. In the vernacular, to use the title of a talk: Does the flap of a butterfly's wings in Brazil set off a tornado in Texas? I am not talking causality; but I am saying that the tiny flutter of a butterfly's wings can influence a whole chain of events leading to large-scale alterations. I wonder if some of the following were NACC "butterfly effects" in 2008:

- ▼ "Going green" by using electronic, rather than print, methods for publication and training.
- ▼ Revising, expanding our NACC website and increasing the visits to it.
- ▼ Initiating a Nominations Committee.
- ▼ Establishing state liaisons.
- ▼ Verbalizing our expectations, especially leadership ones, of board-certified chaplains.
- ▼ Working with our partners in the Spiritual Care Collaborative (www.spiritualcarecollaborative.org).

What do you name as potential "butterfly effects"? Together, let us go forward as NACC in 2009 and beyond. We can justly consider that the future of humanity lies in the hands of those who are strong enough to provide coming generations with reasons for living and hoping. — Vatican II, "The Church Today."

Voice

Continued from page 1

subjects — at least, with one another. We have taught each other how to present ourselves to nurses, doctors and board members; we've learned one another's persuasive metrics with which to build staff and impress administrators; we've even

begun to encourage each other to translate pastoral language into (common) language compelling to the whole healthcare team.

Over the last several years, we have improved our professional status by sharing wisdom and knowledge with each other. However, our inter-professional dialogue lags far behind. Although the “body/mind/spirit” triad is commonly acknowledged to reflect holistic care, few institutions (and gratefully there are a few!) have fully integrated care for the whole person into their policies, protocols and budget initiatives, and it is care for the spirit that trails far behind the other two. Spiritual care is neither guaranteed nor universally understood by medical colleagues, even in places where religious care is protected and provided.

There may be multiple reasons for this: chaplains do not generate revenue (our services are not yet reimbursable); chaplains have tended to keep to themselves, valuing their pastoral, non-clinical status on the team as a protection against lots of extra busy work. Chaplains may have been under-staffed and consequently unable to spend much time being collaborative or involved in policy making. Or it may be that the language we use — still more religious than universal — fails to connect with medical personnel. And while the chaplain's intervention is often seen as both effective and affective, what is included in that intervention isn't obvious to the rest of the team who may not necessarily make a correlation to other patients. But it is also safe to suggest that few of us chaplains have ventured far enough out of our own professional circles to penetrate those

of our colleagues — to share, in common language, the ways in which we overlap, complement and support their work for healing and cure.

Recently I have heard about (and experienced) chaplains participating with and within the professional conferences of other disciplines. I'm aware of two colleagues who presented at an Oncology Nursing Conference with an RN. This is the kind of sharing to which I am referring. Talking with and to nurses is different than talking to other chaplains. It's necessary to use language that will be persuasive, not just to their caring side or their religious awareness but also to their clinical side — to hold their attention and show them our value in terms related to medicine from the nursing perspective, thus demystifying the role of the clinical chaplain and expanding the number of

potential referrals for the “right stuff.” Some of this seems to require more attention to research and evidence-based spiritual care — two things many of us shrink from whenever possible because for most chaplains, they fall outside of our area of expertise. But there are opportunities that abound for us in healthcare, and not all of them demand that we become proficient in research methods. Some would welcome our willingness to simply share some of the basics of our growing profession in terms that make sense to our colleagues.

Following the SCC Conference in Orlando, I attended the American Psychosocial Oncology Society (APOS) to participate in a podium presentation on spirituality. During the one-and-a-half hours set aside for this single-themed presentation, I shared the podium with an RN, PhD, an MD and a research psychologist. The theme was “Spirituality,” and I was the only chaplain presenting! In fairness, there are only five chaplain-members in this organization whose mission includes in part: “Providing a forum for professionals and individuals interested in the areas of psychological, social, behavioral, and *spiritual* [emphasis mine] aspects of cancer;” and only one other chaplain present at this conference. The room was filled with more than 100 clinicians interested in what I'd like to think of as “our” topic!

The experience of speaking to an audience unaccustomed to hearing pastoral, biblical and religious images was daunting despite the expertise I felt with the topic. I struggled to find images to which my fellow clinicians could relate without “selling out” my religious beliefs. It isn't that the audience would not have been respectful of my presentation had I used religious language. In fact, some who considered themselves religious may have been thrilled to finally hear a religious voice in this venue. But those with no such affiliation might have simply dismissed my words as not relevant — simply because religious words were not relevant to them.

This conference, whose tagline theme was “Integrating Psychosocial Research and *Practice* [emphasis mine] in Quality Cancer Care: Setting the Standard” was all about how disciplines could/should work together to provide seamless care to patients and their families who are struggling with cancer. Having professional chaplains seen as an integral and essential part of that seamless care partially inspired my presentation, but even more important to me was implanting the clear awareness that each one of “their” patients has some form of spirituality that deserves and requires nurture and that can contribute to healing — even (perhaps especially) when cure is not possible.

I found an analogy that I felt reflected the conference theme: that patients are like tapestries whose images have been created by the weaving together of the strands of their thoughts, emotions, cultural values, spirituality and social/familial characteristics. If the aspects of our psychosocial spiritual lives are woven, so should be the delivery of care. However, too often patients are treated more like patchwork quilts — separate pieces stitched together and individually replaceable or repairable. The patchwork model of care reflects disciplines working in isolation from one another — as if each one had a separate “piece” or scope of care that had no relationship to any other piece — despite the significant ways

The issues of mind, body and spirit are not neatly compartmentalized in those we serve, and without interdisciplinary dialogue, education and collaboration we cannot best serve the ways in which these are intertwined in our patients and their families.

in which these issues overlap in the patient's experience. At best, this is multidisciplinary care, but falls short of the inter- or trans-disciplinary collaborative teamwork that reflects current best practice. The tapestry model indicates inter- or trans-disciplinary team work — which sets the standard for best practice.

Using this image allowed me access to at least the minds if not the hearts of both the religious and non-religious in the audience. The tapestry analogy spoke truth to those who were already seeking seamless care. Some readily accepted the role of the chaplain side by side with the rest of the psychosocial team in the care of patients. Others, who reported having previously considered chaplains “irrelevant,” professed a new openness to allowing for — even referring to — our place and expertise in the lives of their patients. Even if consideration for patients' innate spirituality wasn't universally acknowledged, at least those patients with a stated religious preference were likely to get referred (by those in attendance at this meeting) since this preference clearly identified a thread in the holistic tapestry which other disciplines are unprepared to fully support.

The presentation was well-received, and the evening after was spent responding to and dialoguing with scores of clinicians from other disciplines who asked good questions, made critical observations and shared stories of mutual interest. I know I was enriched; based on their comments, they were, too. Many indicated that their practices would change to include chaplains and the spiritual and religious issues of their patients.

Another opportunity to dialogue with a cross-disciplinary audience came last fall when a social work colleague and I attended the ACE Project sponsored by City of Hope Cancer Center in Los Angeles. It was funded by a grant from the National Institutes of Health. ACE has taken on the challenge of cross-educating those who care for patients at the end of their lives in an effort to achieve trans-disciplinary care at this critical time. Achieving Clinical Excellence was an intensive four-day workshop with a carefully executed and intensive program for psychologists, social workers, “spiritual care givers” and nurses. During this time our disciplines spent long days in dialogue and training on topics of mutual interest — exploring what would be

most beneficial to dying patients (and their families) and how do/could/should our services overlap in caring for these. The expectation was that we would return to our respective worksites to implement the practice of working together on behalf of patients and families.

All healthcare disciplines focus on continuing education and professional growth. I would like to encourage more cross-disciplinary training and dialogue, especially for chaplains. The issues of mind, body and spirit are not neatly compartmentalized in those we serve, and without inter-disciplinary dialogue, education and collaboration we cannot best serve the ways in which these are intertwined in our patients and their families. Nor, without some effort on the part of professional chaplains, will care for the spirit find its natural place in the triad of holistic medicine or the role of spirit in healing be articulated by those who know it best.

I have been asking myself what might it look like if, in the future, chaplains: spoke regularly at medical, hospice, nursing or psychiatric conferences; wrote for medical, nursing and psychiatric journals; served on the boards of organizations that advocate for patient-centered care; were called to administrative positions in healthcare facilities of all kinds; had their interventions reimbursed by insurance. And, if these are admirable goals, what is necessary to achieve them, what hinders us and how do we proceed? These questions are intriguing and exciting for our profession and inspire consideration of ever-widening arenas of conversation. Let's not wait to be invited and let's not stand by and watch our clinical colleagues become the experts on “our” subjects! Let's invite others to our conferences — nurses, psychiatrists and doctors — and invite ourselves to theirs. Let's help draft policies that ensure spiritual attention to all patients. Let's become the voice of spirituality and spiritual well-being in medicine. It's time we stopped just talking to ourselves and become woven into the fabric of healthcare, not just optional adjuncts to it.

Chaplain Jane Mather is the director of chaplaincy services at Memorial Sloan-Kettering Cancer Center, a HealthCare Chaplaincy partner.

Revised Standards require reflection on Jesus' life

By Sr. Jane M. Connolly, IHM, BCC

This is the second in a series of columns highlighting some of the revised Standards with the hope of helping us reflect on them and what they say to our ministries. Among the sub-points that have been added to the *Common Standards* in order to highlight the Catholic emphases on these points are two relating to our identity and conduct as certified chaplains. They state that an applicant for certification must demonstrate the ability to:

303.1 Function pastorally in a manner that respects the physical, emotional, and spiritual boundaries of others.

303.71 Articulate a spirituality grounded in a relationship

with God, self, and others.

According to our Vision Statement we, the members of NACC, envision ourselves as transforming spiritual care to “*faithfully reflect the healing presence of Jesus Christ.*” And so we must ask ourselves just how do we — how can we — reflect Jesus' healing presence?

The Gospels are filled with stories that tell us what Jesus *did*.

... *he touched their eyes ... and their sight was restored.* Matthew 9:29

... *Jesus took her by the hand and helped her up ...*

Mark 1:29-31

.... *he put his hands on her, and immediately she straightened up*



Theologian

Continued from page 1

care in terms of “allowing ourselves to be disturbed by the other, by their needs, by their gifts, and by their challenges.”

She said she believes that “unless we reconceptualize differences and unless we think of diversity as a blessing instead of as a problem, we will not be a caring community. If we are not a caring and solicitous community, we will be not be able to have justice and to love tenderly, and God will not walk with us.”

She proposed that individuals and communities open themselves to differences and diversity. If they don't, caring will be superficial and solicitude will only hide elitist ideas and values, she said.

Fifteen days before speaking at Summit '09, Ms. Isasi-Díaz said she traveled four days and five nights by boat on the Amazon River in northern Brazil. She said she experienced the “tiniest sliver” of the lives of the people of the river.

On a riverboat, she slept near a young indigenous mother of three, who had paid for two hammocks – one for herself and one for her children. The mother shared with her information about the trees of the area and their edible fruits. They laughed together, jumped and screamed when it thundered and the rain began to pour, and screeched together with the children when the wind shifted and they got wet, the theologian related.

She also met an elderly American nun, with “whiter hair than mine and the kindest face in the world,” said Ms. Isasi-Díaz, who told her that the community there was now calling itself “Sister Dorothy's community.” It was named for Sister Dorothy Stang, of Dayton, OH, a member of the Sisters of Notre Dame of Namur, who at age 73 was murdered while she worked to protect the rights of farmers in the area of Belém, Brazil. “She was willing to be bothered to the point of being willing to die,” noted the theologian.

She recalled meeting Gerardo, a priest in one of the villages where the boat stopped. His name was on a death list. “He said ... that he thinks of his body in a coffin and he shivers; he thinks of bullets tearing through his flesh and he's petrified. He said he's not ready to die, but somehow he has the strength not to be a coward in this situation. I told him I would pray for him not to be cowardly if he would pray for me. He told me we just have to pray for each other.”

“Who do I need to care for?” the theologian asked. “Who do I have to be solicitous about? Who do I need to be disturbed by? I went (to Brazil) as a woman who lives in the First World at the expense of the people of the Third World.

“I went to meet and at least talk for a few days with those who are different from me, who are no less good, no less noble, no less worthy, who are indeed full human beings who carry many of us on their backs,” she said.

Today, Ms. Isasi-Díaz said, to understand oppression it's necessary to understand its connection to the exclusionary policies that keep the majority of humanity from access to the

resources for survival and from flourishing as human beings. “I have come to see that the most effective work for justice is inclusion,” she said.

Dominant groups project their own experiences as representative of humanity, she said, leaving other views to be considered “deviant and inferior.” She said society has to stop pre-judging persons just because they belong to a group, because of “the color of our skin, or the accent we have, or the food we eat.”

The human mind, in its attempt to know reality, likes to categorize, Ms. Isasi-Díaz said. “It knows ‘this’ by knowing it is not ‘that.’” It creates boundaries and notices differences, she said.

When people have a relationship with individuals they recognize as different, the differences are not considered determining traits, Ms. Isasi-Díaz said. “Relationships make us realize that once differences stop being unfamiliar, they are no longer frightening.” The goal, she said, is not to replace one's perspective with that of the other. However, a human-made norm that classifies all others as deviant has to be changed, she commented.

She challenged the audience to de-center themselves, to “stop making ourselves the point of reference for everything.” She cited the example of a well-meaning mother of the dominant race whose daughter comes home from school and says she has a Latina classmate. The mother, who doesn't want her daughter to be racist, reassures her, saying: “Don't worry, she is just like you.” The theologian imagined aloud that instead a mother, wishing to teach her daughter not to be self-centered, might say: “Don't worry. You are just like that Hispanic girl.”

Ms. Isasi-Díaz said that those who are marginalized within a dominant culture often develop a great flexibility enabling them to go between the mainstream construct of life and their own constructs of life. She called this the ability to “world travel.” In her own case she said, she has developed a hybrid culture that has elements of Latin culture to which she adds elements of the dominant culture as needed.

“I'm happy I have to world travel. My only problem is that many of you never do,” she said to laughter. “Mostly it's a one-way affair.”

“I'm happy you like salsa, but I never know if you mean the music or the sauce. I'm happy you like burritos, but how much do you know about our culture, our values and our struggles?” she asked. “Only if we have a deep sense of empathy, of feeling with others, of walking in their moccasins for many, many miles can we engage in world travel.”

World travel, in her view, requires being “in solidarity with those who are different, which means that we can recognize the common interests that tie us together that we all have since we co-exist in this interconnected biosphere of our world. We must leave aside the delusions of self-sufficiency and absolute independence. Only then will we be able to engage in world travel, and if we do not do so, I believe we will perish and we will effectively destroy our world,” the theologian declared.

Summit '09 coverage by Laurie Hansen Cardona, *Vision* editor, unless otherwise noted. Please contact her with your views on topics discussed at Summit '09 at lcardona@nacc.org.

Bishop: Healing Jesus closed distance that illness can create

When Jesus healed the sick, he closed the distance with others that illness can create, said Bishop Randolph Calvo of Reno, NV, episcopal liaison to the NACC, in a homily Feb. 1 at Summit '09.

Bishop Calvo was reflecting on the Gospel of that day, Mark 1 21-28, in which Jesus taught with authority in the synagogue at Capernaum and commanded an unclean spirit to leave a man who had entered the synagogue. The Mass included the missioning of newly certified chaplains and CPE supervisors.

Bishop Calvo noted in his homily that in the Spiritual Exercises, St. Ignatius issues an invitation to meditate on a Gospel passage by imagining the scene of the story.

In light of Mark's Gospel, the bishop said, "My imagination brings to the fore memories of being in a church in the inner city full of a wide variety of people coming and going, when in midst of the quiet, someone screams, a disturbance breaks out, heads turn and we suspect it must be someone drunk, on drugs, or off of their medication and then we make sure we keep our distance."

Illness, Bishop Calvo said, sets people apart.

"I remember once visiting a patient who likened being in the hospital to an animal going off to lick his wounds; he wanted to keep his distance. Not everybody wants this," he commented.

In fact, he recalled, when he was sick as a boy on a sunny day and could hear the voices of his friends playing outside, he wanted "not just to be healthy enough to play, but just to be with them." Isolation, he said, was an added misery.

In the gospels, Bishop Calvo said, an implicit result of the healing by Jesus was restoration to the community. When a leper was cured, he said, this was especially evident since lepers were so ostracized.

When the individual with an "unclean spirit" entered the synagogue, Bishop Calvo said, the people there may have been thinking "how do we get this guy out of here, how do we keep a distance from him, how do we keep him out of sight and out of mind."

For Jesus, the bishop said, healing was "recovery from sickness to wellness," but it was also "release, freedom to be one's self,

reunion with others, restoration of one's place among men and women and there was finally, reconciliation — 'Go, your sins are forgiven.'"

There was a renewed oneness with God, he said. In healing, Jesus closed the distance from others that illness can create, noted Bishop Calvo.

"When someone we know closely or love dearly becomes ill, it can become a disturbance of the quiet routine of our lives," the bishop said. "It catches us off guard," and can bring on emotions, such as sadness and worry, as well as love and stress. "We can also feel uneasy — perhaps because we cannot control the illness or the person's response to it; perhaps because what the other is feeling and going through is something unknown to us," he said.

Illness is frustrating because "we can't map out its progression," and sometimes "we are forced to face our own mortality," he noted.

Those who stand by, care for or minister to someone sick are sometimes in need of healing as well, Bishop Calvo said.

"It is healing that brings the strength that allows us to be vulnerable to the point that we find in ourselves a wellspring of compassion."

In the Gospel, the bishop said, people were astonished that Jesus taught as one having authority. "Authority for Jesus is not domination," he said. "His knowledge came from experience, experience of our own human condition for he was not free of suffering or immune to pain; he became as vulnerable as one of us."

Christ's authority, the bishop said, is manifest as compassion — "compassion beyond our comprehension" that had power to heal, forgive, empower, console, and bring whole.

"It was Christ's compassion that brought release to the man with the unclean spirit," Bishop Calvo said. "It was compassion that restored him to community."

"It is Christ's compassion that urges us to minister to those sick and dying, and it is compassion that closes the distance between those who minister and those who are ministered to," said the bishop.



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Olympia, WA
Heart surgery

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

Jim Castello
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Recovering from surgery

Sr. Nancy Crane, OP
Akron, OH
Cancer treatment

Bro. Brian Boyle, CPPS
Chicago, IL
Broken foot

Rev. Jim Radde, SJ
St. Paul, MN
Recovering from surgery

Sr. Hilda Mallet, MHS
Lafayette, LA
Cancer treatment

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

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

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.

Fitchett: Transform chaplaincy in 10 years

Boards challenged to take public stand on making chaplaincy 'research-informed'

A workshop speaker at Summit '09 challenged the boards of the APC, NACC and ACPE to make a public commitment to transform healthcare chaplaincy into a research-informed profession over the next 10 years.

George Fitchett, Ph.D., BCC, associate professor and director of research in the Department of Religion, Health and Human Values at Rush University Medical Center, in Chicago, IL, issued the challenge during a well-attended Summit '09 workshop titled "Evidence-Based Spiritual Care: Desirable? Feasible? How Do We Get There?"

Mr. Fitchett went on to say: "I think if we had the leadership of two or three of the major pastoral care organizations to make this kind of commitment, we could find foundation support to help us do the hard work of building up the educational infrastructure to complete that task."

The research director also suggested creating a new requirement for chaplain certification: every person who applies for Board Certified Chaplaincy status present a two-page paper summarizing a research study that he or she has read, demonstrating understanding of it, and describing its relevance for his or her ministry.

For those certified already, he suggested, a considerable portion of the continuing education requirements for the next 10 years be committed to research-related activities.

Since there are not enough CPE supervisors to teach research literacy in CPE programs, partnerships could be developed within their institutions, Mr. Fitchett said. New certification requirements would demand looking over the CPE curriculum and thinking about how to

augment it, Mr. Fitchett said. In addition, he noted, if more continuing education research is going to be required, research-related activities at chaplains' professional meetings will be important.

Mr. Fitchett also urged that chaplains develop evidence about their practice through "good detailed case studies." He said more randomized clinical trials were not needed. Mr. Fitchett suggested the case studies must describe in detail "who the patients were that we were taking care of, what the chaplain did or the nature of the intervention, and the observation of what changed or the outcome."

"Where is that evidence in our profession.... I'm at a loss to cite one published case. Without it we cannot build up a body of what it is we do and the difference that it makes. Should we make it a requirement that one verbatim of every candidate for

board certification gets replaced with a detailed case study?" he asked.

Those already board certified, he said, could be required to present a case to a panel of peers every five years to obtain research evidence. He suggested that a published book of these cases, with commentary from colleagues in other disciplines, would be helpful.

Panelists discussed what it would take to make healthcare chaplaincy an evidence-based profession. Tom St. James O'Connor, Th.D., a professor in the Department of Pastoral Care and Counseling at Waterloo Lutheran Seminary in Ontario, Canada, defined evidence-based spiritual care as the "judicious use of scientific evidence on spirituality and religion in the spiritual care and therapy of patients or clients."

Mr. St. James O'Connor, who also works as a chaplain at Hamilton Health Sciences connected to McMaster University Medical School, said this means looking at evidence, deciding whether it can be used in a specific situation, deciding how it can be adapted, and then adapting it in light of spiritual care and counseling.

He pointed out that some think of evidence-based spiritual care as an oxymoron, "that scientific research and spiritual care come from two different paradigms and cannot meet." In his view, however, it is a paradox rather than an oxymoron since science and religion co-exist and can work together.

Mr. St. James O'Connor said one of the key challenges for chaplains is reading the research and understanding it. He requires his CPE students to take a graduate course in research and do a literature review on spiritual care and therapy of a population that they work with clinically. They put their literature review into a poster and present it at the university and hospital, at a conference and to their peers.

Rev. Daniel Grossoehme, D. Min, BCC, assistant professor of pulmonary medicine at the University of Cincinnati College of Medicine and clinical chaplain at the Cystic Fibrosis Center, called evidence-based spiritual care feasible and desirable, but not easy to achieve. "The lack of demonstrated outcomes leads other healthcare team members to ignore religion and spirituality altogether or reduce it to generic psychological mechanisms that any other discipline can handle," he said.

"Increasingly the days when we could say 'I'm the one who has the time to sit with this family' will get us very strange looks from the rest of the healthcare team," he said. "The lack of being able to talk about outcomes or reasons why we're doing what we do beyond just tummy-feel has and will continue to lead others on the healthcare delivery team to ignore the need for spiritual care as vital for or to reduce it to generic psycho-social hand-holding that any other psycho-social discipline can handle, that we don't have any unique

"If I say I need to go in and build a relationship with this family, they'll say sorry you don't get eight minutes to do that; the dietitian needs to see them to talk about enzymes. We need to use language they will understand."

- Daniel Grossoehme



Reflection

Continued from page 5

and praised God. Luke 13:13

But the more important aspect is who Jesus was.

Jesus was forgiving.

... *Father, forgive them, for they do not know what they are doing.* Luke 2:34

He was a person of prayer.

... *when he had taken leave of them he went off to the mountain to pray...* Mark 6:46

Jesus was deeply grounded in his relationship with God.

I have come down from heaven, not to do my own will but to do the will of the One who sent me. John 6:35-38

Jesus allowed himself to experience the pain of being human.

And Jesus wept. John 11:35

Jesus respected other people's boundaries and let do what they could for themselves.

Get up, take your mat and go home. Matthew 9:6

He was self-aware and respected his own needs.

... *he said to them, "My soul is sorrowful even to death. Stay here and keep watch with me."* Matthew 26:38

He let go rather than impose his way on others.

When the young man heard this, he went away sad, because he had great wealth. Matthew 19:22

He was a person who could understand human nature.

Come to me all you who are weary and find life burdensome and I will give you rest. Matthew 11:28

He was able to honor another person's right to choose.

What do you want me to do for you? Luke 18:41

He recognized the suffering of those around him.

His heart was moved with pity for them, because they were troubled and helpless, like sheep without a shepherd. Matthew 9:36

And so the question we ponder: How do we, as chaplains, respond to our call to faithfully reflect the healing presence of Jesus?

Sr. Jane M. Connolly is a member of the NACC Standards Commission.

contributions to make." Like St. Paul in Athens, he said, it's incumbent on chaplains to "translate what we've been doing all along" into words that healthcare colleagues understand.

"If I say I'm going to go in and do a spiritual assessment with this family," colleagues will understand to some extent what that means, Rev. Grossoehme said. "If I say I need to go in and build a relationship with this family, they'll say sorry you don't get eight minutes to do that; the dietitian needs to see them to talk about enzymes. We need to use language they will understand."

Rev. Grossoehme said evidence-based spiritual care sometime raises complex issues for the chaplain. He gave as an example that evidence from more than 40 studies links "negative religious coping" with poorer health outcomes. Demonic attribution is a component of negative religious coping, he said. A mother told him that the devil caused her adolescent's sickle cell disease because of the mother's lack of devotion. Based on the evidence, should he, as chaplain, try to intervene and change this mother's attribution, he asked, even if it may be the normative theology of her church.

He noted that only a small number of clergy and chaplains have science undergraduate majors. "This is not a language we speak, and maybe not one we value," commented Grossoehme.

"Do chaplains in their interactions make a difference and, if so, is there something that chaplains can point to as pivotal in making the difference?" asked Michele LeDoux Sakurai, D.Min., BCC, director of mission services for Saint Alphonsus Regional Medical Center and mission fellow for Trinity Health Systems in Boise, ID. She said these questions have echoed in her mind since a physician colleague made a telling comment where she was changing jobs. "I heard you're leaving; we'll miss you," he told her. As she nodded in gratitude, he continued, "but finding someone to take your place shouldn't be difficult — all we need is someone who can listen."

To identify if and how chaplains make a difference through

their interactions, Ms. LeDoux Sakurai embarked on a study in 2002. She used three verbatims to examine the role of the chaplain at bedside. At her request, 72 chaplains used a five-point scale to rate patients' spiritual pain at the beginning and end of interaction. Five types of spiritual pain were identified: despair, estrangement, grief, anxiety and abandonment. The chaplains reported overwhelmingly that the spiritual care interactions had a positive impact on the patient or family member's spiritual pain. Several chaplain behaviors were credited for the shifts toward healing. These included: invitation to tell the story, a listening presence that stays engaged to the story, non-judgmental presence, openness, honesty, and the ability to risk and be vulnerable.

Ms. LeDoux Sakurai said the study, which she acknowledged was not randomized, affirmed the value of the chaplain at the bedside. "Through the use of the verbatim as a tool for inquiry, these chaplain-respondents showed they could critique chaplain interactions, assess spiritual pain, and articulate interventional elements that promoted spiritual healing," she said.

Mr. Fitchett declared that chaplaincy must become a research-informed profession. "My own sense is we don't have any choice about this. We really risk becoming ineffective and marginalized unless we're willing to become a research-informed profession," he said.

Some chaplains will have advanced levels of training in doing research, and take the lead in designing studies that are relevant for spiritual care, he said. Some will be co-investigators with colleagues, but it won't be the main piece of what they do, he continued. "The majority of us will not change our job descriptions, instead we'll continue to do our work, informed by research," Mr. Fitchett said.

A research-literate chaplain has the ability to read, understand, and summarize a research study and to explain its relevance for his or her ministry, he said.

Cast Members Only: Reflecting on Summit '09

By **Thomas G. Landry, III, D.Min., BCC**

Along with approximately 1,800 other pastoral care providers who are members of the six participating organizations and their professional staffs comprising the Spiritual Care Collaborative (SCC), I made my way to Disney's Coronado Springs for Summit '09 Jan. 31. This was my second time to this Disney resort and conference center and my first time without the cocoon of Disney care welcoming me, as I was driving in with a rental car, this being the middle portion of a three-part visit to Florida.

My first visit to Coronado Springs was as a member of the Site Visit Team during my service to the NACC as interim executive director. To return for the occasion we had only begun dreaming about "way back then" meant the realization for me of the commitments made by these pastoral care membership associations during my tenure and of the decision to act together in ways that would promote and advocate for pastoral care providers across the religious and professional spectrum.

During our days in the wonderful world of Disney, signs declaring "Cast Members Only" popped up on the horizon now and then. They caught my eye and my imagination. It seemed clear that these signs designated areas to which access was reserved to Disney employees.

Guests of Disney were to appreciate reality "on this side of the curtain," not "behind the scenes." But, at some point I began to mull over the question, "Well, who is a cast member, anyway?" If the Disney objective is met and the Disney experience is truly effective, where do we draw the line between the well-groomed and well-rehearsed cast member and the rest of us who buy into the scene, whether it's "The Big Dig" pyramid, pool and play area at Coronado Springs, a shared chorus of "It's A Small World," or a lavish meal in the tropical setting of

Disneyworld's Polynesian Resort?

Perhaps it occurs all too often that we gain the sense of who we are more by defining "the other," who we are not. My first forays into the conversation with the other leaders and professional staff of the pastoral care membership associations creating the SCC caused me to grapple with this equation. How much of our respective identities as certified Jewish chaplains, Catholic chaplains, and professional pastoral counselors was tied into what defined us exclusively, and what was tied into what we reveal communally, in ways that we share? As we move back and forth between experiences of the NACC and of our participation in the Spiritual Care Collaborative, who is behind the curtain, and who is in front?

Most profoundly, this exploration taps into a question worthy of a verbatim or at least a theological reflection: in our encounters with God's people as chaplains, are we the cast members? Surely not exclusively so! When ministry objectives are met and ministry is truly effective, the curtain falls and the One who seeks to be revealed sheds light and grace rendering all "others" members of the one living body. They are others who

contribute to my sense of self as I more fully identify with and embrace them rather than define and distance myself from them. I am more "me" as I am transformed by "them."

During Summit '09 there were workshops that might not have been planned and special interest luncheon groups that might not have sponsored during an exclusively NACC conference. If this summit was at all effective, I believe that the opportunity to plan our own NACC conferences in the years ahead, and our willingness and ability to participate in future SCC undertakings will afford us moments of grace to be more of who we are in the light and mercy of God than we were before. "Cast Members Only" means different things depending on which word in that phrase you emphasize. It might mean that only cast members are allowed, or it might mean that there are cast members only – one who is not a cast member cannot be conceived. Would that we understand, intend, and live that meaning!

Thomas G. Landry III, former NACC interim executive director, is manager of spiritual care at Providence St. Joseph Medical Center in Burbank, CA.



How much of our respective identities as certified Jewish chaplains, Catholic chaplains, and professional pastoral counselors was tied into what defined us exclusively, and what was tied into what we reveal communally, in ways that we share?

Task force work highlighted at NACC luncheon

Recruiting new chaplains, career advancement skills, measurement approaches and partnering with academic institutions were among the work of NACC pastoral care task forces highlighted at the Feb. 2 NACC Business Luncheon at Summit '09.

NACC Executive Director David Lichter introduced members of four task forces who spoke about the challenges their respective groups are addressing.

Mary Lou O'Gorman, chair of the Care Services/Staff Development Task Forces, said members of her group examined the questions: What does a chaplain do? What are the essential functions an administrator can expect of a board certified chaplain? Members developed a list of essential functions and disseminated it to leaders of Catholic and non-Catholic healthcare organizations around the country. Ms. O'Gorman said the list was adjusted after comments were received. "We wanted to make sure we were speaking a language they understood," she said.

Currently, Ms. O'Gorman said, task force members are researching the question: What are the skills chaplains need to move into leadership?

Laura Richter, co-chair of the Recruitment Task Force, told luncheon participants that the goal of her task force was to create a recruitment plan and marketing plan "so that we can reach out to those who might be considering chaplaincy and get the word out about chaplaincy."

An early result of this task force's efforts are the "wonderful and broad set of stories" on the NACC website in which individual chaplains explain what drew them to their ministries, she said. The task force has also worked on creating a set of FAQs to respond to "all the things people wonder when thinking about chaplaincy."

In addition, the task force is developing tools that chaplains can take with them when making presentations about their work, including a PowerPoint, brochures, and a video. Mr. Lichter noted that the video was being donated by Ascension Health in St. Louis, Ms. Richter's employer.

Larry Ehren, a member of the Metrics Task Force, spoke of his group's focus on "How do we measure what we do?" He noted that most chaplains have "encountered measures that have integrity" and others that don't. The Metrics Task Force has drafted a standardized question for surveying patient satisfaction, he said. The group also has started to collect and research the best measurement tools and approaches for quality spiritual care, productivity and accountability. Mr. Ehren asked the lunch participants to share their spiritual care measures and metrics with the Metrics Task Force.

Kathleen Brown, of the Education/Credentialing Task Force, told luncheon participants that she represents an organization of about 50 schools that give degrees in pastoral ministry. Ms. Brown, director of formation for ministry at the Washington Theological Union, said academic institutions

have resources for theological education, formation, and ongoing formation. She said that the needs of healthcare professionals "might be fairly new on our radar screens, but we're finding that we have a lot to offer."

"It's important that we be in dialogue," Ms. Brown said. "Even healthcare institutions that have until now been doing their own formation have found that partnering with academic institutions can take them to a new level."

Also at the luncheon meeting:

Karen Pugliese, outgoing NACC board chair, urged those present to face challenges ahead with confidence and hope. Sr. Barbara Brumleve, SSND, incoming board chair, asked all the board members present to come to the front. She introduced Fr. Baaju Izuchi, CSSp, the newest board member.

Sr. Barbara said she felt honored and humbled to chair the board of directors, which she described as a very dedicated group. She asked the newly certified to involve themselves in the association. "Each one, reach one," she urged, asking the newly certified: "To whom are you talking about becoming board certified?"

Mr. Lichter thanked members for the privilege and honor to serve the association. Using a PowerPoint presentation, he gave an update on the NACC Strategic Plan 2007-2012 and described what the NACC looks like in

2009. In the past year, there were more than 20 local or regional events held "coast to coast," with more than 600 participants, he said. After a request at the 2008 national conference, 87 people have signed on to be NACC state liaisons. In 2008, 54 individuals were newly certified as chaplains, he noted.

E-mail discussion groups of people interested in specialty ministry have developed. If members would like to set up a group they're encouraged to contact the NACC. The group will be announced in NACC Now, and by the end of the week chaplains with similar interests can be communicating with each other, Mr. Lichter said.

Local and regional groups can find content information for workshops on the NACC website to use for their own education and training, he said, noting that more and more resources will be made available via the website.

Mr. Lichter introduced Jim Castello, an NACC member who worked 30 years in marketing before becoming a chaplain, and will be assisting with marketing work for the NACC this year.

Also at the business luncheon, members discussed in small groups what should be priorities for the NACC as a whole and for their states or regions in 2009-10. Small group responses were shared and included: focus on bringing Catholic values to all hospitals, educate local parishes about the ministry of chaplains, examine why some Catholic chaplains join other cognate groups, continue working with groups of other denominations, expand base beyond hospitals, and encourage chaplain involvement in hospital discharge planning.



NACC welcomes newly certified members

Congratulations to the following NACC members who have been approved for Chaplain certification following their interviews in October 2008:

Mrs. Longina M. Alvarez, Park Ridge, IL
 Rev. Anselm Amandikwa, Bridgeport, CT
 Mr. Paul S. Balikyogerako, Wauwatosa, WI
 Mrs. Camille A. Buckley, Elma, NY
 Mr. Francisco M. Cacho, Danbury, CT
 Ms. Mary K. Camber, River Falls, WI
 Sr. Rita A. Cammack, OSF, Frisco, CO
 Ms. Mary K. Chalupsky, Milford, CT
 Rev. Emmanuel O. Chikezie, Beaumont, TX
 Rev. Kevin T. Clarke, SJ, Portland, OR
 Mr. Raymond Dougherty, Alameda, CA
 Ms. Kathleen L. Egan, Philadelphia, PA
 Rev. Fidelis I. Ekemgba, Williamsport, PA
 Rev. Christian C. Ezeh, Stockton, CA
 Mrs. Maureen R. Feely, Plymouth, MN
 Mr. Martin E. Folan, Sheboygan, WI
 Mrs. Charlene A. Galvin, Canton, NC
 Mr. John B. Garrity, Oak Park, IL
 Ms. Margaret M. Gore, Southlake, TX
 Mr. Gerald M. Gundersen, Hyattsville, MD
 Chaplain Marika Hanushevsky Hull, Fall River, MA
 Deacon Boris Hemon, Ontario, Canada
 Mrs. Mary Ann Henry, Portland, OR
 Mrs. Mary L. Hess, Baraboo, WI
 Ms. Kelly Jo Heus, Chicago, IL
 Sr. Dana E. Hollis, OSF, Allegany, NY
 Rev. Azuka Iwuchukwu, Ph.D., Hyattsville, MD
 Ms. Mary J. Jensen, Austin, TX
 Rev. Joachim K. Katoogo, Masaka, Uganda
 Rev. Vasyl E. Marchak, Youngstown, OH
 Ms. Patricia A. Matulewicz, West Chester, OH
 Mr. Michael L. McCleary, Joplin, MO
 Mr. Mark R. McDermott, Iowa City, IA
 Dr. Matthias J. Merges, Batavia, IL
 Mr. Michael T. Miller, Altamonte Springs, FL
 Ms. Jan K. Mullarkey Murphy, St. Paul, MN
 Deacon Thomas B. Niese, Leipsic, OH
 Ms. Mary E. Noonan, Dana Point, CA
 Rev. Godfred F. Ocon, AJ, Beaverton, OR
 Rev. Bartholomew N. Okere, Little Rock, AR
 Sr. Helen O. Oko, HHCJ, Lubbock, TX

Ms. Joan Olson, Brooklyn Park, MN
 Ms. Cathriona B. O'Mahony, Chicago, IL
 Rev. Christopher A. Oranyeli, OP, Summerville, SC
 Ms. Paula E. Phipps, LaGrange Park, IL
 Ms. Nettie L. Post, Bellingham, WA
 Ms. Leslie A. Reeve, Chicago, IL
 Mr. Logan G. Rutherford, Houston, TX
 Miss Linda A. Sipos, Mayfield Heights, OH
 Ms. Glenda R. Spearman, Chicago, IL
 Mrs. Marilyn J. Stephenson, Evansville, IN
 Mr. Kevin P. Stolz, Hicksville, NY
 Rev. Henry PC Tanto, SMMM, Warwick, NY
 Mrs. Kathleen J. Tomazic, Lima, OH

We also congratulate the following members on their certification:

Supervisory Candidate

Rev. Christopher N. Okoli, Islip Terrace, NY

Associate Supervisor

Ms. Theresa A. Lowther, Buffalo, NY

Thank you to our volunteers

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

Interviewers

Dr. Linda M. Arnold, Washington, DC
 Mr. Leszek Baczkura, Carpentersville, IL
 Mr. David C. Baker, Stevens Point, WI
 Mrs. Julianne Barber, San Diego, CA
 Sr. Nancy Beckenhauer, OSU, Pepper Pike, OH
 Sr. Darlene L. Boyd, SFCC, Evansville, IN
 Sr. Anne K. Breitag, OP, Saginaw, MI
 Rev. Michael E. Burns, SDS, Milwaukee, WI
 Rev. Benjamin Chinnappan, Maywood, IL
 Mr. Thomas J. Chirido, Port Washington, NY
 Mrs. Diane E. Clayton, Carmel, IN
 Ms. Nancy K. Cook, Citrus Heights, CA
 Bro. Thomas P. Cunningham, CSC, Notre Dame, IN
 Mrs. Carmela M. D'Elia, Lincoln, MA
 Sr. Emily Demuth, CSC, Fresno, CA
 Sr. A. Louise Eggen, OSB, Chicago, IL
 Mr. Lawrence G. Ehren, Cerritos, CA
 Mrs. Vicki J. Farley, Portland, OR
 Sr. Thomas J. Gaines, SC, McKeesport, PA
 Bro. Daniel J. Gallucci, Thompson, PA



Sr. Jane F. Garrison, OP, San Jose, CA
 Sr. Pauline E. Gilmore, FMM, Roslyn, NY
 Mrs. Cathy B. Grandjean, West Sayville, NY
 Ms. Jean M. Harrington, Kansas City, MO
 Mrs. Carolanne B. Hauck, Lancaster, PA
 Ms. Deborah K. Heen, Mitchell, SD
 Ms. Teresa Heinz, Peoria, IL
 Sr. Gloria Jean Henchy, CDP, Valley Cottage, NY
 Mrs. Alice C. Hennessy, Philadelphia, PA
 Sr. Marilyn Herr, OSF, Green Bay, WI
 Ms. Prudence R. Hopkins, Fredericksburg, VA
 Miss Joan C. Horgan, Waltham, MA
 Sr. Nancy Jurecki, OP, Henderson, NV
 Sr. Carolyn M. Jurkowitz, Homer, OH
 Mrs. Kathy J. Kaczmarek, Little Rock, AR
 Ms. Harriet E. Kelley, San Francisco, CA
 Sr. Anne-Arthur Klinker, SSND, Appleton, WI
 Ms. Lorena M. Klinnert, St. Paul, MN
 Ms. Renee K. Krisko, Federal Way, WA
 Rev. Thomas J. Kuller, SJ, Towson, MD
 Ms. Janice A. Labas, Killingworth, CT
 Sr. Anita L. Lapeyre, RSCJ, San Diego, CA
 Ms. Judith LoGerfo, Cambridge, MA
 Rev. Dean V. Marek, Rochester, MN
 Dr. Dennis McCann, Middletown, CT
 Ms. Bonnie J. McCulley, Phoenix, AZ
 Mrs. Audrey F. McLaughlin, Erie, PA
 Deacon William N. Mich, Kennewick, WA
 Dr. Anne Murphy, Forest Park, IL
 Rev. Richard J. O'Donnell, OSCam, Wauwatosa, WI
 Rev. Nelson O. Ogwuegbu, SMMM, Baltimore, MD
 Rev. Christopher N. Okoli, Islip Terrace, NY
 Rev. Gerald U. Onuoha, Victorville, CA
 Dr. Young Mi A. Pak, Berkeley, CA
 Deacon Francis Potts, Corvallis, OR
 Sr. Karen J. Pozniak, SNDdeN, Colchester, VT

What did Summit '09 participants think?

Was it a good thing to have the various cognate groups meet together? In between meetings, several Summit '09 participants offered their views about this year's joint gathering and hopes for future collaboration.



A colleague and I planned a pre-conference event for women at Dialogue '88, (a meeting for chaplains of different faiths). Twenty-one years later, there's no gathering for women. Nobody felt the need. There has been growth and integration. This is different. I feel a connected energy here. I fully anticipate that (the working together) will grow.

*Joann O'Reilly
Oak Park, IL
ACPE*

I would hope we chaplains would all unite. We would have more power in hospitals if we'd work together.

*Valerie Johnson
Milford, OH
APC*

Every half dozen years to get the different cognate groups together is healthy for religious, intellectual, educational and social interchange. We learn from each other and we benefit through that. Go NACC!

*Rabbi David J. Zucker
Aurora, CO
NAJC and APC*

I think collaboration is important. We are embracing each other's differences while maintaining our identities.

*Joann Garma
New Orleans, LA
ACPE*

I liked the variety of speakers. It was good to listen to a Jewish perspective. I see the diversity as a blessing. It was great to meet spiritual and pastoral caregivers of other traditions.

*Sister Aurora Sibug Realubit
Edinburg, TX
NACC*

I want it to happen again. I have only positive things to say about the keynoters.

*Bill Owens
Louisville, KY
Not affiliated*

We should continue to collaborate. Next time it would be good to be intentional about mixing members (of the various cognate groups) at luncheons.

*Lauren Frazier
New Orleans, LA
ACPE*

It's important for us to be nurtured and to nurture each other in this kind of collaborative extended family, not just to talk about shifting paradigms but to live them.

*Rabbi Bonita E. Taylor
Health Care Chaplaincy
New York, NY
NAJC and ACPE*

Mrs. Nancy A. Rafter, Franklin, MA
Dr. Peter M. Ruta, Brown Deer, WI
Ms. Dorothy M. Sandoval, Nixa, MO
Sr. Sandra L. Schmitz, OP, Fitchburg, WI
Ms. Ann M. Seckinger, San Jose, CA
Rev. William F. Spacek, Baltimore, MD
Ms. Janice K. Stanton, Minneapolis, MN
Sr. Maureen Stocking, OP, St. Louis, MO
Sr. Bernadette Sullivan, OSB, Erie, PA
Mrs. Mary K. Trudell, Gearhart, OR
Mrs. Kathleen A. Vander Velden, Appleton, WI
Deacon La Rue H. Velott, Shippensburg, PA
Deacon Thomas J. Waken, MA, LPC
Ms. Myra J. Wentworth, Middletown, OH
Ms. Marilyn Williams, Chattanooga, TN
Sr. K.C. Young, OP, Kirkland, WA

Interview Team Educators

Mr. Michael J. Doyle, Evanston, IL
Deacon Darwin D. Dupree, Kansas City, MO
Rev. Thomas B. Garlick, Sterling, MA
Ms. Camelia L. Hanemann, Milwaukee, WI
Sr. Colette Hanlon, SC, Pittsfield, MA
Dr. Sharon A. Mason, Indianapolis, IN
Mrs. Jane A. Mather, New York, NY
Mrs. Marie V. Polhamus, Irvine, CA
Ms. Judith A. Shemkovitz, Cleveland, OH
Dr. Jane W. Smith, Fulton, MO
Mr. James E. Willsey, Cumberland, RI

Site Coordinators

Mrs. Rose Mary Blanco-Alvarado, NACC, Milwaukee, WI
Dr. Joseph G. Bozzelli, DePaul Hospital, Bridgeton, MO

Dr. Susanne Chawaszczewski, NACC, Milwaukee, WI
Mrs. Catherine S. Colby, Providence St. Vincent's Medical Center, Portland, OR
Mrs. Nancy A. Conner, St. Joseph Medical Center, Towson, MD
Ms. Kathy E. Eldridge, NACC, Milwaukee, WI
Mr. David W. Fitzgerald, DePaul Hospital, Bridgeton, MO
Sr. Mary A. Gallagher, OSF, St. Elizabeth Medical Center, Brighton, MA
Rev. Oliver T. Lee, St. Joseph's Hospital, Orange, CA
Sr. Shirley A. Nugent, SCN, St. Elizabeth Medical Center, Brighton, MA

Commissioner on Call

Rev. James R. Yeakel, OSFS, New York, NY

For physician, 'low tech' work as important as 'high tech'



“Ladies and Gentlemen, your work is beyond praise,” plenary speaker Benjamin W. Corn, MD, told chaplains at Summit '09, saying he is convinced that people facing the end of their lives deserve thoughtful collaboration by chaplains, physicians and other medical personnel.

The chairman of radiation oncology at Tel Aviv Medical Center-Ichilov Hospital in Israel said that cancer radiation treatments in his field are the “ultimate in high tech,” but just as important to him is “the low-tech” work of chaplains and other clergy.

In his lively presentation, the physician made ample use of slides, showed a video clip from the movie “Patch Adams,” strummed the guitar, an instrument he has just begun to learn to play, taught Hebrew words, and led a rousing sing-along rendition of “Michael Row Your Boat Ashore.”

During his talk, which was titled “Seek and You Shall Find: Crossing Disciplinary Boundaries within the Village of Care,”

Mr. Corn said he and his wife, Dvora, have founded a U.S.-Israel based non-denominational, non-profit organization called Life’s Door. The mission of Life’s Door is to reform, if not transform, the experience of facing life-threatening illness from one of anguish, confusion and denial to one that encourages collaboration, growth and healing for patients, families and professionals.

Life’s Door, Mr. Corn said, grew out of his own anger, which he held as a youth after his father died when he was 11 and he was offered little help to deal with the situation by family members, neighbors, the rabbi at his synagogue or health professionals.

Through Life’s Door, Mr. Corn and his wife hope to assist those going through the dying process and their families to “change perspective and see things very differently.” They aim to teach people “to really understand what prioritization is about,” and to keep pettiness from interfering in life, Mr. Corn said.

He suggested that many care providers themselves have failed to grapple with issues that their patients must, such as death. Too often, he said, “we treat the patient as a diabetic, as an ulcer, as a chart.” Mr. Corn said he knows medical residents who handle entire cases on their laptops in their offices. “They don’t want to meet the patients,” he noted.

He said while 62 percent of cancers are curable, studies show that 83 percent of cancer patients use CAM, complementary and alternative medicine, of one kind or another, despite a lack of hard data showing success with these therapies. Mr. Corn believes the reasons patients seek

alternative therapies stem from frustration with the medical system and unmet spiritual needs.

“In many ways, me, the doctor, you, the clergy, we’re wardens. We walk around with big key rings. My key unlocks the door to the medical establishment. Your key unlocks the door to the spiritual kingdom. The question is how do we really find the way to get us all through that door? What do we do?” Mr. Corn said.

Mr. Corn told the story of a young Israeli law student who woke up one morning on the floor of his bedroom. He had experienced a seizure and an MRI scan revealed that the seizure was due to a growth in his brain, and a biopsy showed the growth was a malignant tumor.

His life changed in an instant, and most frustrating to him was his difficulty speaking. Through his connection to Life’s Door, the young man embarked on a project to help doctors and others understand what he faced. The result is a mobile exhibit called “What’s Going on in My Head?” that involves a series of rooms, like way stations on a journey, Mr. Corn said. It was displayed in Jaffa, Israel, and 5,000 people came to see it.

First, is the bedroom, where he had the seizure, Mr. Corn said. Shattered glass and chaos demonstrate the shock and disillusion the young man encountered. The second space is a hospital room configured as a casino with a blackjack table, Mr. Corn recalled. Taking the place of the card dealer was a physician because the young man felt that the doctors were, in a sense, gambling with his life, Mr. Corn said. Difficult decisions were being made and the high-stake results would affect the rest of his life. The last room has social work professionals who sit and talk with those who walked through the exhibit to help them process the emotions the exhibit evoked and to provide the critical human connection.

Mr. Corn told the chaplains that he makes a point of praying for his patients “in part because I feel I may be able to help them with my prayer.” On the other hand, the physician joked, if he were to have a surgical procedure and saw his surgeon praying, “I might think twice about it.”

Truthfully, he said, another reason he prays is because he wants his patients to know that “anything I have at my disposal — medicine, equipment, prayer book, and prayer shawl — is being activated for them.” He said he thinks his prayer also communicates to his patients his concern for them as human beings.

Mr. Corn cited the words of Viktor Frankl, an Austrian neurologist and psychiatrist, who was a Holocaust survivor, when asked what he thought of the latest medical advances: “No cure that fails to engage our spirit can make us well.”

“We need to care about spiritual well-being because it is at the core... You are our teachers, and we need you so, so much,” Mr. Corn told the chaplains.



Chaplains challenged to not view patients as clients



Plenary speaker David Deane, Ph.D., challenged caregivers participating in Summit '09 to recognize that they and their patients are influenced in how they view health and well-being by the capitalist system in which they operate.

Mr. Deane, who is assistant professor of theology specializing in systematic and historical theology at Atlantic School of

Theology in Halifax, Nova Scotia, Canada, spoke on the topic, "Imagining Well-Being: How our Perspectives Shape the Way We Care."

Mr. Deane said that the World Health Organization (WHO) operates out of an old definition of health: "the state of complete physical, mental and social well-being, and not merely the absence of infirmity or disease."

The definition implies that the individual will decide for herself or himself what constitutes well-being, Mr. Deane said. Health is to be decided by the individual, the client, he said. And this sets the framework within which the care provider must operate, assisting patients in reaching that state of well-being they have chosen.

This framework, he said, is predicated upon individualism, autonomous reasoning, and freedom of choice. It is, he commented, a "model perfectly shaped by and for the modern, secular, democratic West."

Troubled by this, Mr. Deane said he conducted more than 20 interviews with spiritual care providers in three different locations: Nova Scotia, Canada; Colorado; and in Dublin, Ireland, in order to get a sense if this WHO model was influential. He interviewed chaplains in schools, prisons, hospitals, and the military. While it was a small sample, he said, all were inclined to agree with the WHO model.

He said one participant's statement summed up the responses of many. That chaplain said: "Chaplaincy used to be about speaking; now it's about listening." Another said, "I'm not here to proselytize them; I'm here to help people, and that means helping them to get where they want to go, not where I want to take them."

Mr. Deane said almost all offered accounts that in his view were fueled by forms of pluralism and relativism. He noted that a recently retired chaplain stated: "I can't say that my idea about how they should be responding or thinking is right, and theirs is wrong. We can't put God in a box, and so we can't put what God wants of us in a box either; that's for every individual to work out."

Another chaplain offered: "Look, they're not my patients. They're my clients, and the customer is always right."

Mr. Deane suggested that he believes this individualistic approach can be traced to philosophies, like that of 18th-century German philosopher Immanuel Kant, that suggest that humans all experience the world in a similar way, that God is

outside of time, space, language, and that "we can understand ourselves without reference of God."

"If we are shaped and saturated by our environment and context, which is capitalism, we start to imagine healthcare in ways that are determined to a large extent by our capitalistic context, and I don't think that's a good thing," Deane told Summit '09 participants.

Mr. Deane told of his experience working with Protestant and Catholic teens in Ireland. When a group of Protestant teens were shown photographs of Catholics participating in a parade, they saw angry, jubilant faces, while Catholic teens, shown the same photos, saw celebratory, happy faces. "Basic sensory experience was conditioned by their context," Mr. Deane noted.

"We are not free to simply decide for ourselves what constitutes health. We will be shaped by our environment. That is simply, in my opinion, the reality. We need to take this into account when giving care....The customer-is-always-right is a model which is fine as long as we are free, autonomous individuals. Our culture is based on the idea that we are; if it's not true we had better rethink this," he said.

Capitalism, he said, has shaped Westerners to see themselves as isolated entities, rather than part of communities. "If we pursue our own well-being and health — physical, mental, spiritual — and we invest in it, at a time when other people don't have access to healthcare, when there are other people in our country going hungry, is this justifiable, this pursuit of our healthcare?" Mr. Deane asked.

"We might say: It's my money; or if we're extremely shaped by capitalism, (we might say): those people made bad choices; that's why they don't have the healthcare I have."

Mr. Deane said the influence of commodities in capitalistic nations has affected healthcare as well.

"We tend to think of success entirely in terms of commodities, things that can be bought; our desires are shaped toward commodities," he said.

He noted that one TV ad for cholesterol medicine starts out with a man in front of a black and white background. After the man gets the pill being advertised, color floods back onto the screen and the man is shown going fishing with his family. "Meaningful encounter is being sold; you can have it if you have this pill," Mr. Deane said.

He said early Christian communities had a radically different understanding of what health and well-being should look like. The philosophy of "no man is an island" ruled and inter-relationships shaped concepts of health and well-being, he said.

In his view, he said, "if I spend \$100,000 getting me some of that well-being I hear so much about, while people are going hungry, I'm failing."

Mr. Deane said it is his hope that there are resources caregivers can bring from their respective traditions to challenge the prevailing discourse on healthcare.



Rabbi, Imam, Catholic and Buddhist chaplains share notes

“Recall what we have in common” and at the same time reflect on how beautiful the differences are, NACC member Linda M. Arnold, Ph.D., BCC, advised chaplains working with dying patients of denominations different than their own. Offer to contact the patient’s own clergy and invite the family to bless the patient and share their stories, she urged.

Ms. Arnold, director of spiritual care at Holy Cross Hospital in Silver Spring, MD, was one of four chaplains of four different faith traditions who shared ideas about praying with the dying and their families in a workshop at Summit ’09.

Ms. Arnold said one goal of the workshop was “to become aware of what are appropriate prayers and rituals for chaplains when the tradition of the patient is different from your own. The village is getting smaller and smaller,” she said. “We are all here for one another.”

Ideas gleaned from the chaplains’ presentations follow:

Rabbi Bennett M. Rackman, Ed.D., a Jewish chaplain at JFK Airport in Jamaica, NY:

- ▼ Prayer is not a sacrament. “When a person is dying, before they die, we pray for them. When we pray for someone who is sick; we are making a request that he or she is healed.”

- ▼ In Judaism, the soul is not eternally damned; death serves as atonement. When a person dies all the sins are forgiven. He or she can go to heaven.

- ▼ Prayer can be stopped and the patient be allowed to die.

- ▼ On the other hand, the Jewish tradition is when there’s life, there’s hope. “You can’t give up. Rabbis and Jewish chaplains will be reluctant to disconnect the respirator from a patient.”

- ▼ If you know what would help the patient, do that, instead of formal prayers. Rabbi Rackman held his father’s hand and sang hymns to him that years ago were favorites of his mother. His father, who had Alzheimer’s, raised outstretched arms.

- ▼ Rabbi Rackman cited the Confessional Prayers (Orthodox, Conservative and Reform) and the Confessional Prayers from Day of Atonement. “Don’t say: ‘Let’s say the prayer for the dying before you die.’ You just say: ‘We’re going to pray.’ You don’t want to introduce any extra fear to the patient.”

Be cautious, the rabbi said. “You have to determine on your own whether patients want non-Jewish clergy to say the Jewish prayers. They might be resentful. Certainly, if they can read the text on their own, that’s preferred.”



Carlyle Coash, MA, BCC, manager of spiritual care for Kaiser Permanente San Jose Medical Center in San Jose, CA, who works with the Zen Hospice Project in San Francisco, CA, and is the first Tibetan Buddhist to be board certified:

- ▼ Prayer is a rather important element in Buddhist practice. “I think that’s partially because prayer is a connection to lineage; it helps us remember where the Source is and how we got here. You might notice that in many traditions prayer is a way of speaking about the lineage of teachers who have passed on the practice from generation to generation, starting with the Buddha.”

- ▼ At the moment of death, it is important to be reminded of that lineage, the lineage of practitioners, of beings. The dying person feels he or she is experiencing what everyone has experienced. That person no longer is so alone. He or she is part of a community of shared experience.

- ▼ Keep the environment around the person who is dying full of sanity, wisdom, love and kindness — not arguments or turmoil. “From the perspective of reincarnation, if there’s turmoil, I’m going to bring that with me; I may choose a rebirth that has that turmoil.”



Imam Yusuf Hasan, BCC, a staff chaplain affiliated with The HealthCare Chaplaincy Inc. in New York, NY, and ministers at Memorial Sloan-Kettering Cancer Center and Lenox Hill Hospital near Harlem, who is the first board certified Islamic chaplain in the United States:

- ▼ First authority in Islam is the Koran (Qur-an) and the second authority is the words and actions of Prophet Mohammed. “The theology of hope is important to Muslims, and this is what the prophets say to us about hope: We all have hardships and calamities in our life. You have cancer, you lose a baby, or you lose your wife. Each time we have a hardship, hope diminishes,” Mr. Hasan said. When there is no hope, the individual will die, whether or not he or she is on life support, he said.

- ▼ “Death is not seen as a negative; it is our friend. When we feel good, we say: ‘praise be to God.’ When we feel bad, we say ‘praise be to God.’” The prophet Mohammed said a person who is suffering should pray: “Oh, Allah, give me life if life is better for me. Give me death if death is better for me.”

- ▼ Muslims pray five times a day for a prescribed time, he noted. “Don’t barge into a Muslim’s room at any time of day. You might see hands outstretched and head bowed. Pay attention to that,” he urged.

- ▼ The last words a Muslim wants to say before dying is a declaration of faith that states: “There’s no God but one God and Mohammed is his last prophet.” If a Muslim can’t speak, his right index finger is raised and the family gathers around and says it, Mr. Hasan said. Muslims don’t want a lot of morphine at the end of life, because they won’t be able to make the declaration of faith consciously if drugged, he said.

- ▼ Communicate with the dying patient’s family, Mr. Hasan urged. Call an imam if you need help, he said.



Summit '09 participants urged to face 'the other' by looking within



Participants in Summit '09, on the final day of their conference, heard the historic gathering of chaplains of various faith traditions described as a journey that had moved them “between safety and risk, comfort and the holy discomfort of confronting the other.”

Pamela Cooper-White, Ph.D., professor of pastoral theology, care and counseling at Columbia Theological Seminary in Decatur, GA, made the comment during her plenary session, which was the closing talk at Summit '09. She had served as “conference weaver.”

Ms. Cooper-White went on to say that, “in both the familiar and the unfamiliar, we found wisdom. We encountered grace.”

“Listening is at the heart of all our work as caregivers,” she said. “We’ve come together in this community of care. Listening has characterized our time together, not by creating oneness in the sense of sameness or homogenization, but what I like to think of as a communion of difference, enriching one another with our many distinctive gifts.”

“We’ve reached out at this historic meeting across the moats among us, the dividing lines of professional discipline, culture, race, sexual orientation, gender, national origin and religious tradition.”

Ms. Cooper-White said one of her favorite summit images suggested by a participant was of “a woven tapestry that presents a beautiful picture on one side, but is messy with lots of loose, rough ends on the back, celebrating both the harmony and the messiness of any true weaving of such different threads and strands.”

She said many spoke of a rhythm of going back and forth between “being at home” — reconnecting with old friends and colleagues in their own fields or faiths — and the experience of meeting people they had never known before, which involved taking the risk to reach out and interact with people with very different viewpoints than their own.

Ms. Cooper-White said a major theme of the conference had been the discussion of diversity, its blessings and its challenges. She spoke of the importance of going beyond mere tolerance, respect or inclusion as a response to diversity. She urged recognition of the role power plays in society, establishment of genuine relationships with those seen as different, and commitment to justice.

It’s not enough to assume that once they are informed, reasonable people will allow discrimination to fade away, she said. “Fear, oppression and discrimination — both

internalized and externalized — persist among us,” the theologian said. “What more is needed?” she asked.

Her answer: A greater appreciation of the unconscious dimensions of the human psyche is necessary for the formation of pastoral leaders in a diverse world.

Facing “the other,” she said, always means an encounter with the unknown, and may initially trigger a fear response. Once paranoia is activated, it is a short step from fear to hate, she commented.

Confronting the vulnerable and aggressive parts of individuals’ own selves enables them to go beyond their comfort zones, she said. Understanding the “unwelcome dimensions of our interior life,” she said, will help build bridges of empathy that ultimately can combat racism, sexism, oppression and exclusion of the other.

By “coming to know the strangers within us,” the demands of external diversity can be met, she said.

Many live in “social locations not entirely privileged or entirely oppressed.” Ms. Cooper-White said, offering as examples: a white middle class woman who enjoys race and class privilege, but suffers from

gender oppression; a middle class woman of color who experiences some class privileges, but suffers from both race and gender oppression; a Jewish rabbi who enjoys institutional respect as a clergyperson but encounters anti-Semitism in the wider society; and a gay white man who assumes both gender and race privilege, but suffers from the oppression of heterosexism in both his religious community and in society.

“Even these examples, because they remain categorical, still don’t begin to unpack all the multi-layered dimensions of each individual’s unique social location with its unique confluence of power and suffering,” Ms. Cooper-White noted.

Creating authentic empathy for the other, she said, involves building new relationships, solving problems and acting with love.

Ms. Cooper-White quoted Philippine theologian Elizabeth Dominguez, who drew on Genesis 1, verse 26, to propose that “to be in the image of God is to be in community. It is not simply a man or a woman who can reflect God, she says, but it is the community in relationship.”

At Summit '09, Ms. Cooper-White noted, “We have in our own imperfect way attempted to be such community.”

“We’ve reached out at this historic meeting across the moats among us, the dividing lines of professional discipline, culture, race, sexual orientation, gender, national origin and religious tradition.”





2008 Annual Report to Membership

Executive Director



*David A. Lichter
Executive Director*

Wow, what a year of activity! Throughout 2008 I communicated with you both in NACC Now and in my column in *Vision* on our initiatives related to implementing the NACC strategic plan. As I reported in my column in the January-February 2009 edition of *Vision*, we concluded 2008 with gratitude for the significant steps taken in 2008 within NACC to promote the ministry of spiritual care, and to renew the opportunities for NACC members to gather with one another, and with others involved in the chaplaincy ministry. Let me

highlight three of these steps.

In helping to promote chaplaincy, the NACC/CHA Pastoral Care Summit in October 2007 continued to bear fruit through the four task forces (metrics, care services, recruitment, and education/credentialing) that met monthly to create useful deliverables that will benefit healthcare systems and other entities in their work with chaplains. You can go to my column in the January *Vision* to review that work. We are grateful that CHA is also advocating for pastoral care by dedicating its 2009 spring issue of *Health Progress* to pastoral care ministry.

Secondly, we were able to partner on two research projects: one with the Catholic Health Association (CHA) on the status of pastoral/spiritual care within Catholic health settings, and the other, with three other associations of the Spiritual Care Collaborative to produce the 2008 Compensation Study. The results of these studies continue to prove helpful to healthcare leaders.

Thirdly, and most importantly, in 2008 we were able to strengthen communication among members and resurrect types of local chaplain gatherings in every region of the country. The *NACC Now* has become a valuable tool of communication and networking among members. And more than 600 members participated in over 20 local gatherings. Many members came forth to help plan and execute these events, and several partner associations and health entities collaborated with us to make them happen. Let's keep them going!

We now have state liaisons who will help foster communication among members and assist with the coordination of future events. We also had more than 500 members participate in the 2008 NACC National Conference in Indianapolis in April 2008.

The challenges of our economy affect all of us in 2009. We will work closely with you to ensure that NACC will be a source of networking and ongoing communication with and for you as you turn to each other for wisdom, support, encouragement and prayer. We will be called upon to be there for one another, and we are called upon to minister to those we serve in our respective places of employment.

May we continue God's healing ministry. Blessings on your ministries!

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

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Certification Appeals Panel

Overview of the Appeal Process

Appeals can be filed when an applicant denied certification believes that NACC Standards and/or Procedures were violated. Anyone appealing the decision of the Commission regarding the denial of certification must clearly outline how a particular standard(s) or procedure(s) was violated.

The Appeals Panel members take seriously our review of certification interviews which have resulted in an appeal. Each appeal is reviewed by a panel of three persons who work collaboratively on the review of materials submitted. We may uphold the original decision to deny certification, or send a recommendation back to the Certification Commission to either grant certification or grant a new interview. The decisions of the Appeal Panel are final.

Appeals and Other Actions in 2008

From January through December 2008 the Appeals Panel received four appeals. One appeal was upheld; three were submitted in December 2008 and are still in process. Of the three in process, the appeals are being requested due to violation of procedures in conducting the interview. There continues to be evidence that interview teams do not know how to assess competency outside of a strict in-patient bedside model of chaplaincy.

Goals for Appeals Committee - 2009

- ▼ The Chair will participate in a one-hour conference call as part of the July 2009 Interview Team Educators Meeting/Training to discuss findings from appeals and implications for Interview Team Educators and teams.
- ▼ To explore how the decreasing number of CPE Supervisors in the NACC will affect future appeal work, and whether to propose opening this panel to certified Chaplains
- ▼ To work with the Certification Commission in regard to training of Certification Interview Teams so that:
 - Appeals related to violations of the procedures in conducting certification interviews will decrease by 75% by 2011.
 - Certification interview teams will become more proficient in assessing the competencies of persons in expanding pastoral care ministries, e.g. mission integration, healthcare ethics, management, and holistic healing positions.

*Mary Davis, Chair
Certification Appeals Panel*

2008 Members: Ms. Mary Davis (Chair), Mr. Eric Erickson, Dr. Gordon Hilsman, Dr. Daniel Petronella, Sr. Maureen Mitchell, RSM, Sr. Virginia Yeager, SSJ

Ethics Commission

The Ethics Commission had several teleconferences to get acquainted and establish a working relationship. That became very important when an ethics complaint was received at the national office. A thorough investigation of the allegations was made and the complaint was found to be groundless. A report of the action was sent to the Board and the background materials were placed in a confidential file at the national office. No other complaints have been filed.

*Pat Bradley, Chair
Ethics Commission*

2008 Members: Rev. Mr. T. Patrick Bradley (Chair), Mr. D.W. Donovan, Ms. Patricia Melesco, Rev. Eugene Pocernich, Ms. Mary M. Heintzkill, Ms. Marilyn Williams

Finance Committee

The finance committee is composed of board members and skilled persons appointed to serve on the committee. Each of the four committee meetings was held by conference call with excellent support provided by association staff.

The committee faced many challenges during the year, resulting from declining membership dues and the declining investment markets. The annual conference, held in Indianapolis, and stronger fund raising results were stronger contributors to the financial results of the association.

The committee reviewed the financial position and results of the association on a quarterly basis. The members also continued to monitor the cash position, which was negatively affected by financial results. Staff's management of expenses, in the face of contracting revenues, was an important consideration during the year. The

committee reviewed and recommended the 2009 budget to the board, with the understanding that efforts to increase revenues and restrain costs would continue.

The committee spent a considerable amount of time reviewing the investment of the portfolio of the association. The value of the portfolio declined as the market declined during the year. At year end this review remained ongoing.

*Geraldine M. Hoyler, CSC
Chair, Finance Committee*

2008 Members: Geraldine M. Hoyler, CSC (Chair), Rev. Mr. Clif Perryman, Mr. William Lucey, Mr. Michael Lemke

Interview Team Educators

The role of the Interview Team Educator (ITE) requires us to keep abreast of any changes and additions to our rules, Standards, policies and practices that might affect the certification process. 2008 posed some new exciting and challenging issues, all of which were met with patience, wisdom and dedication, both from the Certification Commission, the ITEs, the amazing group of Interviewers and the Applicants for Certification.

The central role of an ITE is to support the Interviewers who serve the certification process. Because the NACC is responsive to the feedback and recommendations from those involved, that process is constantly being improved and adjusted, making it important for Interviewers to be kept updated. Updates come in the form of annual training. In April 2008, NACC offered a training workshop for Certification Interviewers at the National Conference in Indianapolis, IN. It was well attended. In addition to the workshop, our training method includes pre-certification weekend conference calls. This year we expanded further to include online training and testing. (This supports NACC's "going green" efforts as well as allowing interviewers to access the training materials as often as they wish while building their knowledge.) The online materials were in addition to but did not replace the training calls in which interviewers are asked to participate. These calls help develop teamwork and are the obvious forum for shared learning. The availability of both media — online and conference calling — has improved the accessibility of training and thus improved the skills needed for the certification interview process. In an effort to keep the process fresh and effective, it will continue to go through minor revisions and improvements as a result of team feedback.

2008 marked several major changes that affected the certification process. In order to accommodate the integration of the revised NACC Standards, the Spring Interview Weekend was suspended. This had the result of allowing additional time for

Applicants to adapt to the revised Standards, but at the same time, it resulted in an abundance of interviews for the Fall Interview Weekend. Sixty-eight interviews took place in October at six different sites around the country. Despite the challenges imposed by the changes in Standards and the number of Applicants (and Interviewers), the weekend was extremely successful. Another change involved Interviewers having the Applicants' materials for two additional weeks — which was a blessing during their adaptation (for both Interviewers and Applicants) to the Standards. While change seems to be difficult for everyone, 2008 nevertheless heralded gentle transitions and positive outcomes.

During July, the ITEs met for two-and-a-half days in Milwaukee, overlapping with the Certification Commission Meeting, sharing and learning both separately and together. Three new ITEs were added to the ranks (knowing that several of the 'veteran' ITEs were coming to the end of their respective tenures) and together we prepared for the Fall Interview Weekend as well as the ongoing needs of Applicants and Interviewers for successful certification experiences. There was strong support shown for the work of the ITEs by members of the Commission, and ITEs felt a sense of renewed dedication and commitment to participation in the ongoing excellence of the NACC certification experience.

*Jane Mather,
Lead ITE*

2008 ITEs: Bro. James F. Adams, FMS, Mr. Robert J. Barnes, Ms. Annette Castello, Ms. Cathy Connelly, Mr. Michael J. Doyle, Deacon Darwin D. Dupree, Rev. Thomas B. Garlick, Ms. Camelia L. Hanemann, Sr. Colette Hanlon, SC, Dr. Sharon Mason, Mrs. Jane A. Mather, Mrs. Marie V. Polhamus, Ms. Judith A. Shemkovitz, Dr. Jane Smith, Mr. James E. Willsey

Standards Commission

This past year the Standards Commission worked extensively in two areas: review of policies and procedures and complete revision of the glossary to reflect the revised set of Standards for NACC. We met once in person at the national meeting of our Association in Indianapolis (March 3-5, 2008), and chose not to meet in the fall to conserve resources, but rather did our work through several conference calls.

We plan to complete the work on the glossary during our meeting before the Spiritual Care Collaborative in Orlando (Jan 30-Feb 1, 2009). In rewriting the glossary we made a close comparison with the glossary in the Accreditation handbook of the USCCB/CCA as well as that of ACPE. We also consulted other outside resources.

This work was accomplished through the dedication of the Commission members: John Gillman (chair), Mary Lou O'Gorman, Mary T. O'Neill, Jane W. Smith, and Sr. Jane Connolly. We also benefited from the valuable contributions of Alan Bowman (Board Representative), Rodger F. Accardi

(Certification Liaison), and D.W. Donovan (Ethics Liaison). Our thanks to Rod who will be completing his term as liaison. None of this work would have happened without the support of Susanne Chawaszczewski from the National Office, who kept us on task and who carefully edited successive renditions of the glossary. Thanks to all of you!

For 2009 we will be reviewing sections of our Standards for any possible revisions in the future. We also plan to write a series of articles for *Vision* to explain individual Standards.

*John Gillman, Chair
Standards Commission*

2008 Members: Dr. John Gillman (Chair), Ms. Mary Lou O'Gorman, Dr. Mary Theresa O'Neill, Dr. Jane Smith, Sr. Jane Connolly, IHM, Mr. Alan Bowman, Mr. D.W. Donovan, Dr. Rodger Accardi.

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Certification

Rose Mary Blanco-Alvarado

Becky Evans

Governance Committee

The Governance Committee's primary responsibilities are to review and monitor the Board of Director's composition, functions, communications, development, and performance. This includes human resource issues, nominations to the Board of Directors, and the review and updating of the NACC Constitution and By-Laws as needed. During 2008, the Governance Committee met nine times via phone conference calls.

The Governance Committee focused on creating the process to ensure calling forth our members to leadership positions that will promote our mission and ensure our future. A new Nomination Sub-Committee was developed to assist in recruiting and evaluating nominees for all leadership roles within the NACC. This includes a new selection and election process for board candidates. In addition, a broad review and revision of the roles, responsibilities and criteria of the various committees, commissions, and panels were incorporated into the NACC Constitution and By-Laws.

*Patrick Bolton, Chair
Governance Committee*

2008 Members: Mr. Patrick Bolton (Chair), Ms. Theresa V. Edmundson, Ms. Ann Hurst, Ms. Bridget Deegan-Krause, Dr. Paul Marceau, Ms. Karen Pugliese

Pastoral Care Week

The Pastoral Care Week Committee of COMISS met Jan. 5, 2008, in Washington DC. The theme for 2008 was Listening Presence. It was discussed that the website for Pastoral Care Week will have a survey for those using it to indicate what they would like to see in future years as well as having a space to share the stories of their celebrations so that others may be inspired. 2007 was the most active Pastoral Care Week in many years and many sites utilized the marketing tools that were offered. This also includes some sites outside of the United States. This year we are looking at a few new resources and again would love to hear in those survey responses items that you are seeking that were not offered. The committee is looking into the production of the poster in both English and Spanish. The website will be available at the end of May.

MaryBeth Cooper, BCC

*Representative to the COMISS Pastoral Care Week
Committee*

PlainViews Advisory Board

PlainViews is an e-newsletter for chaplains and other spiritual care providers. It features concise articles of interest and relevance to those serving as pastoral caregivers. *PlainViews* also provides a forum for ongoing dialogue, publishing on topics related to professionalism, spirituality, advocacy, research and pastoral education. After six years of regular publication, *PlainViews* has a subscriber base of over 8,000, and welcomes contributions from its readers in all of the aforementioned categories — especially those related to professional practice, education and research.

In 2007, *PlainViews* began accepting some longer articles which are published in a section entitled "LongView." The Book Review section also includes movies, videos and other media related to pastoral issues, and 'My Practice' allows chaplains to share innovative ideas with other chaplains. "Ethics Walk" — an interactive dialogue that engages conversations regarding ethical concerns — has also proven popular.

As the NACC certified member of *PlainViews'* editorial board (as well as a regular reader and contributor), I thank the NACC members who make use of *PlainViews* as a supplement to and extension of the ongoing professional education and conversation offered NACC members in *Vision*. We are grateful to have a link for it on the NACC web site and references in many *Vision* and NACC Now articles.

*Jane Mather, Special Representative,
PlainViews Advisory Board*

Certification Commission

The composition of the certification commission remained the same as it was during the 2007 year. At the end of 2008 four Commissioners completed their term of service. We acknowledge with gratitude the contributions that Dr. Rodger Accardi, Ms. Mary Carole Nelson, Mr. Robert Scheri, and Sr. Mary Skopal SSJ have made through their generous and gifted service on the Commission.

The work of the commission is aided greatly by the many interview team members and the Interview Team Educators, site hosts and welcoming committees. We are especially grateful to the number of institutions who give in-kind donations to allow their sites for our certification interviews.

During the past year the commission certified 54 new chaplains, approved the renewal of certification for 242 chaplains, granted supervisory candidacy to two members, and later in the year certified one of the supervisory candidates as an associate supervisor. For those noticing that the number of new chaplains was lower than last year, please note that we only had one round of chaplain interviews due to our changing the timeline when material was due. Changing the timeline provided for greater time for ITEs to train interview team members and allowed the national office staff time to enlist interviewers with less pressure. Changing the timeline and having interviews scheduled only for October 2008 allowed the ITEs and interviewers an opportunity to become more familiar with the revised Standards.

We continued this year to work on the revised Standards and update all the office communications to members. Another major focus of the Commission was the adoption of a certification procedures manual. This is now online and accessible to members and persons applying for initial certification.

The Commission continued to refine its communication of policies and practices through the use of a column in *Vision*. Many members who submitted their renewal of certification material at the end of 2007 did not receive a response until the Commission met at the annual conference in April. We realized that we needed to make the membership aware of the time line we use for renewal. Consequently, *Vision* carried an article noting the times during the year we act on renewal of certification requests. The membership also now receives the same information in the letter notifying them of their renewal cycle. Members now have the choice to have their material reviewed at the July or October meetings or to submit material until Dec. 31 and receive notification after the first meeting of the new calendar year at the time of the annual conference.

At the Indianapolis NACC Conference with board approval we

honored Ms. Theresa Lowther, Ms. Wendi Steinberg and Sr. Nancy Beckenhauer OSU with the Helen Hayes Scholarship for people in supervisory education. Commission members led highly successful workshops on certification, renewal of certification, interview training, and supervisor education and renewal. We also welcomed Rose Mary (Mar) Blanco-Alvarado as the new certification specialist.

During the summer we spent much time repopulating the Commission with four new members who will begin their terms in January 2009. These new Commission members are Dr. Joseph Bozzelli, Sr. Sheila Hammond, RSCJ, Sr. Julie Houser, CSJ, and Mrs. Jane Mather. Special thanks to all who considered joining the Commission.

During the 2008 year the Commission, being good stewards of our NACC finances, began to receive materials for our meetings via a secure file on the NACC website. Thus, we did not need to spend for Fed-Ex shipping of our meeting materials. Likewise, we also ensured that applicants for certification and members seeking renewals would be able to find their necessary materials on the NACC website to be downloaded and printed at home.

The Commission also expresses a debt of gratitude to Kathy Eldridge and Susanne Chawszczewski for their continued support of the Certification Commission during the past year, especially as we awaited our new certification specialist. They both assisted us while maintaining their own responsibilities.

An invitation: As we continue to grow and revitalize the NACC during the next few years with our strategic plan, on behalf of the Certification Commission, I would like to invite all members to consider becoming a member of an interview team. Many of us first became involved in the life of the NACC by belonging to certification interview teams. We will provide solid training and mentoring for first-timers. You gain colleagues and further appreciation of the wonderful ministry of chaplaincy. You also help to bring new members into the NACC to be able to enhance the healing ministry of Jesus.

*Rev. John T. Crabb, SJ, Chair
Certification Commission*

2008 Members: Rev. John T. Crabb (Chair), Dr. Rodger F. Accardi, Sr. Janet Biemann, RSM, Sr. Geraldine Krautkramer, OSF, Ms. Mary Carole Nelson, Rev. Agustin R. Orosa, MI, Mr. Robert Scheri, Sr. Mary R. Skopal, SSJ, Rev. James R. Yeakel, OSFS.

USCCB/CCA Liaison

Mary Lou O'Gorman met with Sr. Kay Sheskaitis in April 2008 at the NACC National Conference in Indianapolis, IN. Sr. Kay expressed appreciation for the valuable contributions of the NACC representatives to the USCCB/CCA Board of Directors, Mary Theresa O'Neill and Rev. Andrew Sioletti. She complimented NACC on the quality of the NACC Standards and Procedures for Certification, Renewal of Certification and Ethics that the USCCB/CCA had recently approved. She

appreciated the relationship and communication between the USCCB/CCA and the NACC as experienced through the NACC Liaison, the NACC representatives to the USCCB/CCA Board of Directors, and NACC Executive Director David Lichter.

*Mary Lou O'Gorman, Special Representative
USCCB/CCA*

Editorial Advisory Panel

More NACC members contributed to *Vision* by writing stories, new columns were developed, and more substantive themes were explored in the pages of *Vision* in 2008, thanks to the efforts of members of the editorial advisory panel.

Vision Editor David Lewellen, whose broad journalistic knowledge and impressive verbal skills were reflected in the publication he edited, resigned in January to take a position with *The Milwaukee Journal Sentinel*. The editorial advisory panel and the NACC staff provided invaluable support to his successor, Ms. Laurie Hansen Cardona, who joined the NACC staff in a part-time freelance capacity in January.

Other changes for *Vision* in 2008:

- ▼ It changed from a monthly publication to a bimonthly (published every two months). This transition was made in light of the fact that NACC members now receive breaking chaplaincy news from the NACC national office biweekly through the Internet newsletter NACC Now and that the NACC website has expanded its resources.
- ▼ Paid position advertisements were removed from *Vision* when it became apparent that it was more expedient for both position seekers and institutions seeking job applicants to use the NACC website.

Members of the editorial advisory panel, together with NACC Executive Director David Lichter, envisioned that these recent changes would allow greater freedom for *Vision* to become an increasingly more substantive and relevant communications vehicle. Working toward this goal, panel members were instrumental in developing a consistent stream of themes for *Vision* during 2008. Themes included:

- ▼ "On a Chaplain's Bookshelf," in which several NACC members offered varied selections of books that enlighten, inspire and educate.
- ▼ "Exchange of Ideas," a grouping of articles that explored how the NACC currently encourages networking of members and the steps the NACC intends to take to provide a bright future in order to meet

members' online communication and education needs.

- ▼ "Ministering to a Diverse Population," through which readers were asked to reflect on how they respond to, learn about, and celebrate the differences in people they encounter in their ministries.
- ▼ "One Book: One Association," in which NACC members were invited to join fellow members in reading and reflecting on "The Year of Magical Thinking," by Joan Didion.
- ▼ An NACC 2008 National Conference roundup, with articles on major talks at the conference, interviews with conference speakers, and coverage of a smattering of workshops.

A new *Vision* column in 2008, titled "Advancing the Profession," focuses on the professional development of certified chaplains and the revised Standards for Ethics, Certification, and Renewal of Certification and what they mean to NACC members.

Another new column with a question-and-answer format involves a chaplain responding in his or her own words to a series of questions about that chaplain's life and ministry.

In 2008, panel members continued to write in-depth stories in areas of their own expertise and suggested writers for other pertinent articles. Panel member Paul Buche had continued success in attracting top-level researchers and academics to share their current research on relevant issues with chaplain-readers. A concerted effort was made to let readers know — through *Vision*, NACC Now and the NACC website — about upcoming *Vision* themes so that NACC members could contribute their own stories to *Vision*.

Laurie Hansen Cardona
Vision Editor

2008 Members: : Mr. Paul Buche, Norma Gutierrez, MCDP, Ms. Michelle Lemiesz, Ms. Linda Piotrowski, Ms. Michele LeDoux Sakurai, Rev. Freddy Washington, CSSp

The Joint Commission

Headquarters for The Joint Commission (TJC) is located just a few miles from my home. I was able to easily attend the Sixteenth Annual Invitational Liaison Network Forum on June 23 and 24, 2008, incurring no travel costs to NACC. It was an excellent opportunity for me to learn about the new Standards Interpretation Group, legislative efforts, infection control issues, the Joint Commission's Standards Improvement Initiative and in particular, TJC's project: Hospitals, Language, and Culture Study, "One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations."

The most salient item for our profession is directly related to our strategic goals II: To Promote the Profession of Chaplaincy and V: To Engage Strategic Partners in Collaborative Work to Live Out Our Mission. I am pleased to report that in August 2008, TJC began developing accreditation standards for hospitals that will promote, facilitate, and advance the provision of culturally competent patient-centered care. This 18-month project will increase national attention to cultural competence, highlight its intersection with patient-centered care, and improve the safety and quality of care by improving patient-provider communication for all populations. TJC will then collaborate with the National Health Law Program to develop a guide for TJC surveyors and accredited hospitals to

implement the new standards. Among the issues embedded in cultural competence are ethics and morality; the meaning and value of medical treatment; the influence of religious and folk beliefs, spirituality and belief systems as sources of strength and solace; expressions of grief and bereavement — all of which are within the spiritual domain.

A multidisciplinary expert advisory panel, representing a broad range of stakeholders, will provide guidance regarding the principles, measures, structures, and processes for the standards. Although chaplains have served as liaisons to TJC, the appointment of our colleague, Chaplain Susan Wintz, M.Div., BCC, (current president of the Association of Professional Chaplains (APC)) to the 26-member advisory panel is a breakthrough opportunity for our profession. Rev. Wintz has contributed to national projects on culturally competent care, including those of TJC. She was a contributor to the development and publication of the 2006 book, "Providing Culturally and Linguistically Competent Health Care," and is the only chaplain appointed to this new expert advisory panel.

Karen Pugliese, *Special Representative*,
The Joint Commission

NCHPEG

The 11th Annual Meeting of NCHPEG, which took place Sept. 4-5 in Bethesda, MD, focused on "Genetics and Common Disease." It was held later in the year than usual and lacked some of the dynamism of earlier meetings, but some important perspectives on genetic issues did emerge.

1. *One size doesn't fit all.* When the Human Genome Project was completed earlier in this decade, the public may have garnered the idea that a single disease like breast cancer was linked to the discovery of one or maybe two genes in the whole human genome. However, recent research has made it clear that a disease and its related components are often linked to many varied genes scattered throughout the whole genome. This means that much more research needs to be done genome-wide to get a better handle on how genetics might serve to address common threats like heart disease, cancer, diabetes, and even psychiatric disorders. Such genome-wide association studies, as they're called, are apt to be a major avenue of research in the future.
2. *Solutions are not just around the corner.* At first the solutions to common disease looked promising for the immediate future; but the jump from theory to practical solutions is still 10 years away or so. However, just like the completion of the Human Genome Project occurred quite ahead of schedule, some surprises or unexpected developments could happen to condense the timeline.
3. *The ethical-moral issues are not unilateral.* When President Obama recently opened the door to wider embryonic stem cell research, the American bishops and right-to-life groups rose up in protest. However, just like a true pro-life perspective encompasses a whole range of issues beyond abortion and embryonic stem cell research (e.g. war and capital punishment and environmental issues), so do genetic issues move beyond stem cell research to include important ethical concerns like non-discrimination in health insurance because of genetic information. *The Genetic Information Nondiscrimination Act* passed in 2008 has implications for assuring greater coverage for all citizens, especially the under-insured and the non-insured.
4. *What we call preventive medicine has an analog in genetics.* Such tools as family histories can help individuals and families glean objective information on their risk assessments for such "killers" as heart disease, cancer, diabetes. To be forewarned is to be forearmed. In 2007 NCHPEG focused on pharmacogenetics which holds promise for individually tailored medicines, drugs, and preventive programs. The time may be near when each of us will have our entire genome on a card the size of a credit card to take into the doctor's office or the hospital. Our family history, called our pedigree, may have a similar card of its own (maybe even integrated into our genome card. Just as chaplains help persons with end-of-life issues (a durable power of attorney for healthcare, for example), chaplains could be counseling persons with the spiritual/ethical issues that can arise from this genetic information.
5. *Keep updated and open-minded on future growth and/or development in genetics.*

Modern science and technology keeps moving at a rapid pace. My own file of genetic-related articles stands close to a foot in

height. I try to read as much as possible to keep abreast since genetics will play a role in future healthcare and in other areas of our lives (see below). Yes, the ethical issues will always be there. But an open mind and careful study should accompany new ideas and developments as we evaluate their ethical and spiritual implications. Be ready for some surprises!

Check out NCHPEG's Website www.nchpeg.org for information and updates.

On a more personal note, I'm often surprised at how significant developments arise in unexpected ways. I cite two examples. Just as I wrote this report, I met with two dear friends who have started their own company which procures specimens routinely discarded as medical waste (e.g. amniotic fluid, foreskins discarded at circumcision) to do research in regenerative medicine. These methods bypass research on embryonic stem cells to advance scientific knowledge in regenerative medicine. On a totally different scale, researchers changed two genes in the virus called M13 and got it to do two things: first, to build a shell made out of a compound called iron phosphate, then attach it to a carbon nanotube to make a powerful and tiny electrode. The result: a more efficient and powerful lithium battery.

So from healthcare to batteries, genetics could play a significant role as the new millennium advances. Paradoxically it might show ways of transforming medical waste products into life-giving health resources. Or develop electrodes which might be transformed into cellular telephones and are more environmentally friendly than many current cell phones. From apparent waste or "useless" genes, technology might prove more pro-life than we think.

In the midst of this Lenten-Easter season, when death is transformed into life in so many ways, Christ's paschal mystery has more relevance to current ethical and spiritual issues than we might think. The spiritual implications of genetics is a case in point.

The 12th annual NCHPEG Conference will take place Sept. 23-24, 2009. Its theme is "Genetics Education for Health Professionals: What are the key messages? How do we deliver them?" Chaplains are certainly an integral part of any professional healthcare team, and continuing education in genetics is necessary to a chaplain's status as a healthcare professional. This meeting should prove beneficial to all chaplains. I close in noting that our colleagues in APC have also designated a liaison to NCHPEG and together NACC and APC can play a great role in enhancing awareness of the ethical and spiritual dimensions of genetics. Perhaps we will see a sequel to the panel (2004) which provided a range of spiritual/ethics issues in genetics to the attendees at the annual meeting.

Lastly, I express my thanks to Mr. Joseph McInerney, who retired recently as the executive director of NCHPEG. Besides being a very competent scientist, he became a good friend and he was appreciative and supportive of the NACC and APC joining NCHPEG. He was always open to my/our ideas and concerns and shared his wisdom and insights with me regarding the working relationship between religion and science. I will miss him. God go with you, Joe, and guide your future.

*Richard M. Leliaert, Special Representative,
NCHPEG*

Red Cross Spiritual Care Response Team

The Spiritual Care Response Team (SRT) a component of the national Critical Response Team (CRT, formerly the AIR Team) collaborated through the national American Red Cross (ARC) since 1999. NACC has been an active member of this team and collaborates with the Red Cross with our cognate partners including: Association of Professional Chaplains, National Association of Jewish Chaplains, Association for Clinical Pastoral Education, American Association of Pastoral Counselors, International Conference of Police Chaplains, Canadian Association of Pastoral Practice and Education, Federation of Fire Chaplains and the College of Pastoral Supervision and Psychotherapy.

Education & Training:

In 2008, "Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy," (edited by Roberts & Ashley) a first-of-its-kind book, was written by colleagues in the field and across the country outlining many detailed aspects of responding to a disaster. The publication was launched at the APC conference in Pittsburgh, PA, during a gathering of disaster response organizations from across the country who gathered to collaborate on national efforts in disaster response.

NACC Indianapolis SRT Training - April 2008

The Spiritual Care Response Team (SRT) trained 22 board certified chaplains for the second year in a row. This training, at the NACC National Conference in Indianapolis, IN, included instructors from the FBI, NTSB and the National Red Cross Disaster Team.

Spiritual Care Summit, Orlando, FL, 2009

Over 70 board-certified chaplains are registered to attend the SRT training in Orlando as a pre-conference workshop Jan. 29-30. Seven NACC chaplains will participate with colleagues from all other professional chaplaincy organizations.

SRT Disaster Responses in 2009

Through the year there were a few significant events where members of the SRT were deployed to respond.

- ▼ **Two Separate Small Plane Crashes** - April - McCall, Idaho, & Cruso, NC, where local SRT members were deployed to the scene and to the hospitals where victims were brought following the accidents involving two small planes colliding in Idaho and a private plane crash in Cruso, NC.
- ▼ **Corporate Jet Crash** - July 31- Owatonna, MN, a small corporate jet crashed upon landing and three SRT members were deployed and supported families with a national memorial service in collaboration with the National Transportation Safety Board.
- ▼ **Forestry Helicopter Crash** - Aug. 1- the helicopter of a contractor working with the U.S. Forestry Service crashed at a remote site in the Shasta National Forest near Redding, CA, killing eight and critically injuring four others who were airlifted to UC-Davis Hospitals and Mercy Hospital in

Redding. All fatalities were firefighters primarily from southern Oregon, and the disaster was immensely complicated with no passenger manifest as those who boarded the helicopters were returning for respite and not by group or name. SRT members were on standby at local hospitals and in Oregon for support to families.

- ▼ **Charter Bus Crash** - Aug. 8 - in Sherman, TX, 65 miles north of Dallas, 14 Vietnamese Catholic pilgrims were killed and 41 injured when their charter bus crashed. Victims were taken to eight area hospitals.
 - ▼ **Hurricane Gustav, Baton Rouge, LA** - Aug. 31 - the second major hurricane of the 2008 Atlantic hurricane season. Gustav caused serious damage and at least 138 casualties in the U.S. and Caribbean. SRT members were pre-deployed to Baton Rouge, LA, in anticipation of the unprecedented evacuation of over 2 million people from southern Louisiana ahead of this category 4 hurricane. SRT Tim Serban led a team of 15 chaplains including NACC chaplains William Mich and Joan Horgan through this response and Hurricane Ike, which made landfall two weeks later.
 - ▼ **Hurricane Ike, Austin, TX** - Sept. 1 - was the third most destructive hurricane to ever make landfall in the United States and blamed for over 165 deaths. SRT members were deployed across the Gulf coast and into Houston and Austin area to support families impacted and those displaced after the loss of their homes. Hospitals and nursing homes were evacuated and special needs shelters were opened for both hurricane responses.
 - ▼ **Metrolink Rail Crash Kills 26 in Southern California** – September - A Friday evening commuter train crash killed 26 and injured 140 in Los Angeles County, and the Red Cross chapter there and in Ventura County had capacity to organize and support the response and collaborate with the NTSB and local government. SRT members in Los Angeles provided a response as victims arrived at their local hospitals.
- In 2009, we look forward to the Orlando Summit pre-conference training and continued collaboration with our cognate partners and the National American Red Cross in Washington, D.C. In the future NACC should consider membership in the National Volunteer Organizations Assisting In Disasters (NVOAD) as this is being sought by our cognate partners NAJC & APC in an effort to ensure that appropriate spiritual care is provided in the midst of all major disasters through the leadership and guidance of professional board-certified chaplains. For more information about the SRT and future programs, please contact Tim Serban, NACC's representative to the American Red Cross Spiritual Care Response Team. Email: Tim.Serban@Providence.org

*Tim Serban, Special Representative,
American Red Cross, SRT*



Winter, Kloman, Moter & Repp, S.C.
CPAs SUPPORTING YOUR SUCCESS

To the Board of Directors
National Association of Catholic Chaplains
Milwaukee, Wisconsin

We have reviewed the accompanying statements of financial position of the National Association of Catholic Chaplains (a nonprofit organization) as of December 31, 2008 and 2007, and the related statements of activities and cash flows for the years then ended in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the National Association of Catholic Chaplains.

A review consists principally of inquiries of Association personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

Winter, Kloman, Moter & Repp, S.C.

January 23, 2009

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

STATEMENTS OF FINANCIAL POSITION

December 31, 2008 and 2007

	2008	2007
<u>ASSETS</u>		
CURRENT ASSETS		
Cash	\$ 18,491	\$ 27,987
Investments	396,102	501,916
Interest receivable	1,180	2,277
Accounts receivable	5,186	6,292
Prepaid expenses	<u>30,809</u>	<u>28,884</u>
Total current assets	<u>451,768</u>	<u>567,356</u>
PROPERTY AND EQUIPMENT, at cost		
Office furniture and equipment	79,021	75,729
Leasehold improvements	<u>2,354</u>	<u>2,354</u>
	81,375	78,083
Less accumulated depreciation	<u>69,008</u>	<u>70,037</u>
	<u>12,367</u>	<u>8,046</u>
OTHER ASSETS		
Security deposit	<u>4,600</u>	<u>4,600</u>
Total assets	<u>\$468,735</u>	<u>\$580,002</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 9,001	\$ 6,918
Accrued payroll and benefits	67,462	33,690
Deferred revenues	<u>225,184</u>	<u>225,392</u>
Total current liabilities	<u>301,647</u>	<u>266,000</u>
NET ASSETS		
Unrestricted		
Undesignated	35,949	212,784
Board designated	<u>114,241</u>	<u>84,618</u>
	150,190	297,402
Temporarily restricted	<u>16,898</u>	<u>16,600</u>
Total net assets	<u>167,088</u>	<u>314,002</u>
Total liabilities and net assets	<u>\$468,735</u>	<u>\$580,002</u>

See Accountant's review report.

The Notes to Financial Statements are an integral part of these statements.

NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS

STATEMENTS OF ACTIVITIES (CONTINUED)
For the Years Ended December 31, 2008 and 2007

	-----2008-----		-----2007-----			
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
EXPENSES (continued)						
Certification:						
Certification commission	\$ 20,057	\$ 0	\$ 20,057	\$ 22,105	\$ 0	\$ 22,105
Certification ITEs & site coordinators	13,935	0	13,935	15,247	0	15,247
Certification interviews	24,323	0	24,323	42,440	0	42,440
Certification appeals panel	45	0	45	59	0	59
	<u>58,360</u>	<u>0</u>	<u>58,360</u>	<u>79,851</u>	<u>0</u>	<u>79,851</u>
Strategic planning	0	0	0	33,153	0	33,153
Annual appeal	3,047	0	3,047	2,609	0	2,609
National conference	154,361	0	154,361	121,020	0	121,020
Educational events	8,487	0	8,487	1,214	0	1,214
Total operating expenses	959,897	0	959,897	969,462	0	969,462
Change in net assets	(147,212)	298	(146,914)	(111,367)	(2,140)	(113,507)
NET ASSETS						
Beginning of year	297,402	16,600	314,002	408,769	18,740	427,509
End of year	<u>150,190</u>	<u>16,898</u>	<u>167,088</u>	<u>297,402</u>	<u>16,600</u>	<u>314,002</u>

See Accountant's review report.
The Notes to Financial Statements are an integral part of these statements.

He hopes to be a blessing to others



Name: Deacon Darwin D. Dupree

Work: Chaplain at Providence Medical Center, Kansas City, KS, and Saint John Hospital, Leavenworth, KS

NACC member since: January 2002

Volunteer service: In 2003, Interviewer Team Member, (Interviewer) for the certification process of applicants seeking certification with NACC. From 2004 to 2009, an Interview Team Educator (ITE) within the certification process.

Book on my nightstand: Bible

Book I would recommend most often: "The Shack," by William P. Young.

Favorite spiritual resources: United States Conference of Catholic Bishops (usccb.org/nab/). Universalis (universalis.com/cgi-bin/display/)

Favorite fun self-care activity: Bike riding

Favorite movie: "The Ten Commandments"

Favorite retreat spot: Sisters of Charity in Leavenworth,

KS, Marillac Hall.

Personal mentor or role model: Rev. Philip M. Egan, former pastor of St. Monica Catholic Church in Kansas City, MO, currently the pastor of Holy Rosary Parish in Clinton, MO.

Famous/historic mentor or role model: Jesus Christ

Why did I become a chaplain? Serving others has always been my ministry. Becoming a certified chaplain brings to the forefront for me the professionalism, high standards of ethics, and commitment to continuing education.

Why do you stay in the NACC? It's a professional organization and I am proud to be a member.

Why do you volunteer? I volunteer because of the blessings I've received and in hopes that I may be a blessing to others.

What volunteer activity has been most rewarding? ITE, because of the education and experience received.

What have I learned from volunteering? That I can be a blessing and receive a blessing all at the same time.



Please remember in your prayers:

Rev. Raymond K. Smith, NACC president in 1981-82, who died March 30 at age 89. Under his direction, regions were formed in order to enable and encourage the membership to take a more active part in the NACC, Rev. Smith wrote in "40th Anniversary Reflections," published in 2005 by the NACC.

"My time as president of NACC was still a part of the early years of formation and organization of the chaplains' association. Our goal was to become an organization that truly served the membership in their area of ministry," wrote Rev. Smith, a priest of the Archdiocese of San Francisco.

He described the years he was president as "extremely challenging," yet "rewarding and fulfilling."

Sister Mary Hope Sanchez, RSM, a former CPE student of Rev. Smith at St. Mary Hospital and Medical Center in San Francisco, said Rev. Smith had retired three years ago after serving for 20 years as director of a diocesan retreat center, Silver Penny Farm, in Petaluma, CA.

Rev. Smith was a 1942 graduate of the University of Wisconsin with a degree in economics. He entered the Navy in 1942 and served in the Pacific until 1946. He then worked with his mother for several years at a hotel owned by his family in Carmel, CA. In 1951, he began his priesthood studies at St. Patrick's Seminary in Menlo Park, CA. After ordination in 1956, he ministered in several San Francisco parishes. Rev. Smith was also commissioned with the Navy Reserve and served as chaplain of the 7th Infantry Battalion, U.S.M.C.R., later achieving the rank of Commander, U.S.N.R.

In 1963, Rev. Smith was appointed resident chaplain of St. Mary Hospital and Medical Center in San Francisco, an

In Memoriam

assignment that continued for 24 years. He established the first Catholic CPE program on the West Coast.

Rev. Smith was recipient of the NACC's Diplomate award in 1979 for his contributions to chaplaincy in the United States.

"He was an excellent teacher. He set a wonderful example of ministry and was always willing to help anyone who wanted to go beyond to get a better grasp of ministry," Sister Mary Hope said. "No one ever went away without being enriched by his presence."

Sister Virginia Marie Derk, SSCM, who died Jan. 2 at age 81. Sister Virginia Marie was director of St. Mary's Hospital Pastoral Care Department in Kankakee, IL, from 1988-2007. According to Sister Martha Harrington, SSCM, Sr. Virginia Marie "was proud to be a member of the NACC and keep up her certification and assisted other chaplains with renewal."

Sister Virginia Marie held a master's degree from Marquette University. Through her lifetime, she ministered as teacher, principal, and provincial superior as well as chaplain. While director of pastoral care at St. Mary's Hospital, Sister Virginia Marie began a USCC training program for those wishing to become certified chaplains.

On the occasion of her 60th jubilee, Sister Virginia Marie reflected on her ministry: "As a hospital chaplain, I responded to the call of the Catholic Church and the Servants of the Holy Heart of Mary. I was sent to witness through this ministry that the church cares."

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Calendar

May

- 2-3 Certification interviews
- 18 NACC local gathering,
Assumption College,
Hagan Center, Worcester, MA.
- 21 Ascension Thursday
- 31 Pentecost

June

- 2 Articles due for July/August *Vision*
- 7 Trinity Sunday
- 14 Feast of Corpus Christi
- 9 NACC local gathering,
Ochsner Medical Center,
Metairie, LA.
- 27 NACC local gathering: dialogue on
the Ethical and Religious Directives
for Catholic Healthcare Services
(ERDs), Froedtert Hospital,
Milwaukee, WI.