

# Four models of chaplaincy for the difficult days ahead

By **Larry Ehren, MDiv, MBA, BCC**

These are difficult days for anyone associated with the institutional Roman Catholic Church.

Almost weekly, new and challenging stories concerning inappropriate or abusive behavior by someone associated with the church is the focus of the media. Other stories focus on questions of defensive, less than transparent behavior on the part of some Catholic leaders. We all wonder what great good the large financial awards given out as a consequence of these behaviors could have achieved. This is not exactly the kind of media coverage that inspires trust or reflects the unconditional love of God in a broken world calling out for healing.

This is ironic. Every day the ministry of Catholic healthcare, social services, and a multitude of “safety net” care for the vulnerable occur — with little or no media attention.

On a regular basis, Catholic

certified chaplains who are colleagues share stories of encounters with patients, families and staff that reflect these difficult days. One colleague recently shared an encounter with a patient. After the initial rapport building of the initial

visit, the patient inquired what faith tradition the chaplain

was from. “Oh, I am Catholic, but I am here for everyone” was the reply of the seasoned chaplain. The patient responded, “I was Catholic, but now I am Christian. Too bad about all of the scandals of the Catholic Church.”

NACC chaplains are formally endorsed by a local ordinary, and are

\_\_\_\_ See [Four models](#) on page 8 |

Experientially, our ministry offers a positive experience of acceptance, genuine care, and authentic “walking with” patients and families that may have biases, have suffered past hurts from the church, or have a negative impression of the Catholic Church.

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## Vision goes online!

*Change will bring new reader interactivity, resource links*

Beginning with the next issue, be sure to look online for *Vision* instead of in your mailbox! The November–December issue of *Vision* will inaugurate a new era for *Vision* as it goes online.

The NACC Board of Directors, at its March 2010 meeting, determined that it was time for this change due in part to printing and mailing costs but also because of changes in people’s reading, research and networking habits and the need to be good stewards of the earth’s resources.

With *Vision* online in a new user-friendly format, readers will be able to print individual articles as well as to

forward articles of interest to friends and co-workers and to post *Vision* articles on popular social networking sites, such as Facebook.

*Vision* will remain an NACC member benefit and will be available to readers through the “Members Only” NACC website access. Costs will remain the same for *Vision*-only subscribers — \$50 for a one-year subscription renewal, \$40 for new subscribers. They will access *Vision* through assigned NACC membership numbers.

*Vision* will continue to include Executive Director David Lichter’s

\_\_\_\_ See [Online](#) on page 7

## Ministering as chaplain 'in the name of the church'

By David Lichter, DMin  
Executive Director

Over three years ago, July 31-Aug. 3, 2007, representatives of 22 Catholic organizations gathered at St. John's University, Collegeville, MN, for a National Symposium on Lay Ecclesial Ministry. NACC member D.W. Donovan and NACC Certification and Education Coordinator Susanne Chawszczewski, represented our association, which was a co-sponsor of the symposium. It was a groundbreaking event that included research/white papers by leading theologians in the field, several bishops representing the United States Conference of Catholic Bishops (USCCB), as well as other church leaders. Five "commitments" were made by the participating organizations, including NACC:

1. Discuss, study, promote, or integrate "Co-Workers in the Vineyard of the Lord" within their organizations.
2. Address inclusion and cross cultural ministry competence.
3. Advance lay ecclesial ministry standards, competencies, or certification, including a significant commitment toward national certification.
4. Publicize and engage the work of the symposium.
5. Advance the theology of vocation and authorization.

NACC over the past three years has worked to make known "Co-Workers" through local events, *Vision* articles, and an audio conference last year. The NACC also provides an Annual Report to the USCCB Commission on Certification and Accreditation (CCA) on how its programs and standards are integrating "Co-Workers." I am sure you also recognize that the NACC, with its 45-year legacy of standards for chaplaincy, was well ahead of most other Catholic ministry associations in the advancement and development of standards, competencies and certification. Our standards and procedures have served as a model for other Catholic ministry groups.

About a month ago, Aug. 2-4, 2010, a planning team to prepare for Symposium II on Lay Ecclesial Ministry to be held in August 2011 again gathered at St. John's University

Collegeville. Again this is a collaborative project among leading Catholic ministry organizations and the USCCB Secretariat of Laity, Marriage, Family Life and Youth. Susanne Chawszczewski again represented the NACC. The participants prepared ahead of time by reading seven papers on lay ministry vocation and authorization written by

leading theologians in the field. These theologians, Catholic organization representatives, USCCB leaders, and select bishops participated. The continued dialogue and study on lay ecclesial ministry speaks to the high priority and prominence of ministry of laity in the church. During the coming year, more will be shared with our NACC membership about these papers and the symposium.

The above events and the articles in this issue of *Vision* highlight the nature of our ministry as ecclesial and the mission statement of NACC, *to continue the healing mission of Jesus in the name of the church*. What does *in the name of the church* mean and look like? Let me offer some initial reflections.

When our mission statement was carefully crafted in late 2006 and early 2007, there were divergent opinions about whether to include or not *in the name of the church* in the mission statement. Wasn't it enough to state, *continue the healing mission of Jesus?*

What does *in the name of the church* mean? In Bishop Dale Melczek's March 1, 2005, letter to our NACC membership to recognize the 40<sup>th</sup> anniversary of NACC, he offered a clear perspective on what this means. "The NACC offers an enormous advantage to the church in assisting the bishops in the oversight of this vital ministry. It also assures the people whom we serve that those who minister to them in behalf of Jesus and his church are grounded in Catholic theology, adhere to the 'Ethical and Religious Directives,' and extend the ministry of the church with the formal approval of the bishop." His reflection includes what remains a very important ongoing dialogue among theologians and bishops regarding the meaning of authorization or, in Bishop Melczek's words, "with the formal approval of the bishop," within and by the church.

As a ministry of the church, we are not sent nor do we minister "on our own." So from where does our "authority" come? Religious faith traditions answer this question in many ways. For Catholics, does it flow from our baptism and confirmation or from our participation in the ministry of the bishop who receives his authority from his sacramental ordination? The answer is "yes." Our vocation for ministry flows from our baptism and confirmation, and then this personal vocation still goes through a discernment and affirmation process by the church approved by the bishop(s) that is structured in some way.

Once this discernment and affirmation process is concluded, what next? "Co-Workers" explains authorization as "the process by which prepared lay men and women are given responsibilities for ecclesial ministry by competent church authority." (54) In "Co-Workers," authorization for a lay ecclesial minister means they assume some form of leadership responsibility within their specific area of ministry that the bishop has determined is "critical to the proper care of souls." (55)

"Co-Workers" makes it clear that every local ordinary has

Does our certification process provide the bishops and religious authorities who endorse our members assurances of quality preparation and discernment to lead to their "confidence and support"? The nearly 100% affirmative responses through endorsement letters would lead us to answer that question affirmatively.

# 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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the right and responsibility to determine these processes for the preparation and authorization of ministers and reserves to himself the right to “review the credentials of and meet with a candidate before an appointment is made.” (58) *Appointment* language signals for us the very specific focus of “Co-Workers.” The document was focused primarily on “these men and women ... who serve in parishes, schools, diocesan agencies, and church institutions” (5) but made note that the “principles and strategies ... be considered for their relevance to other settings.” (6) The terms “authorization” and “commissioning” and not *endorsement* are used in this document. The NACC is mentioned in footnote 20 when membership data is provided regarding “lay persons ministering in the name of church in hospitals and health care setting....” (13)

“Co-Workers,” therefore, aptly addresses those who work in ecclesial institutions that are under the direct authority of the ordinary. “His authorization demonstrates to the community in which they serve that their work has his confidence and support.” (55)

So how does this relate to NACC and your ministry *in the name of church*? Bishop Melczek’s comments above allude to NACC’s certification process as part of that discernment and affirmation process that provides *assurance* that our board certified members represent the church. Completing the certification process is a structured discernment and affirmation process that signifies that our members are prepared for this specialized ministry. Does our certification process provide the bishops and religious authorities who endorse our members assurances of quality preparation and discernment to lead to their “confidence and support”? The nearly 100% affirmative responses through endorsement letters would lead us to answer that question affirmatively. Their endorsement letters are also an affirmation of our process as one that discerns and affirms that one’s personal vocational call aligns with the ministerial competencies and expectations found in our USCCB/CCA approved Standards for Certification.

So what else does *endorsement* mean?

We realize that an *endorsement* is not an *appointment*, because, in most cases, our NACC members are not working in ecclesial institutions that are under the direct diocesan jurisdiction of the bishop. The healthcare or other institution “hires” our chaplains. In some cases, a bishop might “appoint” a priest or other minister.

We also realize that *endorsement* is not the same as *authorization* in “Co-Workers.” While *authorization* is defined in “Co-Workers,” the concept of *endorsement* within the church does not have a commonly accepted meaning. It is not a canonical term but one used within our chaplaincy profession by diverse faith groups. The Catholic Church’s lack of consensus on its meaning is not unique. Having participated for many months on a Spiritual Care Collaborative Task Force on Endorsement, I recognize that the term is defined differently by different faith groups. Still there are some common features: it is not a commissioning or empowerment, but more a declaration of good standing that vouches for the disposition and/or character of a person. I believe most bishops and religious superiors would understand *endorsement* in this way. The bishop recognizes the NACC certification process as the “discernment and affirmation process” that provides assurance that our member is prepared and qualified to minister in this specialized ministry in the name of the church. His (or the religious superior’s in the case of religious) *endorsement* acknowledges the NACC process and affirms that this person is “in good standing” and has the “disposition and character” to serve. In most cases he relies on the recommendation of the person’s pastor or a priest in active ministry, and, hopefully more often the case, will personally meet with our member to get to know him/her whenever possible.

More study and dialogue are needed on how our spiritual care ministry expresses the spiritual *leadership* responsibility within the church that is ascribed to a lay ecclesial minister. Last fall at the NACC Episcopal Advisory Council meeting, we began this discussion. Providing pastoral care, offering ethic guidance through the Ethical and Religious Directives, and

See [Ministering on page 4](#)

## Writers needed for upcoming *Vision* themes

*Vision's* Editorial Advisory Panel seeks writers for articles related to the following themes to be explored in upcoming issues of *Vision*:

**November-December:** "When the chaplain needs a chaplain" and "Fear and hope" (Deadline: Oct. 1)

**January-February 2011:** Profession of chaplaincy

**March-April:** Care plans, spiritual assessments and charting (time management priorities)

**May-June:** Certification and renewal of certification; revision of standards

**July-August:** NACC conference issue (May 21-24 in Milwaukee)

**September-October:** Palliative care

**November-December:** Long term care

These themes were developed based on input from the *Vision* readership survey distributed to NACC members in early 2010. Please consider sharing your ideas and expertise. For more information or to volunteer ideas, yourself as writer, or others as sources, contact Laurie Hansen Cardona, *Vision* editor, at [Lcardona@nacc.org](mailto:Lcardona@nacc.org).

Thank you!

## Don't forget to vote for our NACC Board of Director candidates!

Sept. 13-27, 2010, the NACC will conduct its member voting for our NACC Board of Director candidates. Please vote!

Barbara Brumleve, SSND, PhD, NACC board chair, reflected in her July-August 2010 column on this past year's board election process. In that issue of *Vision*, we also announced and introduced our two board candidates for the two elected member positions for 2011, Mary Lou O'Gorman and Jane Mather. We are very appreciative of their commitment to the NACC and the ministry of chaplaincy. You can read their statements and see their photos on the NACC website at [www.nacc.org/aboutnacc/board\\_election.asp](http://www.nacc.org/aboutnacc/board_election.asp).

Over this past year, your NACC colleagues in leadership positions on the NACC Nomination Panel, the board Governance Committee, and the Board of Directors worked conscientiously to discern leadership needs, seek from our membership board applicants, assess the potential applicants based on current board needs, and provide you with these board candidates who bring a wealth of experience and expertise to the board. We are grateful to all those who offered to be applicants for candidacy to the board.

Your vote is a vital sign of our members' endorsement of this process and these individuals. These elected members will each serve a three-year term on the Board of Directors beginning January 1, 2011.

We will again conduct our voting process electronically through Votenet. Please watch for communications soon after you receive this issue of *Vision*.

## Ministering

*Continued from page 3*

being the church's presence to Catholic patients/residents certainly share in the pastoral role of the church and in the bishop's pastoral leadership as we live out the church's mission to serve the sick and dying. This topic will continue to be a source for rich theological reflection.

So, what does *in the name of the church* look like in NACC? Our connections to and relationship with the church are manifold. These include: the approval of our Standards and Procedures by the USCCB Commission on Certification and Accreditation (CCA) and our annual reports to the CCA, the presence and guidance of Bishop Randolph Calvo as our USCCB liaison, the commitment and counsel of our Episcopal Advisory Council that meets annually with Bishop Calvo and me at the November USCCB Assembly, our regular communication to all the bishops through *Vision* (every bishop receives a copy of *Vision* and will continue to be alerted to its electronic format in the future), the endorsement by the local ordinary or religious community leader of all our board certified chaplains, the invitation to and the presence of the local ordinary or his representative at our NACC national conferences. We have examples of local ordinaries or their representatives meeting

with groups of NACC members. It is also heartening and confirming when we receive from a bishop along with an endorsement letter for certification a note of appreciation for this member's ministry and of thanks to the NACC for its mission and role in advancing and providing oversight to this ecclesial ministry.

How can you strengthen your own connection to the church and its leaders? May I recommend to you that you take the time this coming year to write to and/or make an appointment with your bishop or his delegate to introduce yourself and share your ministry with your bishop so that he can get to know you? What about several of you who live in a diocese making a group appointment, even for 15 minutes, to meet with your bishop, introduce yourselves and where you minister, and let him know the blessings of your ministry? What about sending a card and letter to him during Pastoral Care Week or mailing to him an NACC Prayer Card for World Day of the Sick with a message about your ministry?

What I have heard from our Episcopal Advisory Council, and you have heard personally from Bishop Calvo during his homilies at our national conferences, is that your ministry and the mission of NACC are valuable and important to the mission of the church. Let us continue *the healing ministry of Jesus in the name of the church*.

Blessings on your ministry!

## Book is inspirational field guide to 'real life' spiritual practices

*An Altar in the World: A Geography of Faith.* By Barbara Brown Taylor. HarperCollins, New York, NY, 2009. Paperback, 217 pp. \$14.99.

By **Sandra Lucas, BCC**

I discovered Barbara Brown Taylor when taking a preaching class in a Protestant seminary. I viewed her on video in a series of "renowned preachers." She was an Episcopal priest in Georgia at the time. (Presently she has left 20 years of parish ministry and devotes her time to teaching and writing.) Her sermons were inspirational without being sentimental, practical without being trite, and always, always honest. She has that rare ability to engage insight, emotion, and memory through the gift of language.

Her most recent book, "An Altar in the World: A Geography of Faith," has the same foundation. It's an inspirational, practical, and honest field guide to finding the named and unnamed "altars in our world." Through an incarnational theology that is rooted in the belief that "there is no way to God apart from real life in the real world," the author presents 12 spiritual practices that are maps along the way.

To give an idea of the range, these are the practices: Waking Up to God (Vision); Paying Attention (Reverence); Wearing Skin (Incarnation); Walking on the Earth (Groundedness); Getting Lost (Wilderness); Encountering Others (Community); Living with Purpose (Vocation); Saying No (Sabbath); Carrying Water (Physical Labor); Feeling Pain (Breakthrough); Being Present to God (Prayer); and Pronouncing Blessings (Benediction).

Some spiritual practices are familiar, especially to people in professional ministry. Others are so ordinary we often

overlook, forget, or bumble through them. One of the joys of the book is that you can read it in any order. What spiritual practice do you need to strengthen or renew? Each chapter has its own insights, challenges, and wisdom.

Recently I felt in need of some practical advice about boundaries and limit setting. I re-read and reflected on "The Practice of Saying No." Rev. Taylor writes:

Test the premise that you are worth more than what you can produce — that even if you spent one whole day being good for nothing you would still be precious in God's sight — and when you get anxious because you are convinced that this is not so, remember that your own conviction is not required. This is a commandment. Your worth has already been established, even when you are not working. The purpose of the commandment is to woo you to the same truth (pg. 139).

I took the author's challenge and tested the premise. This weekend I practiced being unproductive for (almost) half a day. I let the commandment — and God — woo me. But then the pillar of paper on my desk summoned me back, a little less grumpy, a little more willing, into the cacophonous altar of my world.

I give this example to illustrate how the text engages the reader in reflection and action. It's the perfect book for chapel reading, spiritual renewal, or retreat. Or as you savor coffee on the porch while birds chirp, dogs bark, and the trees clap their hands — in your wondrous, at-hand, altar in the world.

*Sandra Lucas, regional director of spiritual care at Humility of Mary Health Partners in Youngstown, OH, is a new member of the NACC Editorial Advisory Panel.*

## Book Review

## Perhaps it's right time to seek out a mentor

By **Colette Hanlon, SC, BCC**

Trying to decide whether to remain an active member of NACC? Entertaining an invitation to move to a pastoral care or mission director's position? Agonizing over leadership and personnel issues? Pondering if you are wearing out in the ministry? Or just needing some support in a solo chaplaincy position? These are just some of the situations that might invite you to seek out an NACC mentor.

The word "mentor" in Greek referred to the loyal friend and advisor of Odysseus and the teacher of his son, Telemachus.

In our day, mentors serve similar, yet different, roles. There are so many situations in today's medical and pastoral

environment that call for companionship and a sharing of experience. A number of NACC members, from a variety of backgrounds, have volunteered to share their wisdom and expertise with those who might want someone with whom to dialogue.

The goal is less that of an expert and a novice than that of two peers with different, and perhaps, complementary, life and ministry experiences. We invite you to check out the NACC website for photos, brief bios, and other information on this latest NACC effort to promote our much loved and so necessary call to chaplaincy in many different ministry settings.

*Colette Hanlon is spiritual care coordinator at Providence Care Center of Lenox, MA, and chaplain at Berkshire Medical Center in Pittsfield, MA.*





## Emergency loss:

*Of code blue, compassionate presence, and the Spirit taking flesh*

By **Renée C. Dewhurst, DHM, BCC**

It is 7:30 on Tuesday evening and the beeper is going off. It is a call from the Emergency Department here at the hospital where a “code blue” is taking place in room seven. The chaplain is being paged to offer support to the patient’s family members, who are gathered in the consultation room there. As I enter the Emergency Department I walk briefly over to room seven and see the staff vigorously performing CPR on the patient. Since the entire staff is working with her, I go to the consultation room, encountering two African-American women and an African-American man seated there. Their tense faces turn in unison toward the door as I enter. The woman in her 30s identifies herself as the patient’s daughter Shera; the other young woman, in her 20s, perhaps, is the patient’s niece Tanya, and the man, Willie — possibly in his 40s or 50s — says that he is the patient’s godson. Introducing myself as a hospital chaplain, I tell the family that the staff routinely calls for pastoral care during a “code blue” if there are family members present, which is why I am here. Not knowing much more than they themselves know at present, I offer to go to see what I can find out.

Walking over to room seven where the code is taking place, I see the staff still performing CPR on the patient, whose name I’ve learned is Nida. As I am speaking with one of the nurses, the code is “called” — the patient has died. A young male physician leaves the room, and prepares to speak with the family in the consultation room. One of the nurses also walks with me as we head back to where the family waits. The same tense, fearful gazes meet us as we walk into the consultation room together. The doctor and nurse introduce themselves as we all take seats. A fragile silence hangs in the room. The doctor begins by

recounting to Nida’s family the steps taken by the medical team to resuscitate her. The silence is shattered as he says, “unfortunately, she did not respond to any of our efforts and ... she has died.” Shrieking, Shera thrusts herself back in the seat, and her cousin, springing from her chair, embraces her. As one body they wail and rock in that

embrace, filling the room with the electrifying shock and grief erupting from their souls. Next to the women, Willie weeps and roars his sudden, traumatic loss.

The physician, nurse and I make no initial move to intervene with “comfort” — which often amounts to blocking — this tempest of grief, but choose to sit with it, in the midst of it, allowing it to swirl wildly around us and through us, to pierce to the most vulnerable centers of ourselves. The heart of the matter is that we choose not to run from the pain of encountering these things in ourselves: “Morning after morning, you open my ear that I may hear; and I have not resisted, I have not turned away” (Isaiah 50:4, 5). As one embodying the mission to reveal, in this ministry of chaplaincy, the healing presence of God, this kind of holistic “listening for the soul” occurs not simply with outer ears, but through an interior hearing that engages body, breath and spirit. “Embodying compassion,” I breathe consciously, becoming one with their wailing — “NO! This cannot be happening! NO!” — I breathe this heaviness, this dark fear and resistance into my own body, as if through all of my pores. I allow it to whorl through my head and heart and belly and to dip into my own well of tears: “Theirs are the sufferings I too bear; theirs too the sorrows I carry” (Isaiah 53:4).

As I breathe out, I visualize myself sending out sacred space, openness and presence that uncurl in invisible, smoke-like waves into the room, into the gyrations of grief and pain, the waves of grief and the waves of space mingling and curling softly into each other, allowing each other to be, merging and entwining in an intimate dance.

“I want to see her,” Shera says. I experience a bond with Nida’s family as we view her body, share memories, and offer prayer. This bond is a ground of trust upon which we can walk now as we discuss the necessary decisions that face the family about anatomical gifts, post-mortem examinations, funeral arrangements, and the signing of forms.

Most of us by default are “wired on automatic” to dissociate from life’s unwanted or painful experiences, while fixating on the longed for pleasurable ones — a cycle that can ultimately dwarf our personal growth and define our dimensions by the parameters of our comfort zones. As chaplains, the practice of “embodying compassion” — of joining ourselves to and listening holistically, without resistance, into the felt sense of the uncomfortable, as well as joyful aspects of experience — can gradually teach us how to reverse our “default” cycle and transform our ability

The physician, nurse and I make no initial move to intervene with “comfort” — which often amounts to blocking — this tempest of grief, but choose to sit with it, in the midst of it, allowing it to swirl wildly around us and through us, to pierce to the most vulnerable centers of ourselves.

Please remember in your prayers:

NACC member **Joy Long**, 71, former pastoral care director at University Medical Center, a 117-bed acute care hospital in Lafayette, LA, who died July 14 at her home. She served NACC for many years in the 1990s as regional committee certification chair for Region V.

The Mass of Christian Burial was at Holy Cross Catholic Church in Lafayette. Interment was to be at Lafayette Memorial Park Cemetery. Mrs. Long's grandson, the Rev. Nathan Long, associate pastor of Our Lady Queen of Heaven Catholic Church in Lake Charles, LA, celebrated the funeral Mass.

Mrs. Long was married 53 years to Donald S. Long. Survivors include her children, Kenneth Paul Long, of Lake Charles; Karen K. Long, Baton Rouge, LA; Daniel Thomas Long, Arlington, TX; Paula Long Harwin and Scott Allen Long, both of Lafayette; 13 grandchildren; and six great-grandchildren. She is also survived by a sister, Perry Saucier, of Kenner, LA; and three brothers, Ray Ardoin, of Vidrine, LA, Darrell Ardoin and Berkley Ardoin, both of Ville Platte, LA.

Marie Emma Joy Ardoin Long, born Aug. 1, 1938, had struggled with the effects of Parkinson's disease. She was a native

## In Memoriam

of Ville Platte and a resident of Lafayette for 49 years. She was a certified Catholic chaplain and pastoral care director at University Medical Center for 15 years before retiring in 2000. She also served as chaplain for Hospice of Acadiana in Lafayette.

Prior to becoming chaplain, she served the parish of Holy Cross Catholic Church as liturgical minister, catechist and eucharistic minister. She was also a licensed cosmetologist and was employed by Wilson's Jewelers for many years.

Mrs. Long served as president of the Louisiana Chaplains' Association from 1993-1995, and president of the Lafayette Ministerial Association from 1990-1991. She founded the Lafayette Area Chaplains Support Group in 1987. In December 2003, she was awarded the "A Person of Vision, Tower of Strength" award by the Louisiana Chaplains' Association. She was also awarded "Woman of Accomplishment" by Connections, a professional women's organization, in 1988.

## Online

*Continued from page 1*

popular column, the Seeking/Finding theological reflection piece, a Research Update article, book reviews, Q&A, Healing Tree, Featured Volunteers, Advancing the Profession, Certification Update and more. Each issue of *Vision* will continue to focus on a theme, with articles written by members with expertise in the chosen topic. Upcoming themes include: When a chaplain needs a chaplain; Fear and hope; Profession of chaplaincy; Care plans, Spiritual assessments and charting; Certification and renewal of certification, and Revision of standards.

If you have visited [www.nacc.org/Vision](http://www.nacc.org/Vision) in the past year, you will have already noticed the development of this new format and the availability of articles. The final format will be further enhanced. The new online format will allow *Vision* to include resource links and slide shows. *Vision* will become an interactive medium as readers will be invited to send in comments to be

to be compassion in a world that is starved for it. A listening stance that takes in, befriends and integrates life's broken and unwanted areas is Christ's stance: "The crowds got to know where he was and followed him. He made them welcome and healed those who needed to be cured" (Luke 9:11). Our own inner "crowds" — the lame and blind, the mourning, the fearful and possessed, the poor and crippled places in our lives, the outcast and rejected dimensions within — are all, in our practice of embodied compassion, consciously received, and in the very act of being received, transformed. What was once alienated and cut-off is now connected and empowered.

posted at the end of articles. Readers will be able to search *Vision* archives for specific articles or topics of interest.

This change will be of significant financial help to the NACC as each issue of *Vision* costs nearly \$5,000 to print and ship. The changed format will allow NACC to devote resources to sustaining the quality of *Vision's* content as well as to making the articles even more accessible.

If you have not provided NACC with your e-mail address, please be sure to do so in the near future. Results of a 2010 *Vision* readership survey showed that most NACC members were ready for an online *Vision*. If you currently have no e-mail address, please make every effort to provide your religious community's (if you are a religious) e-mail address, or consider creating a free e-mail account and accessing free computers available at libraries. NACC does the majority of its member communication, such as NACC Now, its biweekly electronic newsletter, and other special notices, via e-mail.

If you have questions about these changes, please call Cindy Bridges at the NACC office at (414) 483-4898 or contact her at [cbridges@nacc.org](mailto:cbridges@nacc.org).

Ministering as a chaplain in the SSM health system, I personally embrace the SSM mission that "through our exceptional health care services, we reveal the healing presence of God." Our mission also expresses the universal church's mission to live "as a sacrament" that reveals Christ in our midst. As we embody and extend compassionate presence to ourselves, all others and creation, the invisible Spirit who pervades the universe "takes flesh" again and again — in us.

*Renée C. Dewhurst is a chaplain at SSM - St. Mary's Health Center in Saint Louis, MO.*

## Four models

*Continued from page 1*

Recall that the prophets were not soothsayers.

Rather, they were — and are — strong voices calling others to remember who they really are in God's eyes, how God has walked with them in difficult experiences in the past, and that a loving God never abandons us. Modeling that and supporting others to do likewise in very practical ways can be an invaluable gift in challenging times.

certified in harmony with the United States Conference of Catholic Bishops. Each of us is linked to the institutional church, and for those we are privileged to serve, we incarnate the church. Like it or not — embrace it in freedom or not — in the eyes of most people, we embody the church in our ministry. That embodiment includes their perceptions, judgments, and experiences of the institutional church.

One of the competencies of certified chaplains is the ability to theologically reflect on our experience and allow that reflection to impact our practice and person (Standard 304.9). Current events beckon us to exercise this competency.

So, how can chaplaincy be a healing ministry of the church in these times of brokenness?

“Models of the Church,” written in the 1970s by Cardinal Avery Dulles, SJ, came to mind as I reflected on

this question. What models of “chaplain” exist that address these great needs of healing in our current context? Here I humbly offer four. You and other colleagues undoubtedly may offer more, with even more perceptive responses to this question.

### **Chaplain as a facilitator of healing of Catholic stereotypes and misunderstandings: Chaplain as wounded healer**

Experientially, our ministry offers a positive experience of acceptance, genuine care, and authentic “walking with” patients and families that may have biases, have suffered past hurts from the church, or have a negative impression of the Catholic Church.

Daily, with each encounter we have, we offer positive, life giving, and affirming experiences that can facilitate healing of narrow stereotypes and unfortunate experiences from the past. The amazing thing is that this is a two-way relationship. A fellow chaplain, who rarely had encountered people of non-Christian religious traditions, recently had a profound experience in serving a Muslim patient, dying of a rare cancer. Over the course of his pastoral care, the chaplain came to value at a profound level the family's spiritual roots and experience. Not only can chaplains offer healing of “wounded”

experiences of the Catholic Church from the past, we are also invited to heal our own sometimes-narrow stereotypes

and understandings.

### **Chaplain as attending to the “thin places” in hospital experiences: Chaplain as poet**

One of the key discoveries revealed by the Gallup organization is that employees look for more in their workday than a paycheck. Patient and family satisfaction surveys have discovered that those we serve want more than simply good, clinical medicine. What is this “more” the human heart desires? I like to think it is the hunger for the holy in our everyday lives.

Celtic spirituality has preserved a sense that the mundane and the holy come together in the most surprising places. The late poet John O'Donohue had a wonderful gift expressing this. Classically, this tradition has pointed to “holy places” where these two meet. These “thin places” may be a spring, a mountaintop, or an ancient place of pilgrimage. On the surface they appear ordinary. When listening with the heart, these are indeed “windows to the Divine.” As Catholic Christians, this feels familiar. Our faith tradition bathes us in the sacramental principle of encountering the Divine within creation.

For years, William Barry, SJ, has been writing on nourishing and recapturing the contemplative attitude in our daily lives as the first step in weaving spirituality in the everyday. While this is a universal invitation, chaplains are uniquely equipped to facilitate this “noticing the holy in the ordinary moment” — the thin places. Haven't you felt it when you were in the ICU, when a baby was born, or when you were called to the Emergency Department? By noticing or reflecting back to our colleagues, patients and families, we point out these “thin places” in life. Holding up these graced moments invites all of us to go deeper than the limits of the institutional church.

### **Chaplain as healer to the scandal of clericalism: Chaplain as embodiment of the genuine spirit of the Second Vatican Council.**

Clericalism has many definitions. “Google” the word *clericalism* and prepare to be surprised! Aspects of clericalism might include: a sense of privilege, assumption that others automatically defer, a closed caste society with a sense of secrecy and righteousness, and an elitist mindset with behaviors that express this elitism. To no one's surprise, clericalism is not confined only to ordained persons! Each of us knows and has ministered with many ordained colleagues who do not embody these traits. We also have encountered, and sometimes minister with, vowed religious or certified chaplains who do share these qualities. Writer James Martin, SJ, during a recent NPR interview, keenly observed that clericalism is an identity or mindset that is characterized with closed system thinking. He mused that the scandal of sexual abuse would not have been so pervasive or dealt with in so much secrecy if those making decisions had children of their own.

Healthy chaplains (ordained or not, vowed religious or



# Chaplains discover meaning, purpose in those they serve

By Isabelita Q Boquiren, BCC

In the process of building awareness of chaplaincy in the community of my ministry, a compelling question came from one of the members: “Chaplaincy ... where does it come from?” I welcomed the question because it brought me back to a significant place in my life journey. The community member who spoke reminded me of myself, standing among others many years back at a podium at the Congress of the Laity in Rome, asking “Would there be hope for the laity to participate in the life and mission of the church?” — one heroic question that changed the course of my path in life and to which I attribute my personal transformation.

The church indeed offered an invitation, urged by the Second Vatican Council, to lay people not only as active



participants in the life and mission of the church but also “to share the gifts they have received ... they are at once the living instruments of the mission of the church itself.” — “Lumen Gentium,” The Dogmatic Constitution of the Church.

Since then, it is safe to say the laity has “come alive” with deepened affection for church and community. It has celebrated this through diversity, creativity, and appreciation of various gifts. Ministries in the church began to form in accord with the gifts that each member or group had received. “There are different kinds of spiritual gifts but the same Spirit; there are different forms of service but the same Lord; there are different workings but the same God who produces all of them in everyone.” — First

— See [Discover meaning](#) on page 10.

not) daily have an opportunity to serve and relate in a manner free of clericalism. Doing so requires conscious awareness of behavioral choices. It also calls each of us to an interior ongoing conversion of personal spiritual identity and security. Essential to this call is the discipline of humbly seeking feedback from others. Through our daily interactions that are healthy, truly collaborative, and spiritually humble, each of us can address and change a church culture of clericalism.

## Chaplain as witness to the sacred: Chaplain as prophet.

Healthcare institutions, especially acute care hospitals, can be challenging places in which to serve. Years ago, my younger sister who is now an experienced nurse, shared with me her greatest professional fear: she did not speak of making medical mistakes, dealing with difficult patients or their families, having to put up with overly authoritarian physicians, or the constant need to grow in knowledge and technical skills. What she did share surprised me. “I never want to become one of those seasoned nurses who seems to be a hollow shell, apparently not able to feel sorrow, joy, or grief due to countless patient encounters.” Her honesty continues to echo within me.

My hope is that one important aspect of creating a healthy workplace is allowing each of us to bring our hearts to work. Scripturally, the invitation to allow our hearts to be of flesh and not become stone applies here. All healthcare workers are exposed to many tragic, sometimes traumatic events in the course of our service. To model and facilitate the ways to process and deal with these challenging experiences in healthy ways can be a unique ministry of chaplains.

Recall that the prophets were not soothsayers. Rather, they were — and are — strong voices calling others to remember who they really are in God’s eyes, how God has walked with them in difficult experiences in the past, and that a loving God never abandons us. Modeling that and supporting others to do likewise in very practical ways can be an invaluable gift

in challenging times.

It is said that in the original draft of “Models of the Church,” Avery Dulles did not include the model of church as community. As the story goes, through feedback from colleagues, he noted the importance of including that model in his final book.

What models of chaplaincy that are healing to the institutional church can you and your colleagues add to these simple initial reflections I have offered? The need is great, and the final draft is unfinished.

*Larry Ehren lives in Cerritos, CA, with his wife, an Episcopal priest, and two daughters.*

## Resources

Some resources for going deeper on this topic:

John O’Donohue: “To Bless the Space Between Us,” Doubleday, 2008, “To Bless the Space between us — a Celtic Pilgrimage with John O’Donohue,” DVD, Sounds True, 2010.

Gregory F.A. Pierce: “Spirituality at Work,” Loyola Press, 2001.

USCCB: “Co-Workers in the Vineyard of the Lord,” 2005.

Annie Lamont: “Plan B: Further Thoughts on Faith,” Riverhead Books, 2005.

William Barry, SJ: “Finding God in All Things: A Companion to the Spiritual Exercises of St. Ignatius,” Ave Maria Press, 1991.

George Wilson, SJ: “Clericalism: The Death of the Priesthood,” Liturgical Press, 2008.

Margaret Silf: “Inner Compass: An Invitation to Ignatian Spirituality,” Loyola Press, 1999.

## Chaplain accepts call to minister to all, especially the poor

**By Sister Norma Gutierrez, MCDP, BCC**

I am a vowed member of a religious congregation. As religious women we are called to serve all sisters and brothers in Christ. We are called to be dynamism of the charity of Christ. We live out values, among them a willingness to listen and a willingness to be available.

When I said my yes, 31 years ago, I said yes as a Missionary Catechists of Divine Providence sister whose mission statement reads, “with a unique gift to serve Hispanics, we are inspired by our foundress Sister Benitia and Our Lady of Guadalupe. We are called to live the Gospel and minister to all people, especially the poor.”

Thus, my call to minister to all people especially the poor continues as I minister as a certified chaplain. The people of God are everywhere. I remember very clearly, the words of my first CPE supervisor as I walked into my first units, “These units are your parish; how are you going to minister to your parishioners?” I have remembered those words and have kept them before me as I have walked through the halls of the hospital, entered into boardrooms, and especially when ministering to the emergency workers who bring us our patients.

First and foremost, it is crucial that I am certified and that I am a professional. Whether I am ministering in a Catholic,

Adventist, Presbyterian or Baptist hospital, I come as I am — a vowed religious.

So from the moment I step into the hospital, greeting each and everyone is of utmost importance. Hugs and pats on the back are essential for me as I let others know we are in this “ministering to God’s people” together. Since people are walking into “my parish,” I want all to feel welcomed and have their needs taken care of in a dignified manner. My co-ministers are the doctors, nurses, techs, etc., so I strive to meet their needs by listening to their stories, advocating for them, and inviting them to share stories of faith through their hands, their words, and their actions.

I am grateful for the training and experience I have received throughout my life that have helped me to become a professional chaplain. So my day can include leading a reflection alongside the CEO at a board meeting, helping find clothing for a homeless family, and holding the hand of a woman giving birth with no family around. Each moment of my day, I am living my mission statement — I am living the Gospel and ministering to all of God’s people.

*Sister Norma Gutierrez, whose ministry experiences include working in trauma, medical centers and hospices, is a member of the NACC Board of Directors and the NACC Editorial Advisory Panel. She also was recently elected to and currently serves on her congregation’s leadership team.*



## Discover meaning

*Continued from page 9*

Letter of Paul to the Corinthians.

Chaplaincy is graced with unique gifts that animate the church. As part of “the living instruments of the church,” chaplains respond daily both to the inner calling of the Spirit to faithfully imitate and continue Jesus Christ’s healing mission and to the church’s invitation to “share the particular gifts they have received.”

To a chaplain, following the healing mission of Christ means to embody such gifts as total contemplative presence, compassion, “seeing all with the eyes of love,” humility, good clinical “third eye and ear” that sees and hears beyond the visible, patience that puts one at ease, creativity, love of community, diversity and commitment. Chaplaincy, as one colleague puts it, is an “affair of the heart,” that is, a response from one’s inner self or core of being. I believe that everything else about chaplaincy as church ministry flows from this gift.

The Gospel of Luke reveals much about chaplaincy as church ministry, especially in Jesus’ response to the scholar of

law who tested him, which includes the Parable of the Good Samaritan. Gospel accounts reveal that Jesus’ healing mission went beyond the care of physical illnesses. Jesus met people at their deepest, most central and ordinary human experiences — emotionally, mentally and spiritually. He listened and offered compassionate presence that inspired hope, peace and love in the midst of suffering and even up to the point of death itself he offered an opportunity for personal transformation.

Chaplaincy seeks to care for the total person as Jesus did and works on the premise that wellness of the human spirit can only be achieved in community. In this caring, it is every chaplain’s hope to encounter his/her own individual healing and true self. In the ordinary experiences and events, one encounters the holy Mystery and the potential gift of personal transformation. Chaplains discover meaning and purpose in the people they serve. Here individual gifts, creative expressions and passion come to the fore. Life-giving relationships are experienced, accepted and shared as they lead to greater awareness of God’s presence in chaplaincy as church ministry.

*Isabelita Q Boquiren is lead chaplain at CHN Holy Cross Hospital in Nogales, AZ.*

## Deacon and chaplain: Both called to ministry by the Spirit

By **T. Patrick Bradley, BCC**

When I began to write this article I thought a bit about what difference being a deacon makes in my ministry as chaplain. It doesn't seem to be a big issue to me. However, on further reflection, it seems that there may be some things that are different for deacons.

I believe that all chaplains are called to this ministry by the urging of the Holy Spirit. In that respect deacons are like other chaplains; we serve as and where God calls us to serve.

On the other hand deacons, and I believe priests as well, are called to a liturgical or sacramental ministry. In the case of deacons most, if not all, dioceses require that a deacon have a liturgical base at a local parish. This is normally an unpaid position on the staff of the parish. Depending on the deacon, it may involve simply being at the altar for Sunday Mass and occasional preaching, or it may include baptisms, weddings, and funerals as part of the parish staff. In my case it includes teaching an adult education class one night a week in my home parish in Cheyenne, WY, and two Sundays a month at Frances E. Warren Air Force Base, the local military installation. After moving to Cheyenne, I was incardinated here and the Archdiocese for the Military Services asked me to help out at the base when the chaplain was transferred.

As a deacon assigned to a parish I also have an obligation to participate in the parish council and otherwise be of assistance to the pastor. I expect that my peer reviewer will ask about self-care when she realizes how much I do at the parishes. On the other hand, as chair of the NACC Ethics Commission, I am aware of an ethical requirement to remain grounded in my faith community and this is how I do that.



Then there is the question of how being a chaplain at the only hospital in town impacts my parochial ministry. I found that, initially, parishioners thought that I was the "Catholic" chaplain and they would ask why I hadn't visited them. After 11 years, that expectation has pretty much vanished.

In the Diocese of Cheyenne, deacons are expected to wear a Roman collar when they are functioning in a ministerial role. I have had to explain to bishops and priests that when I wore a collar I was mistaken for a priest and would have to spend valuable time explaining to families that, "No, I'm not a priest." and "No, I cannot anoint your dying dad." I do wear the Roman collar when I minister at either of my two parishes. I also find the title "Rev. Mr.," which is used in

this diocese, and the title "deacon" to be confusing to a large portion of the population. Explaining to Baptists, Evangelicals, and other Christian denominations that in the Catholic Church a deacon is an ordained minister leads me to normally use the title "chaplain" when I introduce myself. When talking to priests and bishops I am careful to make the distinction that I am not a canonical chaplain but rather that chaplain is a job title in the secular world. However, in my two parishes I am Deacon Pat.

Going back to the original question, "What difference does being a deacon make for a chaplain." I think that the answer is "Not much." It all reminds me of a conversation after Mass yesterday at the air base. Cardinals are bishops, monsignors are priests, and the pope is a bishop. Deacon, priest, and bishop — the three orders of clergy, but not necessary for those called to the ministry of chaplaincy.

*T. Patrick Bradley is director of pastoral care at Cheyenne Regional Medical Center. Ordained a deacon in 1980, he is chair of the NACC Ethics Commission.*

## Another perspective: The chaplain and the Sacrament of the Sick

By **T. Patrick Bradley**

I was recently in a conversation with some other deacons and the topic of anointing the sick came up. Some seemed to think that it would be good if deacons could anoint the sick. Others felt that women religious should be able to anoint the sick. I found it interesting that no one suggested that men religious should be able to anoint the sick. But that is another issue.

I would like to present my views on the topic.

First of all, as a deacon and a hospital chaplain I do not advocate for that faculty for anyone other than priests and bishops. Does this limitation adversely affect my ministry? Maybe! I am sure that some reading this article feel that the limitation has a strong adverse affect on their ministry. As I do not walk in their shoes, I will refrain from arguing the point. In my ministry the effect is minimal if any at all.

Why is this? Well frankly I found the speakers at our

Baltimore conference five years ago to be rather persuasive. The message I took away from that conference was "Do what you can and let God worry about the other." I realized that I was already doing a lot that priests don't do. When I asked priests if they use the "Shorter Book of Blessings" the answer was either, "What's that?" or "No" and I have never had a priest bring that book into the hospital.

Do I use it? Yes, in fact I used it not long ago when a woman who was anticipating a vaginal birth was told that she would have to have a C-Section. I immediately took my book from my desk and went to her room and blessed her in preparation for the surgery. What blessing did I use? The blessing of a mother before childbirth. Later the priest finally got there and anointed her. Which was appropriate? Both!

Do I have a copy of "Pastoral Care of the Sick?" In the same drawer of my desk. Do I use it? Absolutely! After all, only 33%



See [Another perspective](#) on page 15.

## A day in the life of a healthcare chaplain: Sharing faith

By **Georgia Gojmerac-Leiner, BCC**

Healthcare chaplaincy is an interesting blend of church ministry. It reflects Catholic Christian pastoral and spiritual traditions, the conciliar changes, and contemporary adaptations through formation of parish and healthcare collaboratives. By “conciliar changes” I mean the changes brought about by the Vatican II Council that increased opportunities for the laity to minister in the church. In my life, the collaboration between the Archdiocese of Boston and the Emerson Hospital in Concord, MA, enables me to minister as a chaplain. The arrangement is an example of chaplaincy as church ministry.

The Christian tradition is grounded in Jesus and continues uninterrupted. Saints active in the area of pastoral and spiritual care include Saint Benedict and Saint Jane de Chantal. Benedict’s little booklet, *The Rule of St. Benedict*,<sup>1</sup> addresses all aspects of life for the monks, including how to care for the sick. “Chapter 36, The Sick Brothers,” states, “Care of the sick must rank above and before all else, so that they may truly be served as Christ, for he said: ‘I was sick and you visited me (Mt 25:40).’” Jane de Chantal, in collaboration with Francis de Sales, established her own Visitation of Mary Congregation to serve the “widows, the infirm, those of frail constitution, those not attracted to physical austerities: any woman with a genuine call to a retired contemplative life....”<sup>2</sup> Jane said, “I have recognized that the almost universal attraction of the daughters of the Visitation is to a very simple practice of the presence of God effected by a total abandonment of themselves to Holy Providence.”<sup>3</sup> Though their lives offer barely a taste of the long lineage of the ministry to the sick in the tradition of the Catholic Church, the attitudes of these two saints are present in the contemporary professionals, the healthcare chaplains.

Chaplaincy as “church ministry” is evident in the chaplain’s presence to the sick at the bedside. We have come a long way from designating just a room for the sick, as St. Benedict prescribed, to buildings that occupy whole city blocks or are expansive suburban structures. Present day healthcare institutions encompass dozens of areas of specialization for the treatment of a great many diseases. Most of the caregivers are not religious brothers, sisters or priests or even board certified chaplains, but rather people trained in the field of medicine. There is usually just one, or a few board certified chaplains per hospital depending on its size. It is up to that individual or individuals to provide pastoral/spiritual care to the sick and their caregivers, preferably within an interdisciplinary team.

Our being present to the sick is a way of evangelization as well. Not in the sense of proselytizing but in the sense of demonstrating the healing mission of Jesus. How we demonstrate the Gospel or the church at work reflects on the church as a whole. Two of the Pentecost Sunday Readings, Acts 2:1-11 and 1 Corinthians 12:3b-7, 12-13 are particularly applicable to the work of the chaplains as evangelists. In the

sense of Luke, we speak the language everyone can understand. We speak the sign language of compassionate presence, support and encouragement. All people regardless of age, culture, religion or the language they speak understand this kind of ministry. Yet we know we speak from our faith, which is grounded in the Gospel. As Paul would have it, as chaplains we are a part of the same Body of Christ. We have a different function but we power the same Body.

Our people are often unaware that we as the “lay” chaplains are commissioned to serve and have an active relationship with God. We have no Rule to follow as did the Benedictines, and no visible sign such as the clerical collar of the ordained

ministers making an immediate statement about who we are. Often, we have to prove ourselves. But as a chaplain I am first a person of faith, and then a chaplain. I pray at dawn, throughout the day and before I go to bed. I seek my time with God whenever I can

find it. I share my faith with others. My inner hunger has been satisfied by God through nature so often that I turn there again and again to be given new energy for work and life. Many of the patients I serve share this with me as well. The mystics have drawn close to God in nature throughout the ages. Take, for instance, the words of St. Gertrude the Great:

*Whilst Thou didst act so lovingly towards me, and didst not cease to draw my soul from vanity and to Thyself, it happened on a certain day, between the Festival of Resurrection and the Ascension, that I went into the court before Prime, and seated myself near the fountain, and I began to consider the beauty of the place, which charmed me on the account of the clear and flowing stream, the verdure of the trees which surrounded it, and the flight of the birds, and particularly of the doves, above all, the sweet calm, apart from all, and considering within myself what would make this place most useful to me, I thought that it would be the friendship of a wise and intimate companion, who would sweeten my solitude or render it useful to others, when Thou my lord and my God ... did will to be also the end of it....”<sup>4</sup>*

As for me, it happened that I went into the woods early in the morning on Holy Trinity Sunday to walk and to see if I would be granted the grace of God’s presence. Retrieving my walking stick from behind a tree where I hid it in plain sight, I pursued my ritual of walking on the trail I knew so well that I was resigned to seeing nothing new. Nonetheless I broke my stride now and then just to make sure I was not missing anything. I hoped to see at least a deer or a rabbit. A chipmunk ran by and the showy pink lady slippers were nice but they had been blooming for a few weeks.

It had rained the night before and the setting felt like a rainforest. That was amazing. Wasn’t this enough? My ears were full of the tap-drop-hush sounds of the water hurrying off



the many-shaped leaves in order to dissolve in the energy of the morning sun. There were crystal sounds and sights breaking before my ears and eyes. The wetness on the paths had soaked through my shoes and my toes were playing within their round boundaries. What else would God show me? I was aware that so much was happening that I couldn't possibly put it all into words. The sun pierced through the foliage, but this still did not touch me deeply this day. I was aware that I was trying to manipulate the experience and search for something new. Then I saw light cascading like a waterfall from the top of the trees to the ground. I stopped in my tracks, amazed, expectant. This was something new. I have never seen the light cascading in this way that I could remember. I realized that I also will never see anything like it again. I could imagine the Holy Spirit telling me to just take it for what it was, a magnificent sight, and simply internalize it until I feel the presence of God. But I continued to ponder the meaning of my vision. Suddenly a blackish bug, about an inch-and-a-half in size, shaped like an old-fashioned model of an airplane hovered intentionally before my eyes. Its head was circled like a target which made it seem as though the bug had an eye for a head. It buzzed for what seemed like an extended length of time so I motioned it to go away.

The smoky white light cascading like a fall, the black bug whirling like an airplane, what did they mean to me? I pondered the meaning intellectually but the experience happened on some other level. It stirred something deep within me. Like gears engaging to power a machine, my senses engaged to power me. This was the something special, intimate, from God that I had no idea about, a grace.

I bowed to the forest as I left it and entered the busy world. At mid-day I went to church for the Liturgy of the Word and the Eucharist. On this Most Holy Trinity Sunday I was lector No. 1. That meant that I read the 1<sup>st</sup> Reading, Proverbs 8:22-31. I wondered how the pastor would incorporate this reading into his homily on the Holy Trinity. He began, "I have to admit, I find it hard to preach on the meaning of the Holy Trinity..." He did not preach on the Proverbs reading per se, which spoke about wisdom. Wisdom's persona said that she was there before the earth was there, that she played on the surface of God's earth, that God delighted in her and that she found delight in the human race. Instead of preaching about Wisdom, the pastor directed us to learn about God from our own experiences, and to see what the Scripture tells us about our lives. Knowing that he is a spiritual director, I realized that he was directing the congregation in their spiritual lives.

Where his homily ended, my reflection began. I think that we can grasp the Holy Trinity by connecting the astral dots of 1), our relationship with God; 2), our experiences as a part of the creation; and 3), our relationships to one another. Just as the stars are not really connected by dots, I am not using *astral* literally. I am using its theosophical meaning. Theosophy refers to "any of various philosophies or religious systems that propose to establish direct mystical contact with divine principle through contemplation, revelation, etc."<sup>5</sup> My experience above illustrates my contact with the divine through Wisdom-God's

revelation of her light/waterfall and through the contemplative attitude of my ritual of walking. The God of my experience was Wisdom who was there first, whom God possessed, who can surprise, delight, and give energy for life. I saw God's energy in the drops of water, heat of the sun, and in the piloting of the bug. Finally I felt the energy in my own being, striding, forging ahead. I felt agile and strong awareness of God's energy in my breath. God is closer than a dot. God is within. "I set my face like flint, knowing that I shall not be put to shame."<sup>6</sup>

After the liturgy I had to go to "work" at the hospital as I had no coverage for Communion and wanted to follow up on any new referrals. Since it was a national holiday weekend, the patient census was not very heavy. An unscheduled eucharistic minister surprised me by coming through my locked door using a spare key. He needed to take four pieces of the Eucharist from my pyx to take Communion to some patients at the nursing home across the road. "By the way," he asked, "can I help you with Communion here?" I lit up. He was a Godsend. I was no longer working at the hospital alone on a Sunday afternoon, did not have to stay as long, and yet I could spend more time with the patients.

A highlight of my ministry on this Sunday was a Communion service. A woman with whom I had met previously, in her 80s and dying of pancreatic cancer, was visited by her loving husband, brothers, children and children-in-law in one of the hospital's solariums. They all participated in prayer and received Communion. After the final prayer they all looked up at me and said that they felt better. I felt gratified that I had brought church to them. When I had spoken with the woman previously she had told me that she was "OK with the ultimate," meaning death, because she said, "I know that I will see Jesus face to face." But, she said, it was the prosaic ordinariness of the days in which she feared facing the pain of cancer that brought her spirits down. She knew I affirmed her faith. She knew I had some idea of what she was going through. I shared her faith and witnessed her struggles. Thanks to the inspiration of the saints who practiced pastoral care centuries before me, the help of the Christian community that surrounds me, and the Wisdom found in God's nature, I was the church who came to meet her where she was, physically, emotionally and spiritually.

*Georgia Gajmerac-Leiner is a board certified chaplain and a student in the Doctorate of Ministry program in spirituality at the Boston University School of Theology.*

<sup>1</sup> Timothy Fry, Editor, *The Rule of St. Benedict in English* (Collegeville, MN: The Liturgical Press, 1982)

<sup>2</sup> Francis de Sales, *Jane de Chantal: Letters of spiritual Direction*. Trans. Péronne Marie Thibert. (New York: Paulist Press, 1988) 67

<sup>3</sup> *Ibid*, 52

<sup>4</sup> Elizabeth Alvilda Petroff, Editor, *Medieval Women's Visionary Literature* (New York: Oxford University Press, 1986) 223-4

<sup>5</sup> *Webster's New World Dictionary of the American Language*, Second Edition (New York, Prentice Hall, 1986)

<sup>6</sup> NAB, *Isaiah 50:7b*

## Priest chaplains help complete circle of full Gospel ministry

By Fr. Steve LaCanne, MDiv, BCC

Ten years ago, I was attending the SAT Sabbatical program for three months in Berkeley after finishing 10 years as pastor at St. Bartholomew's in Wayzata, MN. It wasn't clear to me what ministry I was called to do next. I met with a spiritual director there, Fr. Greg Comella, who asked me a key question. "If you had an ideal year that would give you energy, what kind of ministry would you prefer?" After some reflection, I responded, "I would love to do one or two years of hospital chaplaincy and finish my fourth quarter of Clinical Pastoral Education." I had worked as a chaplain earlier in my priesthood for about five years and my memories of that work with CPE were profound.

So, I asked the archbishop in 1999 for his support and 10 years later here I am still full-time director at St. Joseph's Hospital/HealthEast Care System, St. Paul, MN. What is ironic for me is that I fully enjoyed being a pastor and I had great "success" at doing so. The parish more than doubled in size from 650 to 1,450 households and our Vatican II liturgies and music were inspiring and transforming to those attending. We paid off a large building debt and expanded the fledgling school.

When I reflect on the fascinating topic of chaplaincy as church ministry, from my perspective as a priest, I only see the many connections to parish life and how we in hospital chaplaincy complete the circle of full Gospel ministry in our church today. I wish to explore several areas of chaplaincy, specifically hospital/healthcare priestly ministry since this is my area of expertise, and how it is core to church ministry. This does not imply in any way that priestly ministry is isolated or separate from other chaplains who are not ordained to the priesthood. They, too, bring their gifts in order to serve our patients in many wonderful and key healing ways.

First of all, priest chaplaincy is core to completing the circle of love and full Gospel ministry. As we celebrate baptism of infants and other catechumens, we ask for their promises of faith and fidelity to the Roman Catholic Church, the Creed and the Gospel of Jesus Christ. As a pastor, I became well aware that in baptism as well as in all sacraments, we, as church, also promise our fidelity and love for a lifetime to our members and yes, to each other. That means practically, that the church, reflecting the

As a pastor, I became well aware that in baptism as well as in all sacraments, we, as church, also promise our fidelity and love for a lifetime to our members and yes, to each other. That means practically, that the church, reflecting the unconditional love of Christ, will not abandon anyone.

unconditional love of Christ, will not abandon anyone. We will be there in sickness and end of life to support, love, forgive, anoint and remind our members of the healing love of God and its ultimate gift in the new life of the Resurrection. We cannot abandon our members in their last moments. Prayer and hope can be so lacking for the sick. The church's sacramental life must be available because God is available and always present.

Many find strength in daily Mass, (televised to the patient rooms) communion and Viaticum, anointing of the sick and yes, moral support with the Ethical and Religious Directives. With the shortage of priests, it is ever more critical that we as church stay faithful to our weakest and most vulnerable members. To do otherwise would be a scandal of huge proportions. The parable of the Good Samaritan is powerful for the church today. We must stop to help the victims of disease, illness and tragedy. Financial constraints, not turning in a weekly envelope or "priest shortage" cannot be an excuse for "walking past."

Chaplaincy is core to church ministry because of the reconciling moment in people's lives that illness presents. What do I mean by this? Just as we have promised to love our brothers and sisters who have been active in faith, we too must reach out to those who have lost their way. For reasons too many to explore here, many have felt or perceived rejection and hurt by members of the church, including our leadership. Our role as chaplains, and especially as priests, is to be a healing agent for these spiritual and psychological wounds. Listening to people's story in a non-judgmental way, accepting where people are on "their spiritual journey," recognizing that human representatives of God have all too often failed in their care for others are ways we embrace and welcome back those who hunger for God. With the gift of the sacrament of reconciliation and anointing of the sick, much like the father of the Prodigal Son, we as priests can give an embrace of forgiveness to our fellow members that promotes profound healing and a new beginning in faith.

I believe that priest chaplains are core to church ministry because priests are a key bridge to all believers in God. Like many priest chaplains I visit diverse patients on my units and have found that I can be a link and interfaith bridge. With the obvious divisions pervading our politics in government and church, people hunger for the God who heals all divisions and walls of separation. Those who are Christian and many who are non-Christian (locally the Laotian-Hmong) are open and embracing to prayer and the Divine. The message of **Namaste** is so evident with those who may have other creeds or beliefs: "The Divine in me honors the Divine in you." This respect for the dignity of every person we visit, one by one, is incarnated in a priest leader of the

CHAPLAINCY  
as Church Ministry

church. We bring peace to a world torn by violence and separations based on fear. This experience of loving connectedness brings inner healing with patients and families because, in faith, we know that “all things are possible with God.”

Finally, the priest chaplain is a leader and unifier of many ministries in church ministry. The great Ecumenical Council of Vatican II, in the Dogmatic Constitution of the Church, called us to value all of our gifts for the building up of the Body of Christ. “Lumen Gentium” says:

*Though they differ from one another in essence and not only in degree, the common priesthood of the faithful and the ministerial or hierarchical priesthood are nonetheless interrelated: each of them in its own special way is a participation in the one priesthood of Christ. (2\*)... He distributes special graces among the faithful of every rank. By these gifts he makes them fit and ready to undertake the various tasks and offices which contribute toward the renewal and building up of the church, according to the words of the Apostle: “The manifestation of the Spirit is given to everyone for profit.” (115)*

With Vatican II’s exhortation, the priest chaplain can mentor and encourage all the gifts of fellow chaplains no matter what their ordained ministry status. As director of spiritual care here at St. Joseph’s, I work with an ecumenical team of chaplains. Some are ordained in different traditions. Some educated and formed, as well, as lay chaplains in the Catholic tradition. We work together as equals on the same team to bring the healing ministry of Christ to our patients. Priest chaplains have the unique role in church ministry to encourage and promote all the gifts of members of the church to build up the kingdom of God. Do we have different roles and function in the ministry? Of course we do! Our various gifts and calling in baptism however blend beautifully to reach out to the various patients we see. Without them, I couldn’t be as effective.

I have found that other chaplains, with their gifts, can plant seeds of faith and reconciliation that later we can all build upon. Sometimes other chaplains can have an opening that I would never have: women dealing with other women who hurt in their marriages; health issues pertaining to women; or one’s unique life journey. Some chaplains with family members dealing with addiction and mental behavioral issues can empathize and sense more precisely what the client is going through. I have found there is “more that unites us than divides us.” If we have a peace and cohesiveness in our ministry view, we bring that healing of Christ to others in a most powerful way.

Over the past several months, we were faced with a nursing strike in the Twin Cities at the area’s 14 hospitals. Giving support to our administrative leaders, nurses and spiritual care team while staying as neutral as possible was a thin line but critical one to walk as a pastoral leader. With the longevity of my service at St. Joe’s, the only Catholic hospital in St. Paul-Minneapolis, the CEO brings me almost daily into critical discussions on mission, orientation of new employees, including medical residents, and ethical-related crises. Being a priest, I am called to support many ministries in the hospital, some outside of the spiritual care department.

Seven years ago, when this director position at St. Joseph’s opened up, I was encouraged by my spiritual director, Dick Rice, to apply, as I was told this position “beautifully brings together your pastoral leadership gifts and pastoral heart.” We need priest chaplains who incarnate the healing of Christ. Priests have a unique and essential role in church chaplaincy. This role assists the building of the kingdom in completing the circle of love and full-Gospel ministry. Yet, as I grow in the call to chaplaincy, I realize that we don’t do this alone. Separating judgments and culture wars in our church are not helpful. We need each other more than ever!

*Fr. Steve LaCanne is director of spiritual care at St. Joseph’s Hospital/HealthEast Care System, St. Paul, MN.*

## Another perspective

*Continued from page 11*

of the book is devoted to priestly things. The balance can be used by anybody! I particularly like to pray the prayers as death approaches as we are gathered around the patient in the ICU or other room. Let’s get the family on track with the prayers for the dying, the commendation of the dying and the prayers after death. I have heard priests use some of these prayers. Of course, they will also anoint the patient even though the patient was anointed the previous day.

My wife tells me that I’ve mellowed over the years. I think that it is just that I realize the energy I would expend on being angry that I cannot give the patients the “Last Rites” is better spent on comforting the family and praying that the patient die

peacefully.

In the final analysis, is there a problem? Yes.

What is the problem? Good practicing Catholics still think that there is a sacrament called the “Last Rites” or “Extreme Unction.”

Who owns that problem? The shepherds who have not led their flocks to an understanding of the Sacrament of the Sick. Certainly not the chaplain who is trying to be a pastoral presence at a time when catechesis is not appropriate.

If I may, I would like to relate an incident that happened in the hallway of the oncology unit less than 10 years ago. The priest had been called and came in and anointed the patient several hours earlier. The patient died and I met a daughter in the hallway as the nurses were cleaning the body and removing all the tubes. She asked if someone had “read her, her last rights.” I managed to contain myself and said, yes, the priest had been by earlier.

## Entire church needs to recognize call to profession of chaplaincy

By Jennifer A. Martin, MAPM, BCC

Today I have spent 695 days searching for some form of work that would allow me to meet people where they are and minister to them if that is their desire. It has been a difficult wilderness journey for my family and myself, but like the other 2.5 million Americans who are also out of work and enduring the uncertainty that financial instability can bring, I have weathered it.

My journey begins at a homeless shelter in Moorhead, MN, where I was employed after sensing a “call” by God to work with the homeless and poor in a church setting. During my time working at the shelter funded by 54 area churches, I began to feel more and more resentful that there wasn’t a ministerial presence there that I could refer the hundreds of despairing clients to who needed hope brought to their suffering of mind, body, and spirit. Most of them were baptized Christians and would sit up just a little bit straighter when talking about the icons they carried with them or how they used to be altar boys. I would grumble to myself, “Where are all the priests and good sisters who spoke to me in my Catholic education about the poor and how we are called through various Scripture texts to assist whenever we can?” There was food, shelter, and clothing, but ministry to their spiritual suffering was nonexistent.



As most of you will understand, my own chaplaincy journey brought me to the Clinical Pastoral Education (CPE) program, for me the one operated by Rev. Dr. Dixie Potratz Lehman in Fargo, ND. It was during my first unit that I spoke of my resentment and was met with a comment by a priest taking the unit located within the bosom of a Baptist church: “Jennifer, remember that you have been anointed through your Baptism as priest, prophet, and king. Do not resent the ministers for not being there for he has sent you to his poor.” I still feel the shivers of truth as I remember his words to me. I knew in my mind and in my heart that my resentment was more about me not having the ability to assist than about anyone else not being present. The Holy Spirit was speaking through him and I heard the “call.” This realization opened up the door to my vocation as chaplain.

Since that time, after journeying through my CPE experience and after attaining my master’s degree in pastoral ministry, I traveled to Milwaukee, WI, to meet with the review team who would, once again, allow the Holy Spirit to work through them to look upon the greater understanding of chaplaincy and “see” the worthiness of this woman who walked among the poor and stumbled through the questioning of healthcare ethics. I was truly humbled and joyful when I received my certification in August 2009.

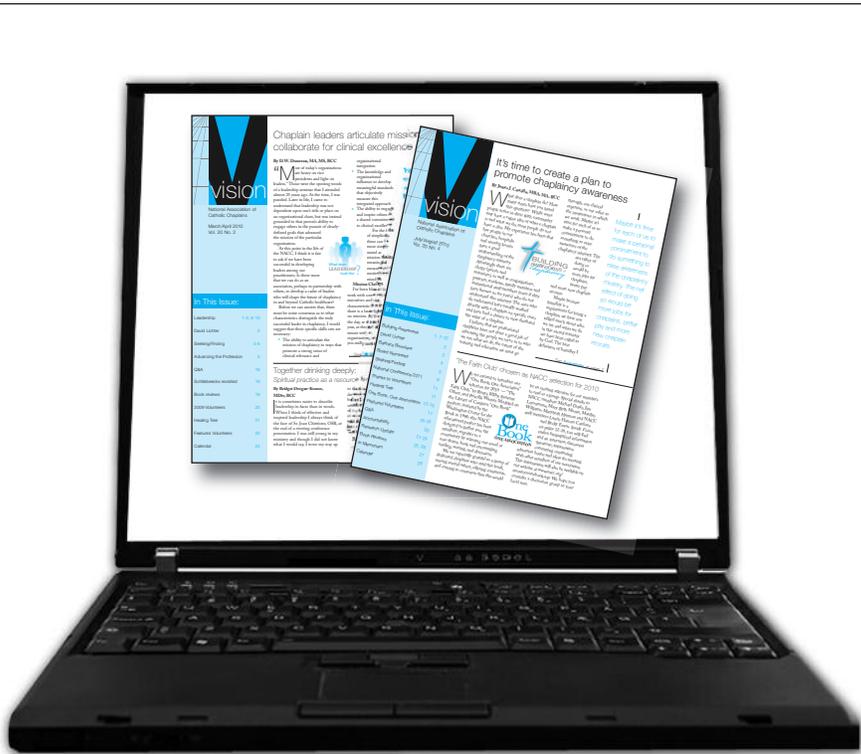
Two days before having to send off all of my paperwork

to the Chaplaincy Review Team, I had been informed that my position at the shelter was being eliminated. I knew I had to put my own sorrow aside to continue working at this calling that was about more than just my position at the shelter. Today I have spent 695 days searching for some form of work that would allow me to meet people where they are and minister to them if that is their desire. It has been a difficult wilderness journey for my family and myself, but like the other 2.5 million Americans who are also out of work and enduring the uncertainty that financial instability can bring, I have weathered it. There has been only one chaplain opening in all of this time and I am sure that the deacon chosen for the position is doing as a good a job as I could ever have done. In keeping myself open to all the possibilities that God may have wanted me to pursue I was compelled to design and implement a Spiritual Discernment Program integrating the theological lens and group theory that is such a profound part of the CPE Method of Learning to be used with the laity in discerning God’s will for their life. At the same time God was revealing to me in my heart the Wisdom associated with the concept of “vocation” and the need to assist people to seek out God’s will for their lives.

It was when I first presented my program to parish leadership that I was met with resistance to my referring to myself as “chaplain,” a priestly term by Canon Law and yet not requiring an ordained charism. My brothers in Christ had conversations about me instead of with me, for if they had spoken to me and questioned me about my vocation and my professional ethics, they might have seen the light of the Holy Spirit and the passion of my faith. Their hearts likely would have been moved upon hearing of my discovery of my spiritual gift of “mercy” and how my chaplaincy certification has given me the credibility among the laity to journey with them in their suffering, in their uncertainty, and in their wilderness times. They would have been reminded that God is present to us in many forms and uses his ministers as he wills to remind us that we are loved. Our conversations would not have ended with me being warned to “be careful.”

I have not been privy to the political workings of chaplaincy organizations nor have I worked in a hospital setting where my ministry has been minimized and its effectiveness challenged by whether or not its service can be “billed out.” For me, my certification as a chaplain within the National Association of Catholic Chaplains, endorsed by my Catholic bishop, did not provide me with professionalism but required one from me. It did not provide me with a “call” to ministry but used its resources to see if I had received and embraced one.

The church has a beautiful history and tradition of recognizing God’s call to his people, his endowing them with spiritual gifts to answer that call and endure the



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November 11 and November 18, 2010, at 12:00 noon central time to 1:00 p.m. central time

- ▼ **“The Heroic Journey of Chaplaincy: Discovering the Wounded Healer Within,”** presented by Edward M. Smink Ph.D.

December 9 and 16, 2010, at 12:00 p.m. noon central time to 1:00 p.m. central time

hardships that may present themselves, and discernment in “seeing” and “hearing” so that integration may occur. Our identity as chaplains, whether that is in the hospital setting or on the streets, in a local prison, college, or in the parish, is a fundamental part of the Body of Christ. Ours is a ministry to and among the people. We strive also to be helpmates to the ordained and the religious in their mission to bring hope to the despairing, peace to those burdened by pain and suffering,

and joy to the unchurched. The church needs to be open more fully to the stirrings of the Holy Spirit and embrace the mystery of the “burning hearts” of the chaplains whose vocation helps to bring God’s mercy to his people.

*Chaplain Jennifer A. Martin lives in Fargo, ND, and has been searching for chaplain positions in North Dakota and Minnesota. She has begun writing a book that she plans to title, “Unemployed: A Modern Day Lament.”*

# Research without numbers: *The importance of case studies for healthcare chaplains*

By **George Fitchett, DMin, PhD**

## Case studies and research about chaplains

Healthcare chaplaincy is becoming a research-informed profession. Signs of this transformation are the Association for Professional Chaplains' (APC) new Standards of Practice for Professional Chaplains in Acute Care (Standards of Practice Acute Care Work Group, 2009). Standard 12 states, "The chaplain practices evidence-based care including ongoing evaluation of new practices and, when appropriate, contributes to or conducts research." When most chaplains read this standard they think of complicated studies, such as randomized clinical trials (RCTs), with lots of statistics. In contrast, case studies are a type of research, without numbers, that should play an important role at this point in our profession.

One reason I say this is that case studies are the essential first step in the process of developing research to study the effects of chaplains' care. That process must begin with several case studies about spiritual care with a similar group of patients. When we have several such case studies we need to describe the theory that is informing this spiritual care. With this body of theoretically-illuminated case material we can test the theory. This test begins by developing a detailed spiritual care intervention protocol and the selection of appropriate outcomes measures.



Then we test the intervention with a few cases and see if the spiritual care we provided had the effects we expected. Usually this process must be repeated a few times with revisions to the protocol, measures, and study design after each effort. All of this is preliminary work for developing a clinical trial to see if similar spiritual interventions, provided to patients with similar conditions, have the measurable effects on the outcomes that we have specified. It is only if this preliminary trial yields evidence for an effect from the chaplain's visit that it is time to consider a randomized trial in which the effects of the chaplain's care are compared to no care or some other intervention.

What I want to emphasize here are not the later stages of this research process. It is the important role of research without numbers, case studies, in the first stage. I also want to underscore that for chaplaincy to become a research-informed profession does not mean that all chaplains should become investigators. Being research-informed means all chaplains should be research-literate, able to read and understand basic research and its implications for their practice. Some chaplains will also take a more active role collaborating in or conducting research. However, when it comes to writing case studies about our work, many chaplains should be able to make a contribution. Case studies written by skilled and experienced chaplains play an important role in building the foundation for further research.

In addition to their important role in research, there are two other reasons why chaplains should be writing and publishing case studies. It would improve the training of new chaplains and the continuing education of experienced chaplains if we had a body of published case material that we

Published case studies would give colleagues in other health professions a better understanding of what chaplains do, especially if some of the cases are published in journals that our colleagues are regularly reading.

## Applying this research to our ministry

Research and spiritual care — sounds incongruous to me, was my first impression. Yet, when a case study can be considered as "research without numbers," the possibilities expand dramatically. Here is a positive means to advance our practical, personal, spiritual service, learn from each other, plus introduce and promote this sensitive life-commitment among new aspirants and colleagues in other health professions. This venue can be a mode of healing and confirmation for the chaplain. I appreciate the benefits of my own review with fellow chaplains of a difficult case and the approach I used. These observations served to renew and encourage the insight and dedication of all involved.

Let us consider a Scriptural example: The Lord in his healing/spiritual ministry maintained a profound presence

toward the individual needing his attention. With each episode he would allow the apostles to review and learn from the encounter. Similarly, the intense interest in case studies by Anton Boisen, CPE founder, is promoted in this article by George Fitchett as "reviews of our cases." I am convinced, as Fitchett directs, it is time to share our personal story — projection, process, positive/negative outcomes of our patient encounters. We have often been inspired in these graced moments, by unexpected responses. Let us pass on this torch of professional support and encouragement by recording and revisiting these treasures of living and dying.

*Sister Maria Theresa Hronec  
Chaplain, Geisinger Medical Center  
Danville, PA*

could read and critique. In addition, published case studies would give colleagues in other health professions a better understanding of what chaplains do, especially if some of the cases are published in journals that our colleagues are regularly reading.

## Finding our case studies

Modern healthcare chaplaincy is almost 100 years old but published case studies about our work are rare. This is ironic since Anton Boisen, a founder of clinical pastoral education (CPE) and a pioneer in modern mental health chaplaincy, had an intense interest in case studies (Asquith, 1980). Some brief case studies have been published (O'Connor and Meakes, 1998; Berger, 2001) including my spiritual assessment case studies (Fitchett, 1993/2002). However, none of these cases includes the detailed information that goes into a good case study. If you know of any case studies of chaplains' spiritual care, published in articles or books, from the United States or other national contexts, I would be very glad to learn of them.

## What does a good case study look like?

Because we have no body of chaplaincy case studies we have to look to related fields for guidelines for good case studies. An excellent resource is Ronald B. Miller's book, "Facing human suffering: psychology and psychotherapy as moral engagement," (2004. See Chapter 6). The following description of what goes into a good case study has been shaped by my reading of Miller's work.

### 1. A case study makes a point or tells an important story

Miller (2004) describes writing case studies in order to make an argument for the effectiveness of a particular therapeutic approach in a specific case or group of cases. Similarly, chaplains might think of case studies as a way to describe the beneficial effects of their spiritual care with patients or families.

### 2. It begins with background

The case study should include detailed information about the patient, the chaplain, and the institutional context in which they meet. The patient information should include thorough demographic, medical, psychosocial, and religious characteristics. Providing thorough background information will help the reader of the case study understand to what other cases one can generalize the spiritual care described in the case study. It will also provide the reader with sufficient information to critically evaluate the chaplain's assessment and spiritual care.

### 3. It describes the chaplain-patient relationship

The heart of the case study is the story of the chaplain-patient relationship. Key information includes a description of the spiritual care provided by the chaplain. We also want to know about any changes in the patient that occurred during or after the relationship with the chaplain, including changes that might be attributed to the care provided by the chaplain. If nothing changed that is also important to know.

### 4. It includes a spiritual assessment

Including a spiritual assessment will help the reader know

the chaplain's interpretation of the case, including the observations that influenced the chaplain's care plan. The spiritual assessment may have deepened or changed over time and that should be noted. I am partial to the 7 x 7 model for spiritual assessment (Fitchett 1993/2002), but other helpful models for spiritual assessment have been published, including the work of Pruyser (1976) and Lucas (2001).

### 5. It ends with a summary

The case study should end with a summary. This is the place to remind readers of the point(s) that you were trying to make with your case. When the case was written to describe the impact of the chaplain's spiritual care, this is the place to review the patient's spiritual needs, the spiritual care that was provided, and the effects of the spiritual care on those needs.

### 6. It could include discussions of theory or measurement

Improving chaplains' spiritual care, and strengthening the case for it, requires informed descriptions of the theories that support chaplains' interventions or care, and careful attention to measuring the changes that come about as a result of that care. Some chaplains will write case studies to illustrate a theory of spiritual care or to illustrate the kinds of changes that came about as a result of spiritual care. Such case studies would also include an extended discussion of theory or measurement after the case has been presented.

## Next steps: Making our case(s)

When I became convinced of the importance of case studies for research about chaplains' spiritual care, and when I realized there were essentially no published chaplaincy case studies, I decided to try to change that. I recruited a team of oncology chaplains to present and publish case studies about their spiritual care. The members of this team were Rhonda Cooper from Johns Hopkins in Baltimore, MD, Stephen King from the Seattle Cancer Care Alliance, and Richard (Dick) Maddox from M.D. Anderson Cancer Hospital in Houston, TX. Two other members of the team were Andrea Canada, a psychologist who works with me at Rush, who helped us think about the theories and outcomes related to our cases, and Dave McCurdy, senior ethics consultant and director of

One way to increase chaplains' involvement with case studies is to make them a part of training for chaplains. Writing case studies is encouraged in some CPE residency programs, but they should be a part of the curriculum in all residency programs. We could also make a case study one of the required pieces of clinical work for board certified chaplains and amend the continuing education requirements for chaplains to make writing, presenting, and publishing case studies an area of emphasis.

## Volunteering has allowed him to soak up knowledge, expertise



**Name:** D.W. "Donovan"

**Work:** Director of mission leadership at Providence Holy Cross Medical Center in Mission Hills (Los Angeles), CA

**NACC member since:** 1997

**Volunteer service:**

September 2002: "Flashback to Baltimore" speaker at regional symposium; October 2002: chair,

NACC Task Force for Development; November 2002: Strategic Planning Task Force; March 2003: Development Team, Interview Team Educator Material (served as co-lead ITE for several years); December 2003-November 2004: Leadership Team (secretary/ editor), Development of Common Standards for the Certification and Practice of Professional Chaplains; Jan.-Aug. 2007: Planning Team, National Symposium on Sustaining Pastoral Excellence in Lay Ministry; June 2008-December 2009: member, NACC Ethics Commission; August 2008-December 2009: ethics representative to the NACC Standards Commission; May 2009: site coordinator, NACC Certification Interviews (Baltimore); March-April, 2010: writer of *Vision* article – "Chaplain leaders articulate mission, collaborate for clinical excellence."

**Book on your nightstand:** "The Future Church: How Ten Trends are Revolutionizing the Catholic Church," by John L. Allen, Jr.

**Book you recommend most often:** "If Disney Ran Your Hospital: Nine and One-Half Things You Would Do Differently," by Fred Lee.

**Favorite spiritual resource:** <http://themsgrkellyproject.weebly.com> (Check it out and watch it grow!)

**Favorite fun self-care activity:** Swimming pool time with my 1-year old.



**Favorite movie:** Apollo XIII

**Favorite retreat spot:** Holy Cross Abbey, Berryville, VA

**Personal mentor or role model:** Rev. Dr. Mel Dowdy and Rev. Msgr. Charles A. Kelly

**Famous/historic mentor or role model:** Chief Justice Earl Warren, United States Supreme Court

**Why did you become a chaplain?** I took a leave of absence from seminary and was looking for a short-term commitment that would benefit me if I returned to seminary or decided not to. I enrolled in a summer unit at the Medical College of Virginia Hospital in Richmond, VA, and immediately fell in love with chaplaincy. I love that most of our work is at those critical junctures in people's lives, where the rubber of our personal faith, values, and beliefs hits the oftentimes unforgiving road of illness and injury, death and dying.

**What do you get from NACC?** I credit Fr. Joe Driscoll with inviting me to get involved. Volunteering with the NACC has given me tremendous opportunities to engage in conversations with others about what it truly means to advance the profession (and professionalism) of chaplaincy, and I am passionate about that.

**Why do you stay in the NACC?** While we as a Catholic Church face many difficult issues today, particularly in healthcare, I am proud of our overall commitment to the poor and vulnerable. NACC has given me countless opportunities to be a part of helping develop our profession to be the very best it can in service to the most disadvantaged of our brothers and sisters.

**Why do/did you volunteer?** Very simply put, I was asked. Once involved, I found myself soaking up the knowledge, thoughts and expertise of so many gifted people who share the same passion for excellence in ministry. When

## 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.

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|--|--|---|
| Sr. Micheletta McGee, RSM<br>Pancreatic cancer<br>Drexel Hill, PA                | Mary Pawicz<br>Recovering from<br>shoulder surgery<br>Milwaukee, WI            | Fr. Art Schute<br>Death of his father,<br>Arthur Edward Schute<br>Port Charlotte, FL            |
| Joyce Fink<br>Heart attack, recovery from<br>open heart surgery<br>Bethlehem, PA | Kelly Elizabeth Sexton<br>daughter of Melyssa Sexton<br>cancer<br>Gearhart, OR | Marcella Keefe-Slager<br>Lung cancer<br>and treatment<br>Jackson, MI                            |
| Lourdes B. Ruta<br>(wife of Peter Ruta)<br>In recovery<br>Milwaukee, WI          | Sister John Marie Stack, OSF<br>Lymphoma cancer<br>Aston, PA                   | Gloria Troxler<br>Preventive chemotherapy<br>after ovarian surgery<br>Baton Rouge, LA           |
| Sr. Rita Rzeppa, IBVM<br>recovering/rehab<br>from knee surgery<br>Chicago, IL    | Fr. Bill Spacek<br>Detached retina<br>and other eye issues<br>Baltimore, MD    | Sister Maria Theresa<br>Hronec, SSCM<br>Recovery from surgery<br>Danville, PA                   |
| Sr. Hilda Mallet, MHS<br>Cancer treatment<br>Lafayette, LA                       | Sr. Nancy Crane, OP<br>Cancer treatment<br>Akron, OH                           | Fr. Bob Nee<br>Intractable epilepsy<br>Cambridge, MA  |
|  | Ginny Conron<br>POP surgery<br>Urbana, IL                                      | Kathy Brier<br>Daughter of NACC member<br>Theresa Brier<br>Hospitalization<br>Staten Island, NY |

Associate Justice William Brennan was appointed to the Supreme Court of the United States, he told a reporter that “he compared himself to a mule entered in the Kentucky Derby: “I don’t expect to distinguish myself, but I do expect to benefit from the association.” (Chief Justice: A Biography of Earl Warren, by Ed Cray, 1997) I have benefited greatly from people who are so gifted in a tremendous and wonderful variety of different ways.

**What volunteer activity has been most rewarding?**

I’ve been blessed in a number of different activities, but helping to write the Common Standards was probably the most rewarding. I was able to work with truly outstanding

people from the major pastoral care associations, including our own Mary Lou O’Gorman, who is a gifted chaplain, administrator, and colleague. That experience, particularly serving as the secretary/editor, taught me to be much more precise about the language that we use to describe our work in a way that promotes the profession.

**What have you learned from volunteering?** Having a manual does not mean you can build a car. There is an art and a science to our shared ministry. And I’ve benefited tremendously from my association with so many of the artists and scientists of our field through the NACC. Thank you.

## Chaplains’ ministry to her patients inspired nurse to change career



**Name:** Michelle Lemiesz, M.Div., BCC  
**Work:** System director, Chaplaincy Services, Mount Carmel Health System, Columbus, OH

**NACC member since:** 2000

**Volunteer service:** Member of the Editorial Advisory Panel for *Vision* since its inception; Regional-co chair, NACC Conference in

Columbus, OH; Contributor of articles to *Vision*; Mentor for NACC members

**Book on your nightstand:** There are three. One is this month’s “Magnificat,” the other is a novel, “The Secret,” by Beverly Lewis and “The Questions of Jesus: Challenging Ourselves to Discover Life’s Greatest Answers,” by John Dear, SJ

**Book you recommend most often:** Anything in the “30 Days with a Great Spiritual Teacher” series by Ave Maria Press. My two favorites are “All will be Well: Based on Classic Spirituality of Julian of Norwich” and “Let Nothing Disturb You: A Journey to the Center of the Soul with Teresa of Avila.”

**Favorite spiritual resource:** Listening to music by Chris Tomlin and Steven Curtis Chapman (two Christian artists), reading Scripture and going to Amish country; the latter helps to ground me and remind me of who I am and the importance of living my faith authentically.

**Favorite fun self-care activity:** Getting a massage! And, spending time with my Golden Retriever, Grace. It is hard to be in a bad mood with her silliness!

**Favorite movie:** I have always loved the “Sound of Music.” Current favorites would be the Harry Potter series.

**Favorite retreat spot:** Abbey of the Genesee in Piffard, NY

**Personal mentor or role model:** My mentor at Notre Dame and during my CPE residency was Fr. John Gerber, CSC (he died from cancer during my residency). In the five years I knew him he touched my life and my soul. He taught me to be true to my call, true to myself and true to God. He challenged and believed in me and taught me to be a true person of prayer.

**Famous/historic mentor or role model:** St. Francis of Assisi. He lived his faith and loved Christ to a point of perfection. His life, his mission and his values challenge me to do the same.

**Why did you become a chaplain?** As a nurse, I watched the chaplain work with the patients. And, while I always felt called to some ministry, it wasn’t until I experienced it in this way that the light went on and I said, “THIS is what I was meant to do.” Everyday chaplains experience Jesus crucified in his people. It is a sacred trust to be present to vulnerable and often broken people in pain.

**What do you get from NACC?** NACC helps me to feel like my ministry is legitimized by the church and that I am part of something bigger. I am aware that many of my colleagues have the same struggles and frustrations that I do and it is important to know that one is not alone. I know that our leadership is working to advocate for our profession/ministry and lead it into the future.

**Why do you stay in the NACC?** I stay in NACC because it gives me identity as a Catholic chaplain and because I believe that we are seeking to give our ministry a voice in both the church and in our healthcare organizations for the good.

**Why do/did you volunteer?** I volunteered because I wanted to be part of the organization in a real way. I think that one needs to go beyond just paying dues and maintaining one’s certification. If it is my organization than I need to be a part of it in an active manner.

**What volunteer activity has been most rewarding?** While being regional co-chair for the Columbus conference was unbelievable work, I learned a lot about fundraising and event planning that has been helpful information to know. It was also awesome to see how everything unfolded and came together and to hear how much people enjoyed the event.

**What have you learned from volunteering?** That our members are passionate about their ministry and calling as a chaplain. That we are more alike than different and that the future of the organization rests in our hands as members.



## Research

*Continued from page 19*

organizational ethics for Advocate Health Care in Park Ridge, IL, who has helped us think about the ethical issues in case study research. Our team presented a workshop about case studies at the 2010 APC annual meeting. Our first case study, by Rhonda Cooper, with responses by Stephen King and Andrea Canada will be published in the *Journal of Health Care Chaplaincy* (Vol. 17, No. 1-2). That volume will also include an essay I wrote with Dave McCurdy about ethical issues in case study research. We expect the case studies written by Stephen King and Dick Maddox will also be published in the coming months.

For our profession to realize the full benefit of a focus on case studies other chaplains need to get involved. One way to increase chaplains' involvement with case studies is to make them a part of training for chaplains. Writing case studies is encouraged in some CPE residency programs, but they should be a part of the curriculum in all residency programs. We could also make a case study one of the required pieces of clinical work for board certified chaplains and amend the continuing education requirements for chaplains to make writing, presenting, and publishing case studies an area of emphasis. I would also like to see workshops about case studies at chaplaincy conferences. These could include beginning workshops about how to write case studies, as well as more advanced workshops where experienced chaplains discuss the strengths and weaknesses of one or more case studies. We should encourage the publication of case studies, and critical discussions of them, in chaplaincy journals. In addition, it is important for chaplains to share their cases with healthcare colleagues in other professions, at their meetings and in their journals.

### Summary

Case studies were central to what Anton Boisen, a founder of

modern chaplaincy and clinical pastoral education, was about as a chaplain, pastoral educator, and researcher. They play a central role in developing the foundations for research about the effects of chaplains' spiritual care. They can also be an effective way to help colleagues in other healthcare professions develop a better understanding of the chaplains' contribution to care for patients and families. Healthcare chaplaincy is in the process of becoming a research-informed profession. Every chaplain can contribute to this research without numbers by writing case studies about the work they do every day.

*George Fitchett is associate professor and director of research in the Department of Religion, Health, and Human Values at Rush University Medical Center in Chicago, IL. Acknowledgments: This article is excerpted, with permission, from Making Our Case(s). Journal of Health Care Chaplaincy, Vol. 17, Issues 1-2, expected to be published early next year.*

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## Improve interaction with self-reflection, courtesy, respect

By Jim Yeakel, OSFS, BCC

A few months ago we placed an item on the agenda of the Certification Commission. From a stewardship perspective, the item dealt with use of time by staff and volunteers at the national office. I want to be clear from the outset, their use of time continues to be professional, creative, and impressive to those of us who rely on them. From a certification perspective, the item dealt with a glimpse at our collective spirit and how we may deal with the unavoidable feelings associated with professional certification. This discussion impressed me as an expression of how our organization continues to grow and respond to real challenges that face us in



today's ministry climate.

"Courtesy" was the title. It was accompanied by a brief description of recent experiences shared by staff as they prepared for upcoming events like certification interviews, renewal of certification deadlines, web-site updates, the national convention, and generation of supportive materials for the on-going work of the organization, just to name a few. They were also dealing with calls from members who, while seeking assistance with problems, became anxious, demanding, angry, hostile and, in some cases, insulting to staff members, the NACC, or the church. My intent here is not to condemn any of the above reactions but rather to encourage us to genuinely listen to the intensity that such disturbing, challenging, and struggle-inducing moments bring to our

## Feeling vengeful? Author says don't worry, it's human nature, but so is forgiveness

*Beyond Revenge: The Evolution of the Forgiveness Instinct.* By Michael E. McCullough. Jossey-Bass, San Francisco, CA, 2008. Hard cover, 298 pp. \$24.95.

**By Fr. James F. Buryska**

For those of us who have wondered if our satisfaction at seeing villains get their comeuppance betrays some lack of virtue (virtue as in “Turn the other cheek.” “Forgive seventy times seven.”), Michael McCullough’s book offers a refreshing alternative viewpoint: from the perspective of evolutionary psychology, the desire for revenge is as much a feature of human nature as the capacity for forgiveness, *and has, over the millennia, been correspondingly useful in making possible the survival of the human species.*

The italicized portion above (my italics) is a possibility that many may find difficult to accept. After all, isn’t revenge the disease and forgiveness the cure? Isn’t revenge the sin and forgiveness the virtue? Mr. McCullough attributes this prevailing viewpoint to the “Standard Social Science Model,” which he takes to task for being insufficient in light of current research, particularly in the field of evolutionary psychology. He then states his premise for the book: *“Truth #1: The desire for revenge is a built-in feature of human nature; Truth #2: The capacity for forgiveness is a built-in feature of human nature; Truth #3: To make the world a more forgiving, less vengeful place, don’t try to change human nature: change the world!”*

Mr. McCullough develops his argument in a way that is lucid, readable, and sometimes humorous, basing much of his approach on current and classic research in social psychology. Even more interesting, he points out, research studies have

attention. How we respond to these experiences is as essential as possible to becoming spiritual care professionals!

As commission members, we listened and learned from our own wisdom resources including references to our ethical code and common standards. These spoke of the ever-continuing nature of personally becoming a chaplain and of together becoming a professional ministry organization. An ethical standard frequently cited stressed the importance of nurturing personal health of mind, body and spirit and being responsible for personal and professional conduct as one grows in respect for all living beings and our environment (102.2). We also became more familiar with the new standard under the heading of “Identity and Conduct,” asking us to act self-reflectively and respectfully (303). In my own Salesian tradition the most frequently required life responses that shape a genuine disciple are called the Little Virtues. De Sales builds on St. Paul, “What

shown that human beings are not alone in having adaptive needs and relational strategies for both revenge and forgiveness. I was astonished to learn that there exists a considerable body of research observing non-human species’ tactics of vengeance and rituals of reconciliation.

Along the way the author addresses questions such as:

Why is personal honor more important in some cultures than it is in others?

Why and under what conditions do “vengeful” subcultures (such as that of the Mafia) thrive?

How do the teachings of the major religions relate to the research data on issues of vengeance and forgiveness?

How can we make the world a less vengeful, more forgiving place?

If questions like these intrigue you, as they do me, you will want to read “Beyond Revenge.”

Still another assumption Mr. McCullough challenges in passing is (his description) the notion imbedded in the “Standard Social Science Model” that there is no such thing as human nature — or any nature. Reviving the concept of “human nature” and restoring it to intellectual respectability is a needed and welcome change to those of us whose philosophy education predated the postmodern era. Perhaps this is the beginning of such a project!

In short, if you welcome the challenge of taking a fresh look at social and moral issues that have been with us since the beginnings of the human species (and before), read this book. If you are unsatisfied by a conventional framing of the dichotomy between revenge and forgiveness, read this book. And if you are interested in developing personal and social strategies to make the world a more forgiving place, by all means, read this book!

*Fr. James F. Buryska, BCC, is an NACC and ACPE supervisor at the Mayo Clinic in Rochester, MN.*

the Spirit brings is very different: love, joy, peace, patience, kindness, goodness, trustfulness, gentleness, and self-control (Gal. 5: 22-23).

As the staff in Milwaukee continues to serve those of us who rely on them, what can the rest of us do to improve the quality of our interaction? I would encourage us in three ways. Move in a timely way to complete materials for certification and certification renewal. This will increase the chances of getting at problems that may arise and decrease pressure. Turn to another NACC member for mentoring. The staff is available and can be helpful in this process; there are resources available online at the NACC website to answer questions and clarify expectations; but a mentor can provide that personal connection for appropriate venting and refocusing. Listen and learn from our NACC resources as we together become spiritual care professionals.

*Jim Yeakel is chair of the NACC Certification Commission.*

## Book Review

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## Calendar

### September

- 9 and 16 NACC Audio Conference:  
Pastoral Care of the Sick and Dying
- 15 Postmark deadline for completed  
chaplain certification applications  
for a May 2011 interview
- 23-24 Local gathering, Alexandria, MN

### October

- 1 Articles due for November-  
December *Vision*
- 2-3 Chaplain certification interviews,  
Milwaukee, WI
- 4-5 NACC Board of Directors meeting,  
Milwaukee, WI
- 8 Local gathering, Farmington Hills, MI
- 9 Local gathering, Nazareth, KY
- 14 and 21 NACC Audio Conference:  
The Parables of Jesus: Hope for a  
Broken World
- 16 Local gathering, Orlando, FL
- 17-19 Wisconsin Chaplaincy Association  
Fall Conference, Green Lake, WI
- 21 Local gathering, Indianapolis, IN
- 23 Local gathering, Houston, TX
- 23 Local gathering, Braintree, MA
- 28-31 Certification commission meeting,  
Milwaukee, WI
- 30 Supervisor certification interviews,  
Milwaukee, WI

