Rev. Joseph J. Driscoll
President and
Chief Executive Officer

Three minutes to go and the ballroom is filling up with people for the last of the seven plenary sessions at the symposium on the Sacrament of the Anointing of the Sick. Though post-lunch and mid-afternoon fatigue is settling in, and an energy still swirls around the room in the movement, chatter, and excitement of the coming presentation by our closing theologian. Sitting in an unusually quiet moment with my own thoughts, I suddenly realize that we are short one respondent for the panel of three that follows the presentation.

I jump up and begin scanning the ballroom for someone who might be willing to stand in at this literal last minute. Walking around I see Lee Casey, a chaplain and pastoral care director from Nebraska. Lee is blind and several years ago he helped sensitize me and other conference participants when at a national meeting he asked about the possibility of getting worship aids to him ahead of time so that he could have them translated into Braille. The things we take for granted, I thought at the time.

I approached Lee, explaining the situation and asking if he would be willing to be on the panel giving a two-to-three minute response following the presentation by our theologian. He graciously agreed to do so.

I’m barely back to my seat and the moderator is reassembling the body for this last plenary. Sister Genevieve Glen, OSB, who has been with us through the entire symposium, is introduced and begins her presentation.

A chill runs down my spine as she begins with the story of the blind man at Bethsaida in the eighth chapter of Mark’s gospel. No one knows what I just did at the last moment, except Lee. There certainly is an energy swirling around this room.

As you recall, in this story Jesus uses spittle and lays on hands and then asks the man, “Can you see anything?” The man responds, “I see people but they look like walking trees.” Jesus then lays hands again and the man “sees perfectly.”

Genevieve uses this analogy as a metaphor for the journey into prayer, theology, study, and discussion these past few days as we have sought to listen, and now respond, to the voice of the Spirit. She powerfully sums up the movements of the symposium and an hour later returns to Mark’s gospel and closes with this metaphor of
seeing imperfectly at this moment.

Following the applause, the moderator calls up the respondents, and my eyes fill up as I see Lee being led to the dais. Not only do we see Lee in the context of the scripture passage that has guided this presentation, but also—I along with the others will soon discover—will hear Lee speak directly to the scripture story.

Lee begins with his personal story. He shares that his blindness is the result of a motorcycle accident 20 years ago. He talks about his own loss, rehabilitation, and struggle to accept and move on with his own life. Lee tells us that in the beginning he used to focus on what he “can’t do,” but that he learned over time to focus rather on what he “can do.” He then shared how this has guided his own daily journey in ministry as a chaplain.

Lee’s generous gift of his personal story rewept in flesh and blood the gospel of a two-thousand-year-old parchment. His witness to the reality of what we “can’t do” and what we “can do” had already emerged as a theme in this symposium as we rediscovered the history, the meaning, and the discipline of the Church with regard to Sacraments, sacramentals, prayers, and rituals in caring for the sick.

A stubbornly blatant truth kept coming forward during our days together, namely that chaplains themselves very often identify the Anointing of the Sick with “last rites.” We say the people need education, the hospital staff needs education, the priests and bishops need education—all true—but if one listened to the chaplains’ comments from the floor or paid close attention to the video presentations in the “voice of the chaplains,” the examples given were the need for a priest at the time of imminent death.

Many participants commented on their own shift of focus from what we “can’t do” to in fact what we “can do.” The chaplain can do the “last rites” of the Church, which is Viaticum, prayers for the dying, and when needed, a penitential prayer or ritual in the absence of a priest. Not that the difficulties around the availability of the Sacrament of the Anointing of the Sick have disappeared, but participants were seeing more clearly than when they first arrived in Baltimore.

There certainly was an energy swirling around the room.

The momentum of this symposium has led to the planning of a follow-up symposium in the fall of 2002 in eight cities throughout the country, entitled, The Sacrament of the Anointing of the Sick: A National Pastoral Strategy. The initial plan is to invite all of our
bishops to choose one of the dates and to bring diocesan health care administrators and representative parish priests to meet their chaplains and to look at models for comprehensive spiritual care as the context for the sacramental care of those who are sick and dying.

This follow-up to the Baltimore symposium is so important that our Board of Directors has advised that we not hold just one national meeting in 2002, but rather focus all our energy into these eight meetings around the country. In like manner, Bishop Dale Melczek, our liaison to the United States Conference of Catholic Bishops (USCCB), is convening a meeting of the NACC Episcopal Advisory Council at the June meeting of the bishops in Atlanta where I will brief the bishops on the Baltimore symposium and the plans for the follow-up symposium in 2002.

There certainly will be energy swirling around that room in Atlanta.

Following the symposium in Baltimore, the Board of Directors met with a full agenda. An important focus of the board was a long, deliberative discussion on the continuing refinement of our governance as an association. Our external board members, all with many years of national board experience, indicated that non-profit associations today were moving away from the title of “Executive Director” for its full-time paid professional. Rather the preferred title for this position was “President and Chief Executive Officer.”

The reasons for this shift in the non-profit world were twofold. First, there needs to be a clearly identified person who is the representative of the association. In the model of a hired “Executive Director” and elected “President” there is often ambiguity in who represents and speaks for the association. Though this can at times be a struggle within an organization, it is more often confusing to the external publics.

Second, the title “President and Chief Executive Officer” carries greater weight in the corporate world, especially in light of development efforts and making contacts with foundations and other resources that can support the mission of a non-profit association. The title change would better position an organization in relating to other professional bodies.

For these reasons, the Board of Directors voted to change the title of my position to “President and Chief Executive Officer” and in honoring the vote of the membership, to designate Richard Leliaert the “Chair of the Board of Directors.”

In this model of governance, the board would ordinarily choose its
own chair and designate its officers. The rationale behind this process is that the board would have the flexibility of choosing the best suited candidate for chair depending upon the needs of the organization at any given time. For example, if the association were to have a major capital campaign, they would want a chair who has the experience, resources, and contacts to lead the association effectively in achieving this goal.

The membership retains the election of five board members (members-at-large) who may or may not be the officers of the association.

The NACC Constitution and Bylaws will go to a task force for revision to reflect the changes that the Board made at this meeting.

A lot of change continues to be a part of our life as an association. The measure of the strength of any organization is in its ability to adapt to changes. We have adapted well during these past two years of a major restructuring. The participants at the symposium seemingly adapted well to the excitement and challenge of theological and pastoral implications of who we are and how we exercise our ministry as Catholic chaplains.

For me, a lasting impression from Baltimore was the number of young, newly certified chaplains among us. Many of us noticed this change in our body, but it was witnessed concretely in one woman who rose to the microphone and called attention to herself and the other young chaplains as well as to the desire that she and they have to fully participate in the life of the association.

The presence of these young chaplains was a most welcome change. And I dare say, an energy swirling around the room. ♦

Vision
July 2001, vol. 11, no. 7