On my voice mail I heard the voice of the archbishop expressing his sincere regrets that he could not accept our invitation to him to be a respondent at the upcoming symposium on the Sacrament of the Anointing of the Sick. The next day I received a letter from him detailing an already impossible schedule and again his sincere regrets. I was impressed by this man’s sincerity, his obvious desire to be with us in Baltimore, and his effort to personally let me know how much he wished that he could join us.

Last fall, we invited present and former NACC Episcopal Advisors to join us as bishop respondents to the seven plenary sessions to be held at the symposium, *The Sacrament of the Anointing of the Sick: Theological and Pastoral Implications for the New Millennium*. After much negotiating with cramped schedules, six bishops agreed to attend the gathering though we were hoping for 21 bishop respondents. I kept trying, but to no avail.

We knew this was perhaps the worst time of year for bishops with confirmations, ordinations, graduations, and the whole host of liturgical gatherings in the life of the local Church. The choice for May, however, was to enable international folks to come, a group of whom indicated that the late spring would be the best time for them to travel.

But we really wanted the bishops present. So I decided to take one more crack at it and one Friday afternoon in late January I sent out nearly 50 FAX memos after combing through the Catholic Directory and looking up bishops I have met and worked with these past eight years. This effort resulted in two more bishops for Baltimore.

But something else happened as well. Joining the above-mentioned archbishop were other bishops who either by phone or by letter expressed the same deep sense of regret. Several even listed their schedules on that Thursday, Friday, and Saturday, a few others told me that they tried to move things around, and others commented on how impressed they were with the planned program. These were not perfunctory letters tossed out from a secretary’s stack of neatly printed correspondence. Our bishops went to great lengths to convey their support of this symposium.

So a question or two began forming in the back of my mind. What do we do with this moment in time? Is this an opportunity for our
chaplains to work with our bishops in taking a look at not only sacramental care, but also the context of comprehensive spiritual care ministry for sick persons, dying persons, families, and communities in the dioceses throughout the country?

A second event underscored the importance of these questions. Our new Board of Directors met mid-February for their first meeting. As part of the orientation, I presented a one-hour session detailing the whole certification process. When breaking after that presentation, Bishop Melczek, our new Episcopal Liaison, turned to one of the other board members and commented that he never knew how much was involved in the training and certification of chaplains. With obvious enthusiasm he then added, “The bishops need to know this!” Shirly Nugent, the veteran NACC player to whom he had spoken, quickly retorted with a smile, “That’s why you’re here!”

How much could our bishops know about the training and certification process? How much does anyone outside of the profession know about what it takes to be a chaplain?

I am writing this article on a Saturday evening in a hotel room in Clearwater, Florida, after finishing a marathon two days of the Harvard Medical School program Spirituality and Healing in Medicine, under the direction of Dr. Herbert Benson, MD. As many of you know, I have been on the faculty for this course since its beginning in December of 1995. I have always done the lecture on “Roman Catholic Healing Practices.” This time, however, Dr. Benson invited me to give a lecture on “The Role of the Chaplain.” I can not tell you the number of people who came up to me to say the same thing that Bishop Melczek said, “I never knew how much training went into becoming a chaplain.”

So what responsibility does the NACC have in educating our bishops to the role of chaplains? With all the interest generated by this upcoming symposium, should we, as the expression goes, strike while the iron is hot?

During the last couple of weeks I contacted a number of our chaplains and I floated the idea of a possible follow-up to the symposium especially in light of the momentum that seems to be building. This consultation was followed by a planning meeting I had with our two new directors. After much discussion, we have decided to move ahead and explore the possibility of conducting a second symposium in the Fall of 2002 with the tentative title, The Sacrament of the Anointing of the Sick: A National Pastoral Strategy.

Why would we move in this direction? Going back to our mission,
advocacy for our members is one of the primary reasons we exist. Is this not a prime opportunity to advocate for chaplains?

The bishops have an interest, even more so, a responsibility to ensure the presence of quality pastoral care of the sick in their local churches. Sacramental care is in the context of what I would like to call comprehensive spiritual care. The problem of availability of priests to administer the sacrament obviously is a real one. However, there is not a shortage, or at least does not appear to be a shortage, of chaplains who provide this comprehensive spiritual care. Are chaplains in fact in a position to help the bishops with this responsibility in a more intentional planned approach? What would it be like for bishop and chaplain to partner more deliberately in a plan or at least the makings of a plan in the local Church?

Timing is critical at this juncture. If we are to move ahead with this venture, then we need to do so while the issue is out front. Likewise, if we are going to be able to get our bishops to a meeting then we need to give them at least a year or a year and a half notice?

Our plan then is to sponsor this second symposium in six cities around the country in the fall of 2002. Our new Director of Education is heading up an effort to negotiate with one hotel chain for the six sites in the hopes that we can get really good room rates. We would like to have the cities and dates determined by the Baltimore symposium and thus announce this information to those in attendance. Immediately following the symposium, we will write to all the bishops in the United States to ask them to hold that date on their calendar.

While working on the logistics of cities and dates, we will be establishing a national conference committee that will set goals and objectives and begin the formal planning of one program to be offered in six sites. We anticipate that each site would have a local planning committee of our members.

We are looking at a Thursday evening through Sunday noon time frame (in light of the bishops’ schedules, they could perhaps be free to leave Saturday afternoon). There could be plenary sessions, diocesan sessions, and workshop sessions.

Plenary sessions could include organizational planners who could help take the theology from Symposium One and move into the pastoral application in this Symposium Two. Excerpts from the theologian presentations in Symposium One could be dialogue starters for Symposium Two.

A plenary session could outline the training and certification process
necessary to become a certified chaplain and CPE supervisor. What about producing a videotape of a CPE verbatim seminar that could capture the rich learning in this theological education model that perhaps many of the bishops know only secondhand?

That reminds me, do you know that there was a bishop who did CPE while he was the bishop of his diocese? David Boulton, SJ, and Kathleen Foley, SND, had Bishop Joseph Maguire, then Bishop of Springfield, Massachusetts, come for several CPE verbatim seminars, and from what I was told with verbatim in hand!

And how about breaking into diocesan groups? Can you imagine a bishop gathering in a room with his diocesan health care administrator, representative pastors, and NACC chaplains to look at sample national pastoral strategies and adjusting them to local particular settings? I wonder what it would be like for the bishop to sit in a room and see the rich resources of those who comprise the health care ministry of his diocese? And what would it be like for our chaplains to sit in a room with their bishop and engage in meaningful dialogue for an extended amount of time?

Workshops could be organized that offer “best practice” models for comprehensive spiritual care, including sacramental care. The sharing of models could comprise such practical concerns as sacramental coverage, creative ritual, communication and accountability, successful diocesan policies, parish-based CPE, parish nurse, volunteer training, and more.

By and large, I have found in my many meetings with our bishops that they are deeply appreciative of the NACC, of the chaplains, and the excellent ministry that is provided by such competent people. But I wasn’t prepared for this kind of response by phone and by letter. I think we have a moment in time—and none too soon to seize it. ✡