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NACC membership evolving, plan in place to create ‘resilient’ organization, streamline governance, certification

Four hundred of our NACC members and others were able to gather in Pittsburgh, April 13-16, 2013, at the Sheraton Square Hotel, for our NACC 2013 National Conference, *Three Rivers Converging: A Call to Faith, Identity, and Action*. So many participants commented that the life, energy, worship, and reflective spirit were sources of inspiration and renewal. We are so grateful to the planning committee: Sister Rosemary Abramovich, OP, BCC, Beverly Beltramo, BCC, Deacon Thomas Berna, BCC, Rev. John T. Crabb, SJ, BCC-S, and Sister Thomas J. Gaines, SC, BCC, along with our NACC staff members Susanne Chawszczewski, PhD, and Jeanine Annunziato.

We are also deeply grateful to our many members who were willing to write articles for this *Vision* issue. They provide our readers with a taste of the conference content and a sense of what it was like to be there.

I want to devote my column to the business meeting that took place on Monday, April 15. It was well attended, and we received valuable feedback on it. Also during this business meeting we learned of the Boston Marathon bombings and prayed for the victims. You can access the PowerPoint used for the business meeting at www.nacc.org/media/Business meeting PPT 2013.pptx. Also the page of 2012 NACC highlights that was given to all members can be accessed at www.nacc.org/docs/conference/2013/Business Meeting Snapshot.pdf. Bonnie Burnett, MDiv, BCC, NACC Board chair, presided over the meeting, and I provided NACC updates.

We welcomed our two new Board members, Mary T. O’Neill, DMin, BCC-S, who has been board certified with NACC since 1985, and Rev. Michael Rice Saxton, MDiv, BCC, who is certified with both APC and ACPE. We are deeply grateful to both of them for their willingness to serve. It was also a delight to acknowledge and congratulate those celebrating their 25th anniversaries as NACC members and those celebrating their 25th anniversaries as board certified members of the NACC (see list at www.nacc.org/docs/conference/2013/25 Year Anniversary booklet.pdf).

I shared some highlights about our membership. They included our membership total of 2,898 in 2007 and 2,435 as of March 2013 (463 fewer members). The trend showed an average 75-80 net loss of members per year. During that time period, our greatest decline was in the number of religious women members (from 1,060 to 660 or -400), and only laymen had a net increase (290 to 331 or +41) during that time period. A membership profile slide showed that from 1992 to 2013, NACC went from 50% religious women to 51% lay women and men. Our 150 new members in 2012 profile as: 58 laywomen (38.7%), 37 priests (24.7%), 32 laymen (21.3%), 16 religious women (10.6%), and seven deacons (4.6%). The face of NACC continues to evolve. This new member profile has been consistent in recent years.

I also shared NACC’s financial health with the help of three slides. One showed how the past four fiscal years (2009-2012) resulted in net surplus revenues that have helped recoup the losses of the prior three years (2006-2008). Another slide showed how NACC net assets went from a low of $167,088 in 2008 to $659,359 in 2012. These past four years for NACC have been healthy years, thanks in large part to good stewardship by our volunteer leaders and NACC staff, and to generous member support. The final financial slide showed the projected financial forecast for 2014-2018 that indicated potential budget deficits of $15,000 (2014), $ 49,180 (2015), $72,050 (2016), $78,050 (2017), and $130,000 (2018), if no changes are made to the current NACC revenue and expense model. The above membership and financial information was important data that set the basis for the remainder of the business meeting, which was devoted to updates on the 2012-2017 Strategic Plan.

Board member Rev. Jack Crabb, reported on Goal I (To Educate and Support Association Members for the Future of Professional Chaplaincy) and the initial priority of Objective A, which is to provide formation and resources for chaplains to be effective ministers and leaders, especially in emerging settings and healthcare systems (both Catholic and other) and across the continuum of care. He highlighted the 2013 steps for implementation that include: identify the settings through member survey; determine new competencies required; develop educational tools/settings for gaining competencies; and decide which competencies need to be demonstrated at time of certification.

Bridget Deegan-Krause, NACC member and former NACC Board member, reported on Goal II (To Increase Awareness of the Value of Professional Chaplaincy Among Key Constituents) and the initial priority of Objective A which is to develop materials and programs to communicate the value of professional chaplaincy. Bridget explained that the 2013 implementation steps will include: gain insights into the perception of chaplaincy work from the Catholic Health Association (CHA) survey of healthcare executives and clinicians, further develop and test core messages on chaplaincy and spiritual care, refine existing communication tools and create new ones based on these messages, and offer training/orientation to members on use and presentation of materials.
Board member Jane Mather reported on Goal III (To Enhance Advocacy Efforts with Strategic Partners) and the initial priority of Objective D, which is to continue dialogue with other key professional organizations integral to advancing the profession of chaplaincy. She announced two NACC Board decisions made at the April 12-13 meeting that preceded this conference. The Board affirmed the Goal III team recommendation to initiate collaborative dialogues with other professional chaplaincy associations to create “One Voice” for the chaplaincy profession with key constituents, including The Joint Commission. Also, she informed those present that the Board also affirmed the Goal III team recommendation that the NACC create a specialty certification in palliative care and partner with the Supportive Care Coalition and the Catholic Health Association in its development.

Finally, NACC Board member John Pollack reported on Goal IV (To Advance NACC as a Mission-driven, Financially Stable and Resilient Association. He described the 2013 focus on Objective C, which is to continue to assess and adjust our business model, governance, staffing, administrative and financial processes and resources as needed to carry out our mission. The work on this objective includes conducting an environmental scan of other associations, explore and present to the NACC Board two new alternative business models for the future of the NACC, and initiate a process to examine ways to streamline governance and certification.

The business meeting participants then devoted time to dialoguing among themselves about the direction and content of the 2012-2017 Strategic Plan implementation steps. The overall feedback was helpful, and good energy was present. Several commented positively on the content, flow and pace of the meeting.

I hope the above proves helpful to you, the reader of this column. While about 20% of our members are able to attend our national conference each year, we certainly want the conference to be a source of inspiration, wisdom, and assurance to our members that the NACC is, as the NACC vision statement expresses, a light of hope, whose members are persistently advocating for those dedicated to the spiritual care of people experiencing pain, vulnerability, joy, and hope.

Thank you for your dedication to the profession of chaplaincy and ministry of spiritual care.

David Lichter, DMin
NACC Executive Director

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CHA president says chaplains model ‘loving concern of God’

By Rodger F. Accardi, DMin, BCC

Sister Carol Keehan, president and chief executive of the Catholic Health Association, addressed the chaplains at the 2013 NACC National Conference not as someone standing on the shore of converging rivers, but as a person navigating the whitewater in the midst of that convergence.

Sister Carol, a member of the Daughters of Charity, acknowledged the work of chaplains as flowing directly from the documents of Vatican II, called upon chaplains to take care of themselves for the sake of those they serve, and challenged them to do all they could to help enroll uninsured people into the insurance programs available to them.

Theme of the April 13-16 conference in Pittsburgh, PA, was “Three Rivers Converging: A Call to Faith, Identity and Action.” Sister Carol made her comments in a plenary talk Tuesday, April 16.

She spent much of her talk connecting the documents of Vatican II with the ministry of the chaplain. In addressing the chaplain’s ministry of presence with those physically and spiritually distressed, she noted that the “council in its ‘Pastoral Constitution on the Church in the Modern World’ aspired to be with people in the most critical moments of their lives, both from the perspective of joy and sorrow. Think of the hundreds of times (of) joys, griefs and anxieties that occur in our health facilities, and how almost invariably you find the chaplain there representing the church who wishes to share and support these joys, griefs and anxieties of humanity. You made that care of the church, and her Lord, real in the lives of so many.”

She spoke of her own experience of working with chaplains when she said,

“I have had direct working contact with chaplains. I know firsthand what you mean to patients and their families, as well as what you mean to our staff.

“Whether you are the one who stays with a family member when the rest of us are frantically trying to resuscitate the patient, or to restrain the patient, or to do an emergency delivery – in all of these and so much more, you model the loving concern of God for those suffering,” she said. “You model it to them and to the whole healthcare community. This is a great privilege and a great challenge.”

And going further, beyond the one-to-one ministry of the chaplain, she acknowledged the professional organizational work done by the chaplains as members of the NACC, and connected that also with the documents of Vatican II:

“You have spent so much time and effort developing and implementing professional standards for chaplains, and doing this in cooperation with the church. You have the task of developing and certifying someone in the practice of spiritual care,” Sister Carol said.

“You are working to determine that a person not only has the requisite education, but that they are personally grounded in their faith, knowledgeable of their faith traditions and its social and moral teachings, while at the same time a sensitive communicator, a team player, able to work with persons at all levels, and persons of any faith, or no faith, and that is a daunting challenge,” she commented.

“You must see yourselves as championing some of the best exhortations of the Second Vatican Council.”

Sister Carol called for the chaplains to take action by taking good care of themselves:

“You are Catholic chaplains who render spiritual care out of a given faith tradition to persons of the Catholic faith, or other faiths, or no faith, and it requires great personal stamina as well as being deeply grounded in who you are and in your relationship to yourself, to your God, to your family, and to the other important people in your lives. We desperately need you,” she said. “And that is why I encourage you to take care of yourself. So many people in our facilities draw so much strength from you that it is important that you continually attend to nourishing yourself for them.”

Sr. Carol is probably best known for her efforts in the development of the Affordable Care Act. She pointed out the profound parallels in both political and religious spheres with the passage and implementation of Medicare and Medicaid in the 1960s and healthcare reform today.

She went on to say: “Let me be completely clear that there are real problems and challenges in the Affordable Care Act. It is anything but a perfect piece of legislation. There are things that have already been fixed in it, and things that we will have to have fixed in the future, but it is the first step in getting healthcare access for everyone in this country. We are long overdue to do that, and it is a noble first step.”

Sister Carol further explained that starting in October the insurance exchanges and the expanded Medicaid program will open. This is designed to bring 30-32 million of the 50 million uninsured Americans into the healthcare insured arena. They are the working poor, and getting those people to come in and get enrolled is going to be a huge challenge.

She said, “We must take advantage of every opportunity to talk with them, to help these families become insured families, who can go the doctor, have a medical home, get the prescriptions filled, get preventive services, without any co-pay. For them to have this benefit so readily available and not know it, and not take advantage of it, would be absolutely catastrophic.”
She told the chaplains, “I encourage you, because people have great trust in you, both those within your healthcare facilities and in your community, especially between now and October, to be a strong catalyst and advocate for getting Medicaid expanded and enrollment in the exchanges moving very successfully.”

Sr. Carol concluded her presentation, referring once again to the theme and image for this conference, "We started out looking at the metaphor ‘converging rivers,’ and the actions of rivers to wash, feed, water and heal.

“I hope you have a sense from me of how much your very challenging work each day means to us in healthcare as well as to the patients, and how much we admire your willingness to care for us and our patients, even more intensely than converging rivers do.”

Rod Accardi is director of spiritual care resources at Cadence Health in Winfield, IL.
Jesuit calls on chaplains to be competent, professional, shaped by Resurrection

By Susan Catherine Mitchell, MAPS, BCC

Father Myles Sheehan, a Jesuit priest and physician, challenged chaplains to be “competent, professional, shaped by Resurrection, knowing the wounds, but still forgiving and believing in a future that is radically different.”

He made the remarks during an April 15 plenary talk at the 2013 NACC National Conference in Pittsburgh, PA, in which he said that he was providing an “outsider’s take on identity.”

He spoke on the conference theme of identity and stated clearly that his own identity and personal and professional callings shaped his remarks.

“It is not up to me to tell you what your identity is,” said the provincial of the New England province of Jesuits and former dean of the Loyola University of Chicago’s medical school. Father Sheehan called on chaplains to minister in a broken church, a church that we know by its wounds as the body of Christ, and to accept “your own brokenness, without anger, guilt, competition or a desire to wound others.”

He made, as many of the conference speakers did, an allusion to the conference theme, “Three Rivers Converging: A Call to Faith, Identity and Action.” (I do not think I have ever been to another NACC conference where the theme and location have been so prevalent in all the speakers’ remarks. The only exception might be the “Streams in the Desert” theme in 2005 in Albuquerque, with water also being the preeminent symbol of new life.)

Father Sheehan spoke of his experience fly fishing and learning how to read a stream in order to find its equilibrium point. He challenged us to think hard about convergence, and about tensions between parts of our identity; where we find tension, we will find resilience.

He was clear that he spoke out of his hospital experience as a physician and teacher, and that he knew very little about other areas in which chaplains minister. At numerous points in his talk, he emphasized that he could only talk about what he knew, that he was offering us his expertise so that we could develop our own identity. Father Sheehan gave us a perspective different from one which we often hear, including a solid theological grounding of chaplaincy in the post-Resurrection narratives.

He also offered some models of what makes up a profession, including distinctive expertise, arduous training, being the source of great benefit, complex material, great autonomy and great obligations, and how all of these applied to chaplaincy.

As a medical school dean, he required all first-year medical students to do two four-hour shifts with the chaplain. He shared how it opened their eyes to what chaplains do. He spent some time on models of training medical students that might be of use to CPE students, such as interviewing techniques and scripting. While some of these, I believe, are being used in CPE programs, I wondered at his use of the word, “interviewing.” A chaplain listening to a patient is there in a very different capacity than a medical student gathering basic information. However, I did get the point that if we are not trained to listen carefully, chaplains are just as able to miss important things. He challenged us to work with student doctors and nurses, to “help train a new generation.”

He then spent some time talking about managed care and called upon us to judge medicine not by its characteristics, but “by its moral premises.” He asked us, “What are the values you profess?” and told us that “speaking the truth with love is what you have to do as chaplains,” an echo in my mind of the definition of a prophet as one who speaks truth to power.

While encouraging self-care, he then got into a section of his talk which I, and those seated at my table, found puzzling. He spoke of self-care as not being narcissism so that at 5 p.m. on a Friday, it “can’t just be the priest who stays.” He said that we must “live up to the call to serve, whether ordained or not.”

He deftly wove in the Sunday Gospel of John 21 of the Risen Christ at the Sea of Galilee. He quoted Jesuit author Gerald O’Collins in “Believing in the Resurrection: The Meaning and Promise of the Risen Jesus” (Paulist Press, 2012), and asked, “What difference to theology does the Resurrection story make?” He encouraged us to be “embraced by the Resurrection,” and to work out our struggles in its light. In the inimitable Jesuit way, he placed us on that beach, in that garden, with Jesus inviting us to life again, to a future where we can repair broken relationships.

He said that we are all called to be wounded healers, not “wounded wounders,” and that our professional identity is found in “Christ risen from the dead … knowing the pain, living in a new present, called to a new future.”

Susan Catherine Mitchell is a chaplain with Holy Cross Hospice and Home Care in Silver Spring, MD, which is part of the Trinity Health System.
Latina theologian focuses on grace-filled moments in ‘messiness’ of daily life

By Marika Hanushevsky Hull, MDiv, BCC

Neomi DeAnda, who wove personal experiences into her plenary talk at the 2013 NACC National Conference with humor and ease, reflected on her understanding of what she called “lo cotidiano,” literally, “daily living.” She emphasized the importance of “acknowledging and appreciating the grace-filled moments in the messiness of daily life.”

The Latina theologian spoke of the contextual understanding that is the essence of chaplaincy and brought her own personal, social, cultural, and theological experience into the mix in a disarming and effective way. Ms. DeAnda sees her work as part of an effort to contribute to social justice by regaining voices that have been lost, and particularly recapturing Latin American women's voices.

Ms. DeAnda, a Tejana, (a Texan of Mexican descent) is a faculty member and director of the Oscar Romero Scholarship Program, and the Hispanic theology and ministry Program at the Catholic Theological Union in Chicago, IL. She holds a doctorate in constructive theology from Loyola University Chicago, where she wrote her dissertation on the writings of Sor Maria Anna Agueda de San Ignacio (Puebla, Mexico, 1695-1756). Sor Maria was a religious in the first Mexican Dominican community in which women were allowed to enter without a dowry, and she became its first prioress.

Ms. DeAnda's first thematic “river” was “savoring.” In Spanish, the word is sabor, which literally means “how something tastes.” Ms. DeAnda related the two experiences of tasting, sabor, and knowing, saber (to know). She asked the audience to think of a favorite food, to remember the last moment when you ate the food, and to relive the experience of smelling, tasting and feeling. Ms. DeAnda stated that when we savor our faith we do it through our bodies in the context of our communities.

Ms. DeAnda's second thematic “river” was “nurturing.” She sees nurturing as “embodied tradition.” She shared that the long tradition of Catholicism is her “favorite part of being Catholic.” Ms. DeAnda wants us to experience this tradition not only with our intellect but also with our bodies. In her words: “When we do theology from this perspective, we are paying much more attention to our own humanity, as well as the grace-filled moments which our bodies sense in the daily routines of our lives.” Ms. DeAnda is drawn to images of real human bodies and how the lactating Mary was often depicted in the Middle Ages. The theologian understands Mary’s role as central to the Trinity: Mary as daughter of the Father, Mother of the Son, and Bride of the Spirit. As an interesting aside, Ms. DeAnda mentioned that the images of Mary with Jesus in her arms from the 17th century served as a kind of public service announcement to encourage breast-feeding for upper class women.

“Procuring faith” was the third thematic “river” in Ms. DeAnda's presentation. Ms. DeAnda understood the hope of faith, in the words of Maria Pilar Aquino, a Latina feminist theologian, as the Empapamiento de Hope: “A hope of faith which is so drenched and saturated that those working toward otro mundo que sí es posible (another world is possible) know that they will grow tired, sick, chafed, disheartened but will continue luchando en la vida (fighting in life).

The conclusion of the theologian's presentation was the highlight of her talk. With the conference's liturgical dancer and Ms. DeAnda on stage, the audience swayed enthusiastically to the music and the words of the song “Color Esperanza” by Diego Torres.

Saber que se puede
Know it is possible

Querer que se pueda
Desire for it to be possible

Quitarse los miedos
Remove one’s fears

Sacarlos afuera
Throw them out

Pintarse la cara
Paint one’s face

Color esperanza
The color of hope

\"More excellent and prodigious is the Milk of Mary’s Breasts, and much more admirable effects do they have on the sweet spirit, and substantial maintenence, and they are more useful and beneficial (provecho) to Saints and Sinners, and all have necessity of it.\" -From Ms. DeAnda’s translation of Las Marabillas Book 1, Chapter V.
Ms. DeAnda tied together an embodied way of looking at faith and relationship with God out of her own cultural context with Sor María’s theological perspective and the conference theme of “Three Rivers Converging.” With Ms. DeAnda we learned of the desire for the possible, of the Empapamiento de Hope, through engagement with our five senses, in the context of our ethnic and cultural communities and our communities of faith. In sharing her sense of embodied faith, the importance of cultural context and her academic interests, the Latina theologian brought us a taste of the richness of diversity and theological experience in our Catholic tradition.

In the words of one of the conference organizers: “Dr. DeAnda, thank you so much for stretching us.”

Marika Hanushevsky Hull, a chaplain at Saint Anne’s Hospital in Fall River, MA, is a member of the NACC’s Editorial Advisory Panel.
Powers of forgiveness, love essential in people’s lives, Father Goergen says

By Sandra Lucas, MDiv, BCC

Dominican Father Donald J. Goergen, the first plenary speaker at the 2013 NACC National Conference in Pittsburgh, PA, pointed out that one of the dangers of our profession is that we often focus on our active ministries, our degrees and accomplishments.

“It’s not what you do that matters but who you are. It’s not a question of doing more but of being more,” said the priest, author of many articles and 10 books in the areas of Christology and Christian spirituality, including “Fire of Love, Encountering the Holy Spirit” (2006). His presentation was titled “The Healing Power of Christ.”

Father Goergen shared his own experience of being a breast cancer survivor, several years earlier, when he had a mastectomy followed by chemotherapy and radiation therapy. The experience made him realize two things that are essential in the lives of people: the power of forgiveness and the power of hope.

He defined hope as “leaning on God.” “As chaplains, we are instruments of hope,” he said. “Hope is that odd thing. It doesn’t have just one face. It keeps changing but it’s always there. It sustains us.”

The theme of the April 13-16 conference was “Three Rivers Converging: A Call to Faith, Identity and Action.” Father Goergen made his comments in a plenary talk Saturday, April 13.

Dominican Sister Rosemary Abramovich, plenary speaker chair, introduced Father Goergen as “a joy-filled Dominican friar, a friend of God, and a prophet,” noting that he has traveled many parts of the world and incorporated his learning into all of his works. She shared with the audience that Father Goergen, after first founding an ashram in Kenosha, WI, then moved to Adrian, MI, where he spent six years with her religious community. “To have the ashram and Don and his companions share faith and life on our motherhouse campus was a holy and life-giving gift,” she said. “His reverence for life, his search for truth, and his striving for peace is his special gift.”

Father Goergen began his presentation by sharing that he had enjoyed dinner the evening before in a restaurant overlooking the three rivers that meet in Pittsburgh. “I could see the rivers converging,” he said. He observed the movement, fluidity, and flexibility of the rivers, noting how we hope for a similar convergence in our own lives, those times when divergent things come together.

He quoted the famous phrase by Heraclitus, the Greek philosopher of Ephesus, “You cannot step into the same river twice.” “Likewise among us,” he said, “in many ways we don’t step into the same church twice. We don’t step into the same hospital twice. There’s that constant movement and flow that is also sacred.”

Father Goergen posed his first question, a question for our reflection on the theme of faith, identity, and action. “Who do you say that Jesus is?”

He read from the Gospel of Mark a Scripture passage that became the core of his presentation. “And in the morning a great while before day, he rose and went out to a lonely place and there he prayed.” (Mk 1:36)

He then put the passage into context, pointing out that the whole town had gathered the evening before, and Jesus had healed many who were sick and had cast out demons. The next morning, hours before dawn, Jesus had slipped away only to be searched for by a frantic Simon who exclaimed, “Everyone is looking for you!”

“I don’t know about you,” Father Goergen said, “But if it had been I, I would have said, ‘Fine, fine. Give me five more minutes and I’ll be there. I need this time.’ But instead Jesus gets up immediately and says, ‘Let us go on to the next town that I might preach there also for that is why I have come.’ Jesus recognizes his need for time apart, and his readiness to respond to the needs that are there.”

Who did Jesus say that he was? Father Goergen said that Jesus saw himself as “a preacher, a healer, and an exorcist,” noting that the word “exorcism” does not carry much resonance in modern usage. He presented contemporary ways of understanding it. “What are the demons in my own life? Who and what are the demons in our world? What demons attack us in the life of the church? What demons do you struggle with in the lives of people when you come to minister?”

This three-fold ministry of Jesus – preaching, healing, exorcism – these three rivers converging, were integrated into the whole person. He said: “When Jesus preached, he healed. When he touched someone, he healed. When he drove out demons, he healed. When he forgave sins, he healed. Everything he did, every word he said, had that power to heal.”

Father Goergen posed another question for reflection: “Where does that power come from?”

Presenting a closer lens, he asked: “From where do you find that power to be a healing presence in someone’s life, especially in this busy and hyperactive world? What is the power that undergirds the capacity for Jesus to be a healer?”

Again, he quoted Mark 1:36. “And in the morning a great while before day, he rose and went out to a lonely place and there he prayed.”

“Jesus didn’t go off to a lonely place to pray because he wanted to model prayer,” he said. “He went off by himself because he knew he
needed to stay connected to that inner source, to his heavenly Father. He knew himself well enough, and he knew who he was, and he knew in order to sustain that connection with God, he needed that time apart.”

He challenged us: how do we nurture an interior life and develop a contemplative dimension? “The power needs to be within before it can be manifest without,” he said. “Jesus got up early in the morning to pray. He knew he needed to do it. We know we need to do it. We need to be grounded in our faith with an identity that is the source of all we do.”

Faith, Identity, Action. Three rivers converging in our own lives.

Father Goergen posed his final question: “How can I be who God has created me to be so when I am in the presence of those in need of me, what I most bring is who I am?”

His answer: “And in the morning a great while before day, Jesus rose and went out to a lonely place and there he prayed.”

Sandra Lucas is regional director of spiritual care for Humility of Mary Health Partners in Youngstown, OH, and a member of the NACC’s Editorial Advisory Panel.
NACC honors Bishop Dale Melczek with the Outstanding Colleague Award

By Marilyn Williams, MSHHA, MTS, BCC

At the annual NACC National Conference, the NACC recognizes a person whose work has supported, complemented, and significantly contributed to the advancement of the profession of chaplaincy. This year’s honoree was Bishop Dale Melczek, who served on the NACC Board of Directors as the episcopal liaison in 2000-07. During the presentation of the award, NACC chaplain and former Board member Bridget Deegan-Krause recalled that Bishop Melczek had been both “Martha and Mary” for the NACC.

Ms. Deegan-Krause noted that Bishop Melczek helped manage the details of leading the organization in a time of transition and advocated for the well-being of the ministry with his brother bishops as well as shared a vision for the future. Ms. Deegan-Krause added: “Many of us have commented how Bishop Dale challenged us time and again to go back to our roots, to attend closely to our ongoing formation as ministers and, very importantly, to embrace our ecclesial role, to enjoy, claim and take responsibility for it.”

She also noted that during his tenure on the NACC Board Bishop Melczek successfully guided the completion and acceptance of the USCCB’s document, “Co-Workers in the Vineyard of the Lord,” which in part was influenced by his interactions with the NACC membership. In concluding her introduction, Ms. Deegan-Krause congratulated Bishop Melczek, her “co-worker in the vineyard,” for this special honor, as well as the celebration of his 30 years as bishop, and 50 years as a priest.

In accepting the 2013 Outstanding Colleague Award, Bishop Melczek offered words of encouragement and food for thought to those of us who serve as healthcare chaplains. In acknowledging the value and friendship he feels for the NACC and its members, he noted that an NACC member first of all is “one who is deeply rooted in prayer and thus readily recognizes the face of Jesus in those who are sick or dying; the face of Jesus in those suffering in mind, heart, body, or soul; the face of Jesus in their families and in other collaborators, such as doctors, nurses, and administrators in health care ministry.”

When he thinks of an NACC member, he noted, he thinks of “one who brings the presence and prayers of the church with a tender heart” as well as one who is “a highly committed person who has undergone the rigors of certification” and “values the importance of ongoing formation, education, and mutual support.” Bishop Melczek stated that because of his high regard for each NACC member and the association, “I treasure and am humbled by the distinction you bestow upon me tonight” and “thank you so very, very much.”

Bishop Melczek went on to reflect on the history of the NACC and its “enormous advantage and service to the bishops who have the responsibility for oversight of this vital ministry of the church.” In his view, the “NACC beautifully reflects the rich diversity of the church.”

In speaking of NACC’s diversity, he stated, “Some have been called to religious life. Some have been called to ordained ministry. Some have been called to marriage. Some have been called to the single life. However, each of you has recognized the call of God to one of the most significant ministries which the Catholic Church offers to the faithful in the name of Jesus Christ. You sensed the God of love and compassion calling you to bring hope, healing, and meaning to people who are fragile, broken, and sick, perhaps as they are on the most important segment of their journey of life.”

In conclusion, Bishop Melczek said, “Thank you for responding to God’s call to be Christ for others. May you return to your ministry radiating with joy our risen Lord who is, indeed, kind and merciful! Thank you for bringing his love and healing to others in the name of the church.”

Marilyn Williams is director of pastoral care at St. Mary’s Health in Evansville, IN.
Response by Bishop Dale Melczek, recipient of NACC’s Outstanding Colleague Award

April 14, 2013

Dear Bishop Waltersheid, my brother priests, deacons, dear religious, and brothers and sisters in Christ all:

It is truly good to be back with you this evening. I deeply value my association with you as your episcopal liaison from the fall of 2000 until the fall of 2007. I treasure your friendship and have always been edified by the seriousness and generosity with which you respond to your vocation to bring Jesus’ compassionate and healing love to those who are in critically vulnerable periods in their lives. You minister in the name of the church. Thank you for your deep love for Jesus, for his church, and certainly for those to whom and with whom you extend Jesus’ mercy and healing love.

Permit me to extend my personal congratulations to Karen Pugliese upon whom you bestow the Distinguished Service Award tonight. We served together on your Board of Directors. Karen embodies so well the qualities which we all strive to bring to our ministry of care. She has a passion for this ministry and she brings to it both a tender heart and professionalism. She instinctively appreciates the value of collaboration to assure the very best care for those we are privileged to serve. Congratulations, Karen!

When I think of an NACC member, I think, first of all, of one who is deeply rooted in prayer and thus readily recognizes the face of Jesus in those who are sick or dying; the face of Jesus in those suffering in mind, heart, body, or soul; the face of Jesus in their families and in other collaborators, such as doctors, nurses, and administrators in health care ministry. When I think of an NACC member, I think of one who brings the presence and prayers of the church with a tender heart, much understanding, and competence to those in so much need of hope and healing. When I think of an NACC member, I think of a highly committed person who has undergone the rigors of certification. When I think of an NACC member, I think of one who values the importance of ongoing formation, education, and mutual support.

Because I have such high regard for each one of you and what the National Association of Catholic Chaplains stands for, I treasure and am humbled by the distinction you bestow upon me tonight with the Outstanding Colleague Award. Thank you so very, very much.

You may recall the history of the National Association of Catholic Chaplains. It was founded by the bishops of the United States in 1965, just at the end of the Second Vatican Council. Your 50th anniversary is just around the corner. The bishops founded the NACC to assure professional training, standards, and certification for those who extend the healing ministry of Jesus in the name of the church. The NACC has offered an enormous advantage and service to the bishops who have the responsibility for oversight of this vital ministry of the church. I reminded the bishops of this at least annually during the seven years I served as episcopal liaison.

In 1965, the membership of the NACC began just with priests. However, under divine inspiration, that changed very quickly. With joy, we can celebrate that our gathering tonight represents every dimension of our church: bishops, priests, deacons, religious, and lay faithful. You have all submitted to the discernment, authorization, and supervision of the bishops who are charged with the unity of the church and the fidelity and authenticity of its ministries. You all serve within the community of the church and you serve its communion and its mission. In our 2005 document, “Co-Workers in the Vineyard of the Lord,” we say that lay ecclesial ministry has emerged and taken shape through the working of the Holy Spirit.

We reflect here tonight on the church as a mystery of Trinitarian communion and mission. Through Baptism, we all share in the life and love of our Triune God and through that sharing, we are all in communion with each other in and through Christ. Vatican II reminds us that we are all called most fundamentally to holiness as our primary vocation. Holiness is nothing other than the gift of loving union with God and the sharing of this love in relationship with others. In his Apostolic Letter, “Porta Fidei,” introducing the Year of Faith, Pope Emeritus Benedict XVI reminded us: “Faith grows when it is lived as an experience of love received and when it is communicated as an experience of grace and joy. It makes us fruitful, because it expands our hearts in hope and enables us to bear life-giving witness.” Is that not the experience of your own life and ministry?

Communion and mission are profoundly connected with each other. The Lord Jesus, by the gift of the Holy Spirit, draws us into communion with the Father. Our experience of the life and love of God impels us to share that life and love of God with others. As St. Paul says in 2 Cor 5:1-4: “Caritas Christi urget nos.”

The NACC beautifully reflects the rich diversity of the church. Some have been called to religious life. Some have been called to ordained ministry. Some have been called to marriage. Some have been called to the single life. However, each of you has recognized the call of God to one of the most significant ministries which the Catholic Church offers to the faithful in the name of Jesus Christ. Whether by a profound religious experience or not, you sensed the God of love and compassion calling you to bring hope, healing, and meaning to people who are fragile, broken, and sick, perhaps as they are on the most important segment of their journey of life. Further, many of you are given more and more opportunities to help shape your institutional healthcare initiatives by Gospel values such as respect for the sanctity of each individual, preferential option for the poor, the recognition of human rights and responsibilities, and respect for moral absolutes and our ethical and religious directives.

You help your institutions embody the sentiments expressed in the introduction to the Ethical and Religious Directives: “The mystery of Christ casts light on every facet of Catholic healthcare: to see Christian love as the animating principle of healthcare; to see healing and compassion as a continuation of Christ’s mission; to see suffering as a participation in the redemptive power of Christ’s passion, death, and resurrection, as an opportunity for a final act of communion with Christ.”
Dear NACC members, during these days together, may you be strengthened not only with the body and blood of Jesus in the daily Eucharist and challenged by your presenters, but may you also find wonderful support in your fellow spiritual care ministers who experience the same struggles as you do, who, like you, have been called to be a minister of Christ’s light, of God’s liberating love and mercy. Thank you for responding to God’s call to be Christ for others. May you return to your ministry radiating with the joy of our Risen Lord who is, indeed, kind and merciful! Thank you for bringing his love and healing to others in the name of the church.

Karen Pugliese, ‘woman of passion,’ receives 2013 Distinguished Service Award

By Marilyn Williams, MSHHA, MTS, BCC

Karen Pugliese’s leadership and her many significant and lasting contributions to the professional ministry of chaplaincy and the advancement of the mission of NACC were recognized by the NACC at its 2013 Annual Conference in Pittsburgh, PA. In presenting her with the 2013 NACC Distinguished Service Award, Rod Accardi, her colleague and first CPE supervisor, introduced Ms. Pugliese as “a woman of passion.”

Using the conference theme of three rivers converging, Mr. Accardi spoke of three passions he had experienced in Ms. Pugliese – passions that he said have significantly affected her ministry and leadership.

The “first river,” according to Accardi, is her passion for learning. He told of meeting Karen in 1981 when she applied for the first unit of CPE that Mr. Accardi was authorized to supervise independently. He recalled that her application stated she was a suburban housewife, mother of seven children, born and raised in the Bronx, NY, with a bachelor’s and master’s degrees in theology. Accardi noted he discovered in his encounter with Karen a desire “to learn so much more.” He said that she had well-developed skills for ministry, but wanted to “deepen and expand those skills and competencies.” He went on to say that if the contemporary music of today were in his ears then, he would have written in the margins of her materials the title of Alicia Keys’ song, “This Girl Is on Fire!”

Mr. Accardi identified the “second river” as Karen’s passion for dialogue. He reminisced about Karen’s first engagement with the NACC and how he experienced her passion for dialogue at the 1988 Minneapolis conference called Dialogue ’88, when the cognate groups came together for the first time. Mr. Accardi stated, “I had experienced her passion for dialogue in the pastoral encounter with patients,” but now he saw an extension of that passion in entering into dialogue with her colleagues in ministry. And it is this passion for dialogue that has informed her leadership and contributions in advancing the profession in relation to the NACC, APC, AAPC, ACPE, and NAJC, he said.

The “third river” is Ms. Pugliese’s passion for ritual. Mr. Accardi noted that she majored in English in college and has a love for words, but that in addition she has a deep passion for ritual – “the right ritual at the right time that is authentic to each individual and occasion.”

Bishop Dale Melczek, who accepted the NACC Distinguished Colleague Award the same evening as Ms. Pugliese received her award, spoke of her “passion for ministry,” noting that she brings to it “a tender heart and professionalism” and “embodies so well the qualities which we all strive to bring to our ministry of care.” He also stated that Ms. Pugliese “instinctively appreciates the value of collaboration.”

In beginning her acceptance speech, Ms. Pugliese also spoke about passion. “The fires of passion that each of the early women pioneers in the NACC held high helped to ignite the flames of my passion for this ministry of chaplaincy.” She went on to remark: “This vocation, this ministry, this profession caught my heart some 30 years ago. And still does – passion for possibilities in ministry, passion for professionalism in ministry, and passion for the power of effective partnerships for advancing our profession.”

She spoke of how passion comes from the Latin root, “patior,” meaning to suffer, and how “compassion,” the call to suffer with another, has sometimes broken her heart as well. She also spoke of her great gratitude to pursue these passions and to each person who worked with her in this pursuit. She especially noted her gratitude for all the “patients and their significant others who invited me into the intimacy and vulnerability of their pain and suffering” as well as for her healthcare colleagues and the NACC.

In giving thanks she noted that “we come closest to touching, entering, experiencing Divine Mystery when we are in relationship,“ and that we are “somehow called by the very nature of our existence to discover meaning and purpose within the Mystery.” Ms. Pugliese went on to say that we have been blessed by “art, music, literature, and the wonders of nature” as the “symbolic guides to the process of discovery” of the true self. She concluded: “Gratitude, it has been said, is the alleluia to existence, the praise that thunders through the universe as tribute to the ongoing presence of God with us...even now. Thank you.”

_Marilyn Williams is director of pastoral care at St. Mary’s Health in Evansville, IN._
Paradigm shift for pastoral providers: Use pilot programs to take spiritual care beyond hospital walls

By Jennifer W. Paquette, DMin, BCC

Julie M. Jones and Dorothy Sandoval presented a workshop at the 2013 NACC National Conference in which they described how, in 2011, St. Louis-based Sisters of Mercy Health System launched a progressive, yet exploratory, plan to provide pastoral care to their physician clinics. The workshop was titled “A New Model of Pastoral Care: Expanding into the Clinic Setting.”

Aware that healthcare was changing and that the role of the chaplain would necessarily evolve, they hoped to devise a model of providing spiritual care consistent with the goals of the larger Mercy organization. This meant a paradigm shift for pastoral providers, delivering spiritual care outside the traditional hospital walls.

For Mercy, this was no small task. The Mercy network spans four states (Kansas, Missouri, Oklahoma and Arkansas) with more than 400 clinics, some of them as much as two hours apart. Their metrics informed them that 96% of Mercy patient encounters occur outside of the hospital. It was clear that the traditional hospital model of chaplain presence to the patient would not work. Yet, their Spiritual Care Vision statement asserted that wherever Mercy patients were served, “attention to spiritual needs will be met.” This clearly meant a delivery system of pastoral care that could transform “relentlessly,” which is precisely the goal of the larger Mercy organization in order to get the healthcare experience “right” for the client. The spiritual care team was committed to trying something and determined that there would be no failures in the results, just learning.

In their first year, the chaplains embarked on pilot plans in a couple of clinics, learning to become more intentional and focused in the clinic setting. By the second year, they were piloting in 37 clinics and became more tightly coupled to the clinic staff. And by the third year (FY2013), they created and used “smart teams,” sharing successful practices, refining approaches to better serve unique clinic environments, such as the oncology clinic, developing promotional materials and discovering new ways to partner. Each year was a journey of learning. It is important to note that throughout this expansion neither their spiritual care budget nor the number of chaplains was expanding. Today, they are in 100 clinics and much has been learned.

Some of the lessons learned include:

- **Make friends with the leadership.** Cold calling into the clinics did not work. Spiritual care needed to build relationships and support within the leadership of the clinics, becoming partners with the administrative leadership, as well as the physicians, and demonstrating that they could deliver value for the clinic. The Mercy team also recommended developing a relationship with the mission leaders who could introduce the chaplaincy teams into the clinics. Additionally, the physicians understood a "team practice" in the hospitals and were coming to understand its benefits in the clinic setting.

- **Adapt!** Clinic settings are very different from the hospitals, so the chaplains had to build on what was already present. Intuitively or from prior experience, the clinic personnel frequently understood that the spiritual needs of the patient were important, a good starting point for including spiritual care. Learn the culture and rhythm of the clinics, because there will be individual differences. Be prepared for little additional space to accommodate spiritual care.

- **Educate.** Not all chaplains were enthusiastic about the move into the clinics. For those who were willing to be change agents, Mercy developed training. Moreover, the clinical staffs themselves needed training in order to understand the role that this new discipline could contribute to the team. Training for the clinical staff had to be brief to be successful. Mercy relied on the clinics to screen for patients who would benefit from contact with the chaplains. For example, individuals with high emotional but low medical needs who often took up significant clinician time became candidates. Other candidates might include patients with chronic illnesses, such as congestive heart failure or diabetes. Mercy developed screening tools to generate appropriate referrals. Moreover, once the clinicians understood the role and value of the chaplains, integration into the team flourished.

- **Develop new staffing models.** Without increased spiritual care funding and staffing, new models of chaplaincy staffing had to be developed, and they needed to be cooperative with the larger corporate initiatives for delivery of healthcare. As you might imagine, Mercy turned to technology for some of its solutions, sensitive to the limitations provoked by confidentiality concerns. The telephone works well for many patients as does email. They are also planning for the future through video consults. While the use of volunteers in the hospital was often successful, their practice of room-by-room visits did not transition well to the clinics. Mercy is networking with faith communities local to the clinics and building an additional infrastructure through them.

- **Create a spiritual environment.** Awareness of spiritual care for the patients had to be created separately at each clinic. Space for “Care Notes,” brochures and prayer boxes was identified.

- **Pilot the model.** Whatever the plan becomes for expanding pastoral care into the clinics, build the plan through the use of a “pilot project.” Pilots are excellent learning tools that can help ensure success.

- **Gather feedback.** Survey the clinicians. Mercy learned that over 96.5% of the respondents agreed that “spiritual care is important in overall patient care.” Moreover, 84% said that chaplains positively influence patient satisfaction and 81% acknowledged that chaplains play a positive role in supporting the staff.
Successful strategies include, according to the Mercy presenters:

1. If you desire to expand into the physician clinics, identify and build on the strengths you already have.
2. Share internal resources and ideas. For example, if you desire to communicate and market spiritual care into the clinics, use the internal resources in your organization with that expertise.
3. Try something! If you know you need to get started, don’t be afraid to step out and try something.
4. Pilot the project, being willing to accept small failures as keys to future successes. Moreover pilots help to clarify the planning.

Jennifer W. Paquette is director of spiritual care at Providence Mount St. Vincent in Seattle, WA.
Multiple models suggested for determining adequate chaplain staffing

By Jennifer W. Paquette, DMin, BCC

NACC members who form part of the Catholic Health Association’s Pastoral Care Advisory Committee Staffing Subcommittee presented a workshop titled “Models for Determining Adequate Staffing” at the 2013 NACC National Conference.

Julie Jones (Mercy), Jim Letourneau (Trinity Health), and Tim Serban (Providence Health & Services) noted that staffing has been and continues to be a work-in-progress, a subject around which research and design continue to flourish, and a topic that encourages the input of every healthcare entity in which chaplaincy serves. Today, there exists no definitive model. And so the discussion and consideration of various approaches continue.

What has been learned is that the models that do not work well for evaluating chaplaincy staffing are as important as those that can offer value. First, a few things that don’t seem to work well:

- The ratio of chaplain to staffed beds or census is insufficient because this model does not consider the whole of the ministry (worship services, bereavement groups and other services), staff ministry and/or acuity of the population served.
- A “Unit of Service” (UOS) is insufficient because there is no agreement of measurement using chaplain’s worked days, patient days, or a unit cost.
- The view of consultants is frequently insufficient as their recommendations are often predicated on data that cannot be verified.

The Research and Design Model that the Pastoral Care Advisory Committee Staffing Subcommittee is recommending encourages development of multiple models simultaneously, models that would be shared and tested across many healthcare entities, and subsequently evaluated for use in additional environments. A few models shared by the presenting healthcare systems included:

- Providence Health & Services
  Providence Everett Hospital developed a model that showed the relationship between census and staff ministry. When the census declines, chaplains become more attentive to staff ministry. The model was able to demonstrate to administration that chaplains focus beyond patient care while demonstrating to the chaplains the shifts in their work.
- Dignity Health
  Dignity was able to conceptualize spiritual care as a three-legged stool of “who we are” (Mission Integration), ”a positive factor in patient outcomes” (Strategic Integration), and account for a core staffing standard (Stewardship). Each of these encouraged the spiritual care leaders to consider their importance to administration as well as providing a system level formula of expectations for spiritual care.
- Mercy
  Mercy conceptualized staffing in order to show the influence of acuity in planning for chaplaincy support. For example, a 100-bed NICU would staff differently than the same number of staffed beds in a general medical-surgical area.

This presentation evoked considerable discussion. One approach suggested from the audience was simply not to spend too much time stressing over staffing measurements. Know your budget. The spiritual care budget will likely be miniscule compared to the total for the institution. Given the low budgetary impact of spiritual care, the energies spent toward developing measurements might be better spent elsewhere. Another person believed it far more important to ensure a good relationship with the executive team, the kind of relationship that provides frequent contact to tell the story of spiritual care. Indeed, there was considerable sentiment toward ensuring the stories of spiritual care were heard by the hospital executive team. Stories should include areas of creativity and innovation evident within spiritual care, especially where they support the goals of the organization. Another recommendation was to borrow measurement approaches from other disciplines, such as nursing.

Clearly, the staffing topic continues to be of significant interest among leaders of spiritual care across healthcare organizations, who are under pressure to justify their staffs. Being "Catholic" does not exempt chaplaincy from financial pressures.

Certainly, there are successes toward the goal of developing staffing models, but no overarching model under which they all can fit. Nor is there a linking model in which others can easily participate. Your help is needed! In your environment, what has been tried that has offered some success? What have you learned? Why did it work? Was it environment specific? If something was tried and found to be inadequate, why did it not meet expectations? Please share your results with the subcommittee members. They would appreciate hearing from you.

Jennifer W. Paquette is director of spiritual care at Providence Mount St. Vincent in Seattle, WA.
Drumming by the river: The healing power in the heartbeat of the drum

By Austine Duru, MDiv, MA, BCC

At the 2013 NACC national conference held in Pittsburgh, PA, the drums were rolled out for a powerful afternoon of recreational hand drumming. More than 50 chaplains and healthcare professionals participated in the first drum circle workshop offered at the NACC national conference, to drum, pray, reflect, and dance, because in the words of one participant, “the beat of the drum is my center. It grounds me and renews my spirit.”

The setting was picturesque. The hotel at which we met was on the south shore of the great Monongahela River that flows into the Ohio at the confluence of the Monongahela and Allegheny Rivers. Lush mountains overlook the steel city, the city of bridges, where these three great rivers converge. In the distance there was a grand view of Mount Washington and one could see the scenic Monongahela incline. Across from it stood the historic 52-acre station square complex; a surrounding vibrantly diverse cultural district lent charm to the event. The image was peaceful, creating a certain awareness of oneness with nature that often seeks to bask in the freedom of being. A sense of being that is freeing, rejuvenating and often an antidote to our busy lives, our incessant doing. This site is also unique in another way. It is home to the Shawnee and several other settled tribes of Native Americans, for whom drumming means much more than a pastime and in whose footsteps we now walk.

Drums are among the oldest musical instrument in history. Drumming is practiced universally; it is versatile, evocative, and dynamic. From ancient traditions to our present day, drums have played and continue to play significant roles in peoples’ lives and have been used for musical and non-musical purposes that reveal the great power of the drum. Current literature points to the healing effects of this ancient practice. Shi-Hoang Loh, MD, director of the complementary therapy program at Bon Secours New York Health System, states, “The major deficiency of modern medicine is that it recognizes only the physical part of a human body, whereas the driving force – mind, soul and spirit – is generally neglected” (Friedman, 2000, p. xvi). He observed that the drum can be a powerful tool in healing because it facilitates communication with another being, and “to be able to communicate with another being is required for self-recognition, and self-recognition is essential for healing to take place” (Friedman, 2000).

Robert Lawrence Friedman, a psychotherapist and life-long student of music, acknowledged that the relationship between drumming and healing is not new; what is relatively new is the “merging of science with the healing qualities of the hand drum” (Friedman, 2000, p. 3). In the last few years, researchers and scientists have started to confirm what ancient traditions have long believed about drumming and its benefits. A fairly recent groundbreaking study by Barry Bittman, MD, and his colleagues supports the health value of recreational drumming. Bitman et al (2002) found that one hour of group drumming with a group of 111 adult participants who had no previous drumming experience, following a specific protocol called group empowerment drumming, reversed the stress response by increasing NK (Natural Killer) cells (Bittman et al, 2002).

This workshop at the NACC conference was an invitation to explore recreational drumming as a way to experience the transformative narrative in the heartbeat of the drum. By going back to the Latin roots of the term recreation – re-creatio (restoration to health) participants are called to a deeper awareness of the healing resources within, and learn how to draw these out. Drumming is also an invitation to re-connect with the source of all creation – God. One participant captured this poetically in her reflection, “my heart beats with joy, the awe of God present in the beating of the drums, I am love again.” Another participant would write about the experience, “for me, this drumming session was freeing, helped me to connect with others in the group. I felt a deep connection with God who I felt was with us and drumming alongside us.”

It was clear that workshop participants did not come just to drum, but to pray, learn, reflect and find the music within. It became a powerful gift-sharing exercise in which we shared in each other’s gifts of music and, in turn, blessed others with our own music. Participants felt empowered, creative and energized. The following are excerpts from participants’ reflections:

- “She who plants herself roots herself, beside the living waters... She who finds her own rhythm plants herself, drumming in community, for community, with community.”
- “I became totally involved in the drumming and the world disappeared. It was just me and the drum circle in the presence of God. No cares, no stress, just peace.”
- “From the beating of my heart to the beating of my soul. I felt the connectedness of my first heartbeat in my mother’s womb.”
- “Joy, delight, health, healing and hope – lifting and letting go of concerns to be brought to a space of joy, connection, community, sacred space.”
- “Great inspiration, I feel blessed to have learned another language of expression through the drums. I hope to suggest that we use drums in our hospital in group setting.”
- “There can be calm; it moved me to a different place. Unity in diversity, everyone giving from the heart, promotes a sense of well-being.”

As the trend of drum circles in healthcare, community and corporate settings continues to pick up steam, certain programs have
successfully integrated drumming in treating Alzheimer’s patients, autistic children, and emotionally disturbed teens. It is not farfetched to conclude that chaplains would be well-suited to lead the effort to integrate drumming as a dimension of holistic spiritual care and self-care practices, as we continue to answer the call to faith, identity and action.

Austine Duru, staff chaplain at Franciscan St. Margaret Health in Dyer IN, is a member of the NACC’s Editorial Advisory Panel. Watch a video of this workshop on YouTube at http://youtu.be/FdzJU-7THu4
Research leads to insight, understanding, ‘a place at the table’

By Prudence Hopkins, MA, BCC

Imagine a body of information assembled through applied research that proves benefit of pastoral care interventions working towards the healing and recovery of patients. Imagine other disciplines, curious about how pastoral care might approach a particular problem, benefitting from what we have already studied, analyzed and proven to be best practice.

According to Gerald Gundersen, who offered a workshop titled “Using Your Best Practices to Aid Research and Pastoral Care” at the 2013 NACC National Conference in Pittsburgh, research is critical in moving pastoral care forward as a profession. Gundersen, who is chaplain at the Psychiatric Institute of Washington in Washington, D.C., and serves on NACC’s Research Task Force, challenges chaplaincy to identify, research, and share its findings in a way that will permit pastoral care “a place at the table” with the other disciplines on the treatment team. In doing so, we develop ourselves as professionals, add to the knowledge base of positive expected outcomes (best practices), and validate ourselves as a viable, bona fide profession that fosters mutual support and understanding among disciplines. Consequently, what we learn has relevance to both ourselves and others.

Research, as defined by Gundersen, is process of discovery, leading to insight and understanding. A hypothetical thorny problem is identified. How to resolve it? Using a triangle as a graphic, Gundersen explains the procedure:

- Brainstorm for helpful suggestions.
- Next, identify what might be promising best practices.
- Design a model for scientific testing and gathering data.
- Demonstrate if “promising” practice is best practice, which is now evidence-based vs. anecdotal.

Having arrived at evidenced-based best practice, what is the logical consequence? Make this information available: publish, offer for placement on APC, ACPE, NACC, NAJC websites. Show how this might be useful in other disciplines.

Best practices can be spotted by positive responses from patients, family members and the healthcare team. And Gundersen asserts that best practices can always be improved upon.

The importance of research is well established. Gundersen’s presentation underscored the benefit of greater visibility and credibility for professions in which research is one of the pillars upon which the profession stands.

Prudence Hopkins, MA, BCC, is staff chaplain at Mary Washington Healthcare in Fredericksburg, VA.
Chaplains learn history, hear about recent disaster responses at Disaster Spiritual Care training

By Allen Siegel, OFS, MA, BCC

One of the goals of the American Red Cross is to establish a core group of professional chaplains that can respond to disasters at the local and national level. As a Red Cross cognate member, the NACC has partnered with the Red Cross to achieve this goal. For the past 18 months, the Red Cross has been training a new generation of professional chaplains to provide direct services for the Red Cross as Disaster Spiritual Care (DSC) chaplains. To date, more than 500 NACC chaplains have attended this specialized training.

On Friday, April 12, just prior to the start of the NACC 2013 National Conference in Pittsburgh, PA, a diverse group of 25 NACC members attended a four-hour training session, conducted by chaplains Tim Serban, Carol Bamesberger and Rabbi Stephen Roberts. The attendees came from all over the United States (NY, FL, WV, OH, MA, TX, KY, MD, SD, WA, MI, IN, MO, and WI) and represented chaplaincy in a variety of settings – religious communities, community hospital, medical centers, psychiatric hospitals, church ministry, cancer center, hospice/palliative care, and rehabilitation/long term care agencies. Those in attendance desired a greater understating of disaster chaplaincy as they reflected on their future contribution as Red Cross DSC chaplains.

Disaster Spiritual Care chaplaincy training begins at the Red Cross website with four important online presentations about the Red Cross. (www.redcross.org/support/volunteer/getting-started). These presentations present a foundational overview of the mission, vision and fundamental principles of the Red Cross.

The American Red Cross has 500,000 volunteers in 568 chapters, 112 regional groups in five service areas. The Red Cross collaborates with many partners in disaster response – faith-based partnerships, professional chaplain organization partnerships (NACC, CPSP, APC, NAJC), NVOAD (National Voluntary Organizations Active in Disaster ) partners, disaster relief organizations, many local, state and federal government agencies/departments, community religious and spiritual leaders and houses of worship and business and industry partnerships.

At the Pittsburgh training session, Tim Serban, American Red Cross Disaster Spiritual Care lead, Rabbi Stephen Roberts, American Red Cross Disaster Spiritual Care advisor, and Carol Bamesberger, DSC Leadership Team, provided an extensive overview of Red Cross chaplaincy past, present and future.

Red Cross chaplaincy was created after the 1996 Federal Aviation Act. NACC, APC and NAJC provided professional chaplains through the Spiritual Care Air Incident Response (SARS) team. In 2003, SARS became the Spiritual Response Team (SRT) and as of 2011, SRT has become Disaster Spiritual Care (DSC). This most recent modification aligns Red Cross chaplains and mental health providers as collaborative partners in disaster care on a local and national level. DSC also establishes a management and leadership structure for chaplains.

DSC training builds upon the knowledge and experience of the professional chaplain. This workshop focused on the role of the chaplain within the disaster experience and provided an overview of organization structure, command structure and integration with various disaster responders. The chaplain’s role is to help patients and families to identify and use their own cultural and spiritual resources. Chaplains also help their Red Cross colleagues promote disaster victims’ spiritual strengths and resources. DSC chaplains may be potentially deployed following a local, state or federal declaration, a terrorist event, or after a NTSB transportation event.

One goal of this DSC training was for the attendees to have a sense of familiarity and comfort with disaster situations. The presenters offered their firsthand experiences as Red Cross chaplains in the aftermath of Hurricane Katrina, the tsunami in American Samoa, Superstorm Sandy and in Newtown, CT.

Rabbi Roberts noted, “After disasters, we are the No. 1 source people seek.” For every one disaster victim, there are 10 family members that show up. Having had such experiences brings home the importance of professional chaplains providing spiritual and pastoral care in collaboration with victims’ spiritual resources and local community spiritual leaders.

Having attended the May 2012 training at the NACC conference in Milwaukee, WI, I was able to provide professional chaplain support to the Red Cross during Superstorm Sandy and again in Newtown, CT. My Red Cross DSC training provided me with the foundation I needed to be both confident and professional in these dynamic and emotionally charged circumstances. During both incidents, I experienced positive collaborative partnerships with other Red Cross volunteers, especially the Red Cross mental health volunteers. My presence as a DSC chaplain was new to other Red Cross volunteers and leaders. We referred disaster victims to each other in accordance with each other’s professional strengths and responsibilities and learned from each other. Through these encounters, I was able to demonstrate the important and effective role of Disaster Spiritual Care chaplains.

For more information, please contact Mr. Serban, American Red Cross Disaster Spiritual Care lead, by email at Tim.Serban@redcross.org.

Allen Siegel is chaplain at South Nassau Communities Hospital in Oceanside, NY.
You are there! Mass, missioning of newly certified in Pittsburgh a moving, sensory experience

By Ed Horvat, MA, BCC

Sisters and brothers, I must confess, that in all of the years that I have been attending NACC national conferences, I have never shown up for the Mass at which we celebrate the missioning of newly certified chaplains and CPE supervisors and the blessing of those renewing certification. Instead, I leave the conference during this time to get a taste of the liturgy in whatever host city I find myself in.

So on Sunday, April 14, at 8:45 a.m., I took you with me to this first time ever event! Let me set the scene: The conference was held at the Sheraton Station Square Hotel on the south side of the Monongahela River. It was a cool morning with sunny skies; the high would eventually reach 62 that day. You get the picture.

Following a morning stroll by the river and breakfast, I walked into the Grand Station Ballroom, where the event would take place. It was a bright and colorful space with a blue and white theme. Three real candles burned on each table, symbolizing the Trinity and Pittsburgh’s three rivers. People were greeting each other with smiling faces. The place was abuzz with chatter and laughter. There were live hydrangea flower arrangements in the room, and someone near me was wearing a nice perfume, further stimulating the senses. There was live river-themed music performed as we gathered, such as Handel’s “Water Music”. The tuba, brass and drums were thrilling, lending a sense of pageantry throughout the morning.

Eventually the room became silent following the ringing of a bell, as we prepared for the liturgy to begin. The entrance was stunning, with a liturgical dancer with blue-and-white streamers leading the way – and a colorful Gospel book carried high during the procession. Our celebrant was Oklahoma City Archbishop Paul Coakley, episcopal liaison to the NACC. He began by blessing water, which was then used to bless all of us (including you, gentle reader, since I brought you with me). We sang “Come to the River” by Bob Hurd during this time. Imagine the brass orchestra and our hundreds of voices joining up with this choir: togetherinsong.wgby.org/2013/03/st-elizabeth-ann-seton-choir-come-to-the-river/, and you get a feel for the experience.

I swayed during the Mass with readings from Acts, Revelation, and John’s Gospel. The cantors were wonderful, rivaling performances from the Pittsburgh opera. The Festival Alleluia made me feel as though I was in the court of a king, as we welcomed the King of All.

Archbishop Coakley’s homily was delivered two weeks after Easter. He spoke to us about life following a major disruption (good or bad) and the difficulty of getting back into a routine following such an event. This is what the apostles had to deal with after Easter – they were thrown off balance by the events surrounding the death and Resurrection of Christ. The tomb was empty, and Jesus had appeared to them. Jesus was no longer with the apostles in the same way. Everything was new. They had to take responsibility for their lives once again. Life had to go on. That meant returning to their daily work – some returned to fishing.

Archbishop Coakley pointed out that the apostles are a role model for us. We have interrupted our lives to attend this conference, which is an opportunity to step aside from our usual routine and to recognize the presence of the Lord in the midst of our daily living. Eventually, like the apostles, we will return to our work and routines.

The bishop told us that he was here to represent the USCCB and to communicate his fellow bishops’ support of our role in bringing Jesus Christ to the suffering people we encounter as healing ministers of the church. He reminded us that our ministry flows from our living faith. He encouraged us to care for our own hearts – to foster our faith through Scripture, Lectio Divina, prayer, and sacraments – for the sake of our ecclesiastical ministry. “Only then will we recognize Jesus in our midst and cry out, ‘It is the Lord!’”

The bishop stated that it was his privilege to be there to confirm and affirm our role as chaplains. The newly certified and those up for recertification then came forward so that their vocation could be recognized – “a calling from the voice of God. You are a light of hope to those in need in the diversity of your workplace. God is deep inside of you.”

Father Michael Adeniji of Great Falls, MT, who died Oct. 20, 2012, was certified posthumously during this time, and we observed a moment of silence to recognize his spirit among us as his photograph was projected onto the screens in the room. We were reminded that none of us knows the time or place when we will be called home. After each newly certified candidate had approached the bishop, all of us extended our hands in blessing for the newly certified and for those whose certification was renewed.

During the Preparation of the Gifts we sang Bob Hurd’s “Two Were Bound for Emmaus,” and, sisters and brothers, I began to cry. I communed with you and prayed for you during the eucharistic meal.

We exited as the Church Triumphant, knowing that Christ is Lord! Thank you for accompanying me during this particular celebration. Until we meet again, keep on rolling on the river!

*Ed Horvat is a chaplain in the Pastoral and Spiritual Care Department of Monongalia General Hospital in Morgantown, WV.*
For first-timer, attending conference was a true ‘chaplain’s holiday’

By Mary Monsen Kunze, MBA, MA

Now I understand what it means to have a “busman’s holiday,” because the NACC convergence in Pittsburgh this spring was a very rich holiday of joyfulness and synchronicity, a real chaplain’s holiday for me. It occurred a few weeks before my board certification interview on May 4.

Every table I ventured to during the NACC National Conference was not only welcoming but I would find myself seated right next to a person heavily involved in the certification process. These generous people shared their views about the process and gave me much needed courage to relax and enjoy the process. I had just begun working as a hospice chaplain and found the workshops sources of inspiration, especially the one talking about supporting a hospice interdisciplinary team with major ethical dilemmas, just my cup of tea as a bioethicist.

Just before I left for Pittsburgh, my manager asked me to serve on a committee to find ways to teach staff to talk about spirituality with patients, a bit of a pre-assessment which also helps with the bereavement planning for families. At the conference, I found a workshop specifically addressing this issue. I felt that I couldn’t be luckier to be there, and there on a generous NACC scholarship.

The icing on the cake was the honor of hearing plenary speaker Rev. Myles Sheehan talk about establishing a fresh new identity. His candor was riveting. The memorable days at the conference reminded me of the outrageous generosity of our Lord as he guides our vocation. I was so impressed by the rich diversity of the conference attendees.

It was fun to learn updated methods of guiding a group discussion by “calling the circle,” reminding me that there is so much more to learn about pausing to really listen and to bring clarity to issues in the discussion.

I have quickly learned that life is messy from my short time working with end-of-life cases here at the acute care hospice where I spend my days, but it was gratifying to hear seasoned chaplains talk about the grace-filled moments that accompany the messiness in our work.

As the newly board certified chaplains joined the procession to be recognized on that lovely Sunday morning in Pittsburgh. I was inspired to do all that I could to be among the new chaplains at next year’s meeting. It was also inspiring to be in the audience when the NACC Distinguished Service Award was given to Chaplain Karen Pugliese on Monday. One of her nominators wrote, “She models the quintessential Catholic woman professional. Karen excels as a professional while living out her roles of mother, grandmother, writer, speaker, teacher, ritual leader, deeply spiritual faith-filled woman, and friend.”

If Bostonians ask, “Where were you during the marathon bombing?” I will remember that I was at the NACC 2013 Business Meeting in Pittsburgh, stunned when the news spread through the huge assembly. We immediately prayed for all of those involved in the tragedy. The strength and comfort I felt being among like-minded fellow human beings that day will never be forgotten. Thank you to all that made it possible for me to be at the "Three Rivers Converging: A Call to Faith, Identity, and Action."

Mary Monsen Kunze is chaplain at Aurora Zilber Hospice in Wauwatosa, WI.
2013 NACC Silent Auction raised $1,065 for scholarships

Members who donated items for the 2013 Silent Auction and all who purchased these items helped raise funds to assist NACC members who need scholarships. The auction raised $1,065 for scholarships. In the past, money raised, both through the Silent Auction and from those who designated giving for this purpose on their registration forms, has helped the NACC to grant up to 15 full or partial scholarships to help individuals cover their national conference fees.

Conference-goers give more than $3,900 to Pittsburgh’s Operation Safety Net

NACC members donated more than $3,900 to Operation Safety Net, the 2013 NACC National Conference charity. Operation Safety Net, which is part of Pittsburgh Mercy Health System and Catholic Health East, sponsored by the Sisters of Mercy, annually provides medical outreach to hundreds of men and women living on the streets of Pittsburgh. The program was started in 1992 by Dr. Jim Withers, an internal medicine physician, who began providing medical care to Pittsburgh’s homeless residents. He worked with formerly homeless individuals and even dressed as a homeless person himself, making nighttime rounds in the alleys and under the bridges of the city. To view a video about the current work of Operation Safety Net, go to www.pmhs.org/operation-safety-net.
Conference call offered to allay concerns of certification interviewees

By Judith Shemkovitz, LPC, BCC, and Carolanne Hauck, MA, BCC

Do you remember feeling somewhat nervous when you prepared for your 50-minute interview for certification? Maybe you were extremely nervous! In March of this year a one-hour conference call was offered for certification applicants scheduled for May 2013 interviews. The call was offered with the idea that perhaps some education about expectations, details, and the process itself would enable applicants to feel better prepared and less nervous for their interview. More than 40 applicants joined the conference call.

After a hearty welcome, introductions were made and the presentation began. The role of the interviewers was described with an emphasis on the integrity and sacredness that interviewers bring to the process of reading applicants’ materials. The training that interviewers receive in preparation for the work they do on an interview team was shared as well as a brief explanation of the role of each team member. Some time was spent on Presenter’s Report Part I, with a description of how the interviewers formulate the questions that direct the face-to-face interview.

The second part of the presentation focused on the day of the interview, from time of arrival, including when to arrive at the interview location, reviewing Presenter’s Report Part I in preparation for discussion with the Interview Team, the role of each member of the Interview Team, how the dialogue portion of the interview flows, what occurs during the team’s deliberation, presentation of Presenter’s Report Part II, and the next steps, including the Certification Commission’s action.

Finally, those participating in the conference call were given the opportunity to pose questions and request additional information or clarification of the process.

Comments sent to the NACC office staff suggest that the presentation was beneficial and gave those applicants preparing for certification interviews a good understanding of what to expect.

Part of the NACC’s mission is to provide education to members so we plan to offer this opportunity in the future.

Judith A. Shemkovitz, chair of the NACC’s Certification Commission, is spiritual care and volunteer coordinator at the Hospice Care Center for the Visiting Nurse Association of Ohio. Carolanne B. Hauck, lead Interview Team Educator (ITE), is chaplain at Lancaster General Hospital in Lancaster, PA.
Featured Volunteer: Nancy Cook, MDiv, MSW, BCC

**Name:** Nancy Cook, MDiv, MSW, BCC

**Work:** Regional Director of Spiritual Care, Southeast Texas, CHRISTUS Health

**Member since:** 2006


**Book on your nightstand:** "Renovating Old House: Bringing Life to Vintage Homes," (or "ching, ching") by George Nash, Taunton Press, 2003.

**Books you recommend most often:** John 4 and John 14

**Favorite spiritual resource:** Meditation

**Favorite fun activity:** Golfing and solving Nancy Drew interactive mysteries

**Favorite movie:** The Royal Tenenbaums

**Favorite retreat spots:** Coast lines and river banks

**Personal mentors or role models:** Mike Saxton, Indiana University Health System, and Dan Ford, CHRISTUS Health

**Famous/historic mentors or role models:** Dorothy Day, Mother Teresa and Tim Russert

**Why did you become a chaplain?** My professional career started in Seattle as an accountant and, at the time, I really don’t think I even knew what a chaplain was. At some point in my accounting for widgets, I thought there had to be something more. To sort it out, I decided to take a one-year sabbatical and volunteered for the American Red Cross Aid to Aging program and the Seattle Parks & Recreation program. It was an experience in the former that catapulted me from the absolutes of the green and red world of spreadsheets and balance sheets to the colorless foreign place of unknowns and paradox. It was in this place that I became an accidental missionary working in Mother Teresa’s missions in Kolkata, India, where I served the sick and dying and did chaplain work without knowing it and without having a name for it.

When my sabbatical was over I began working at a parish while I completed my master’s of divinity at Seattle University. I did parish work serving the elderly and homebound while learning about infinite needs and finite resources and how to carry a lot of things in one trip. I then worked at the University at Notre Dame serving college students as a rector (aka in loco parentis). I learned that, as an introvert, working to meet the psycho-social, spiritual and academic needs of students was extremely exhausting. But I have to admit I learned a lot about myself and other good things too, for instance, the music of the Dave Mathews Band (The Christmas Song).
It was at the convergence of wondering about my career path and an almost accidental introduction to CPE that I found knowledge and understanding and a name for what I had been moving toward – that is, to be a chaplain. I am grateful for the opportunities I have had to serve at leading Catholic health care systems, such as Trinity Health for my CPE, and in leadership at Dignity Health, and now at CHRISTUS Health.

**What do you get from NACC?** My membership in NACC helps me to continue to develop personally and professionally and to befriend outstanding colleagues.

**Why do you stay in the NACC?** I am actively involved because I strongly believe in the association and its leadership. Additionally, I believe we have a responsibility to promote our profession so that it becomes properly entrenched in healthcare. We work as partners with NACC to accomplish that.

**What volunteer activity has been most rewarding?** All of my volunteer work has been a great joy; working as an interviewer has been one of my favorites. In this role, I reviewed and assessed an applicant’s certification materials against our standards. With each applicant’s materials I asked myself how I was measuring up to the standards. It became an examen for me.

**What have you learned from volunteering?** Active participation in NACC helps make me a better person, chaplain and leader.
Featured Volunteer: Fr. John (Jack) T. Crabb, SJ

**Name:** Fr. John (Jack) T. Crabb, SJ

**Work:** Manager of Spiritual Care and Director of Clinical Pastoral Education, Fletcher Allen Health Care, Burlington, VT.

**Member since:** 1997

**Volunteer service:** Region I Certification Committee; Certification Interview Teams; Certification Commission for six years; last three years served as chair of Certification Commission; Board of Directors 2009-2015; Conference Planning Committee 2012, 2013 as liturgy chair and Board liaison; 2014 as workshop chair and Board liaison; Governance Committee; Board Executive Committee; Education Task Force

**Book on your nightstand:** John Grisham's "The Racketeer" (2012). I am a big fan of this author as he writes well and keeps me involved with the excellent character development and top-notch suspense. Good relaxing reading!

**Books you recommend most often:** "Hearts on Fire: Praying with Jesuits," collected and edited by Michael Harter, SJ

**Favorite spiritual resource:** As they say "this is a no-brainer" - by all means the Spiritual Exercises of St Ignatius Loyola. From the "Principle and Foundation" realizing one is made in the image and likeness of God, to the "Two Standards" with the tussle between following Jesus or the Evil One, to the "Contemplation of Divine Love," realizing each one of us is loved by God for who we are, this is where I gain my spirituality and my educational philosophy. In the Spiritual Exercises I gain a sense of my fragility and my being a beloved creature of God.

**Favorite fun activity:** I love to walk along a lake or ocean. Being in Vermont I have Lake Champlain, which is great, but doesn't compare to the ocean in Gloucester, MA, or along the Maine coast. Seeing the grandeur of God's creation is so inspiring and allows me to see God in all things.

**Favorite retreat spot:** Eastern Point Retreat House in Gloucester, MA, which is right on the Atlantic Ocean. The serenity of being in silence and knowing that so much prayer and God's presence over the years have been inside that building is a graced experienced. The outside is a true experience of God's grandeur with the waves washing and splashing against the boulders. The trails with their foliage in the fall are spectacular and peaceful. www.easternpoint.org

**Personal mentor or role model:** My personal mentor and role model is Father James Keegan, SJ. (not to be confused with James Keenan, SJ, the moral theologian). Jim Keegan is a spiritual director, currently living with Parkinson's disease. He introduced me to the Jesuits and is the one to whom I trace my Jesuit vocation. Jim's penchant for a culture of communication when we worked together at Eastern Point Retreat House has been my guide as a manager of two different spiritual care departments. Jim writes poetry and suffers silently and gracefully with Parkinson's. He is my inspiration whenever I find I have a difficult day.

**Famous/historic mentor or role model:** Father Pedro Arrupe, SJ, who was once the Jesuit superior general, has been a role model for me. Father Arrupe wrote a treatise, "Men for Others." Its theme has been my focus as a Jesuit — to be accessible and willing to assist those in need, especially the marginalized. Although the title says "Men," other Jesuits and I have translated the treatise to say: "Men and Women for Others." Father Arrupe had a stroke in his later years and turned everything over to God as he prayed the "Suscipe," the prayer of St. Ignatius Loyola: Take Lord, receive all my liberty. Take my memory, my understanding, and my entire will. Whatsoever I have or hold, You have given me; I give it all back to You and surrender it wholly to be governed by your will. Give me only your love and your grace, and I am rich enough and ask for nothing more.

**Why did you become a chaplain?** After being involved in high school teaching and administration for many years, I felt a call to change and find a more relational ministry. I had spent many years teaching and doing intellectual work. I began to recognize my feelings and eventually after a few years as a fulltime resident chaplain (living 24/5 in the hospital) transitioned to being a CPE supervisor which blended my love for teaching and being present to those who are sick, dying, and lonely. I now see my ministry as a chaplain to the chaplains as I train the next generation of chaplains and church pastors and leaders.

**What do you get from NACC?** From NACC, I receive my spiritual and professional sustenance. Being able to converse
with colleagues of like faith enhances my ministry and aids me in engaging other colleagues with whom I work to think about their own spirituality.

**Why do you stay in the NACC?** The NACC is my spiritual home. Although I am in other professional organizations, I find the hospitality of our members and God's grace ever present. In the NACC, there is a welcoming of all for who they are. The NACC assists many members to lessen the burdens of the ministry and to have a place and people to call home and a place to find blessed support and encouragement.

**Why do you volunteer?** I volunteer from a family upbringing value of "to whom much is given, much is asked." Among my gifts are organizational skills and a penchant for detail. At the same time I enjoy helping people to see their own gifts and enlightening those who believe they have little to give. I look for the good in people and invite them to join with me and others for a better world. I also want to pay forward.

**What volunteer activity has been most rewarding?** Each of the various activities in which I have been involved has had its own reward. The work of certification as an interviewer and on the commission allowed me to see the depth and quality of our chaplains, and at the same time to have a small part in assuring that the NACC name is held solid by the quality of our certified chaplains. The work of the Board has provided me the opportunity to see the global picture of our association and to be ever vigilant on making sure that the voices of the members are being solicited. And the time with the Conference Planning Committee has given me the opportunity to show that Jesuits do know how to provide good liturgy. At the same time I have gained a further appreciation of the gifts of our membership as we have elicited members to be leaders of workshops, involved in liturgies, and guides for the overall success of our conferences.

**What have you learned from volunteering?** I have learned that the more one gets involved in an organization, the more that organization becomes a part of one’s life. Being a volunteer in the NACC inspires me to find others who can join in our venture and make the NACC a continuing top-notch voice in the chaplain world and to be the premier voice for our Catholic laity in ministry. NACC is a part of my life for which I am eternally grateful — especially grateful for all the people I have met, including our NACC staff, who are our backbone.
Book Review: *The Best of Being Catholic*

By John Gillman, PhD


In the introduction, Kathy Coffey lays out her two-basket theory of the Catholic Church: one holds all that is good and wonderful; the other contains “what sickens and unnerves us,” including the oppressive hierarchical drive for power and control, the silencing of the most creative theologians, and the fixation on sexual issues. Not oblivious to the “widespread depression in churchland” occasioned by the latter, Coffey highlights the treasures in the former. Each of the brief 24 chapters, many of them previously published separately, concludes with testimonials, called a Catholic Chorus, from those who engaged the author’s interview question: What do you like best about being Catholic?

A refreshing book to pick up and ponder after a tough day in ministry, the reader may well find his or her soul refreshed and spirit renewed. Organized in three parts – the beliefs we cherish, the seasons we celebrate, and the company we keep – the narrative is an easy read with its informal, often folksy style.

I was particularly drawn to the cast of characters Coffey puts before us, ranging from the first canonized saint from Australia, Sister Mary Mackillop, who was excommunicated by her bishop for blowing the whistle on a priest for abusing a boy, to Sister Mary Luke Tobin, a courageous and outspoken leader who always looked for points of hope.

Along the way we run into Julian of Norwich, St. Francis, Thomas Aquinas, Yves Congar, Teilhard de Chardin, Thomas Merton, Dorothy Day, Elizabeth Johnson, Richard Rohr, and Joan Chittister, to name a few. We hear about the unwavering commitment and martyrdom of “Amazon warrior” Sister Dorothy Stang, who advocated for the poor and the environment in Brazil. On a personal level, I enjoyed hearing about the author’s appreciation for the insight and humor of Sister Kate Dooley, noted theologian, whom I came to know as a fellow graduate student at the University of Louvain.

It was good to be reminded of Karl Rahner’s insight: “Every single human being is an event of the absolute, radical, free self-communication of God” (p. 155). One misstep that I noticed was the author’s assertion that Spanish is the language of over half of the U.S. Catholic Church – not yet, but soon. For NACC members, it would be enlightening to have a discussion around the author’s question, adapted for our association: What do you like best about being a Catholic chaplain?

*John Gillman is an NACC and ACPE supervisor at The VITAS Urban CPE Program of Southern California in San Diego.*