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2014 National Conference

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Another fulfilling, renewing conference is in the books

by David Lichter
Executive Director

This *Vision* issue is dedicated to our NACC 2014 National Conference that was held May 17-20, 2014, at Union Station in St. Louis, MO. I appreciate all those who contributed articles to this issue, particularly to [David Lewellen](#), our *Vision* editor, who since returning to the job this past January after six years away was able to attend the conference this year, and capture first-hand many of the speakers, workshops, and member conversations. It was so good to see David involved again with our members.

Looking Back

Since I became Executive Director of the NACC in August 2007, each NACC national conference has been a remarkable experience. Usually nine months prior I begin to wonder, "Will we have a quality product?" "Will we be ready?" "Will members come?" "Will it go well?" I am always amazed by the Spirit working within and among the Conference Planning Task Force and our staff in the weeks ahead of time. Each year that group forms a small community of care for one another and for our members. They are so committed to represent member needs and to serve our members! I am again deeply grateful to Bob Barnes, the 2014 Conference Chair, and the [2014 Conference Planning Task Force](#) for their exemplary preparation, their generosity of service throughout the year leading up to and during the conference.

Several participants approached me during the conference and said things such as, "This is the best conference I have attended!" or "This one is really special!" For most, it does not come down to one speaker or workshop, a particular liturgy or workshop, but the overall feel and spirit of the conference. You know as well as I do that the essential ingredient of "special" is the gift of our members to one another, their entering disposition and readiness and hunger for spirituality, collegiality, and community. When we gather for God's word, and speak the motivation of our ministry to one another, i.e. continuing the healing ministry in the name of the Church, we are reunited and re-ignited in God's Spirit.

I must confess that when the 2014 task force first met to identify a theme, I was so focused on the changing face of health care – and so concerned that we not be bystanders to but proactive pioneers in shaping the future of spiritual care, and that our speakers and presenters address this reality – that I failed to remember the renewal nature of the conference. So when one member reminded me and the others that to be renewed in commitment was an important reason members come, it was not just, *oh, yes, that too*, but *oooh, yes, that is most important!* So that objective moved to the front: *From a renewed spirit – we will explore the ways we connect with and refresh our bodies, minds, and spirits for the work we do, including self-care, support and collaboration with each other, and prayer.*

No doubt the attendees gained many insights, took home new resources, and found new networking colleagues. However, being recommitted to this vital yet challenging ministry was essential. I saw it again and again in the faces of the participants! I am sure they all brought it home to their colleagues also. I know I am very deeply and personally grateful for this gift from the attendees – their gift to me of renewal. I continue to feel blessed by the NACC and this ministry.

Looking Forward!

At the business meeting, Fr. Jack Crabb, the NACC Board liaison to the Conference Planning Task Force, announced that Ms. Beverly Beltramo, D.Min, BCC, has accepted the invitation to chair the 2015 Conference Planning Task Force. We are delighted that Beverly said "Yes"! She brings creativity, passion, and a collaborative spirit. She embodies the 2014 Conference theme, "Compassionate Leadership."

This will be a historic conference as the NACC celebrates its 50th anniversary in 2015! Many conference attendees approached Bev after this announcement to offer their assistance. Please make sure you mark your calendar for Friday, March 6, through Monday, March 9, 2015 for the NACC 50th Anniversary Conference in Arlington, VA, at the Hyatt Crystal City. Stay tuned for more details!

In the coming months we will have both a 50th Anniversary Task Force that will explore ways of celebrating the event, and a 2015 Conference Planning Task Force that will stay focused on the conference itself. Please keep in prayer in the coming months the work of these two task forces.

Conference offers space for workshops, reunions, friendships, worship

By David Lewellen
Vision editor

Hundreds of chaplains gathered in one place produce a unique energy, as they learn, pray, reflect, and share experiences with colleagues who know exactly what they're talking about. The NACC conference, Board Chair Bonnie Burnett told the gathering, is "not just seeing old friends, but seeing all of you and knowing that you are friends I haven't met yet."

At the opening worship service, Sr. Agnes Reinhart said in her homily, "We are called to be passionate in our relationships – with coworkers, staff, patients, and visitors." She reminded her audience to work on the value of respect for coworkers, and to be present for every employee. "We can relate to all persons with respect and compassion," she said, and if staffers are in harmony with one another, patients will sense it.

A workshop on newborn loss described the case of a girl born at Lourdes Hospital in Binghamton, NY. Mary Alice Westerlund, BCC, said that the family and staff knew in advance that the story was not going to end happily, and the administration and ethics committee were fully briefed.

"That baby affected an entire floor of our hospital," said Rev. Krzysztof Boretto. When the case was presented at grand rounds, "75 people in the room were all in tears."

Going to the NACC conference has been part of the routine for 25 years for Myra Wentworth of Middletown, OH, and JoAnn Thiele of Dayton, OH. The two met in CPE in 1985 and have been friends ever since.

Thiele retired in 2006, but keeps coming to conference. "I have a need to return and see what's happening," she said. "It reassures me of who I was." Experiences such as the drum workshop bring together "mental, spiritual, physical, emotional," she said. "Things like that are hard to find."

"The Masses are so fulfilling," Wentworth said. "Everyone knows what they're doing, they know the songs, they fully participate. ... The liturgies are always exceptional. You can count on it being extremely good." Thiele agreed, "Even before I come, I start anticipating how beautiful it's going to be. It's the whole community coming together."

Chaplaincy is "one of the most important things in my life," Wentworth said. "I'm proud to be a member, and I tell people about the standards for certification."

Both of them praised Union Station Hotel as the venue for the conference; the former bustling transportation hub, whose history is clear in its architecture, provided a much more unusual atmosphere than a typical conference hotel.

At a workshop on interdisciplinary staff care, Beverly Beltramo of Dearborn, MI, explained how Oakwood Healthcare System had set up a system to debrief hospital staff after a particular traumatic event, such as the death of a child. Nurses, chaplains, and managers have been trained to step in immediately after the event, perhaps at the end of a shift, to offer their presence to staffers who worked on the case.

Those staffers include chaplains, too. Co-presenter Susan Mozena, a Presbyterian minister, said that after being with the family of an 18-month-old who died, she also had feelings to express. When Beltramo arrived to meet with staff who had worked with the child, "I put my hands on her shoulders, sobbed once, and was basically OK," Mozena said. "I needed to let my guard down."

Beltramo said that the system paid to train 20 people as responders, but due to the challenges of time and getting people together in the same room, "it's not easy to maintain."

Beltramo also described other ways the spiritual care staff ministers to staffers, including daily short meditation sessions, daily affirmation phone messages, and puppies and kittens. "Now every time we're doing something big," she said, "it's, 'Hey Bev, we want the puppies!'"

The conference's Sunday evening banquet was a chance to present the Franciscan Sisters of Chicago with the Outstanding Colleague Award. The group runs a number of nursing homes and skilled care facilities in several Midwestern states, always with "profound support for spiritual care," said NACC Executive Director David Lichter.

In accepting the award, Sr. M. Francis Clare Radke, chair of the board of directors, said, "We have seen successful survey results, but more importantly, we know we have cared for people as Jesus would. ... God emanates from each of you, even when you are not aware of it."

Joe Bozzelli, of Edgewood, KY, received the Distinguished Service Award for his multiple volunteer roles with the NACC over the last 20 years, including certification interviewing, conference co-chair, Certification Commission, and deploying to six disasters. He even did an extra unit of CPE, Judy Shemkovitz teasingly noted in her introduction.

"I see how God worked in my life through service to others," Bozzelli said in his acceptance speech. "Much of who I am and who I strive to be is due to my vocation as a chaplain." He added, "Each of us has been blessed to be of service to others, and we are called to pay it forward."

In a workshop on spiritual assessment for people with dementia, Maria McLain Cox described techniques for reaching people who may be considered unreachable. Usually, she said, she talks with the person's children or others who knew them well, to learn what they were passionate about in earlier life.

But she told one story of a woman who didn't respond to any of her previous interests -- dogs, nature, Catholicism, etc. -- until someone happened to hand her a doll, and she began to care for the doll as if it were a baby. Upon questioning, the woman's husband said that they had never had children, and it had been a sorrow to her. "Dementia robbed my wife of so many things," he said. "I'm glad it gave her the chance to be a mother." And many in the audience reached for the Kleenex boxes on the tables.

Journey to certification took unexpected final step

By Joe Walters

When the airline cancelled my flight from Oklahoma City to the NACC conference in St. Louis, I had to think fast. I had looked forward to commissioning as a newly certified chaplain as a visible sign that our church endorses me as her minister — but the new flight would not arrive in time for me to rehearse for the commissioning ceremony. Google said the drive is eight hours. I got in my car and hit the road, with plenty of time to consider my journey so far.

I had abandoned my faith as a college freshman and became “spiritual but not religious” in my mid-twenties. But thirty years later, after a young couple asked me to be their daughter’s godparent, I learned that godparents must be practicing Catholics. After Reconciliation, I attended Mass regularly. Although I had attended a Jesuit high school and two years at a Jesuit college, my religious knowledge was deficient. I felt conflict between things I heard and personal belief.

Meanwhile, I was studying Ignatian spirituality and subscribed to *America* magazine. Fordham University advertised an online certificate in faith formation, which seemed ideal to update my religious training from our home in Norman, OK. After two classes, a professor suggested I enroll in an online master’s program in pastoral care. I could get three credits for one unit of CPE, which I had never heard of.

I never considered chaplaincy. I had practiced law for 22 years, and that seemed professional enough. But a week after interviewing with the University of Oklahoma Medical Center’s CPE director, I became a chaplain intern. I enjoyed my first unit so well that I took four, while finishing my MA. I learned to relate to people instead of deal with them. I decided to seek certification.

While completing the application and supporting materials, I recognized certification as extraordinary recognition of education, faith and growth by which our church endorses us to provide spiritual and emotional care. The precise requirements were challenging. The interview was daunting, but my highly professional interviewers were also caring and encouraging. I was delighted when they told me that they would recommend certification.

I arrived at the Union Station Hotel in St. Louis ten minutes before the rehearsal began. I met another newly certified chaplain who had also interviewed in Ann Arbor/Ypsilanti. Genuine smiles and congratulations confirmed that driving was worth it. At the conference, I embraced the profession I had been courting for six years. Caring professionalism, spiced with friendly humor, confirmed that my additional career will be rewarding, and if performed grace-fully, enrich the lives of those God gives me to serve.

The conference really began for me at Sunday’s 8:30 Mass. Beautiful liturgical music tranquilly dispelled fretful worries about a complicated life. I was grateful for the large, holy, yet engaged crowd that enthusiastically welcomed newly certified chaplains. The congregation raising their hands above us was numinous. When the celebrant, Father Bucchino, shook my hand and gave me my certificate, I felt part of a group working with God to bring about the Kingdom. I felt the Spirit leading me to something profound, and my church’s blessing.

The rest of the conference enhanced my admiration for the profession of chaplaincy and my gratitude for its members. I attended a workshop describing a case of ministry to parents and their severely disabled newborn by chaplains at a Catholic hospital in Binghamton, NY, where I received my undergraduate degree. I was moved by the sacred support these chaplains gave this family. Their reverence for the infant, born without the senses we take for granted, and her brief, but deeply loved life, confirmed my commitment to a culture of life. I kept the concept of a birth plan for future use.

I also learned that a group of NACC members is interested in research, and I decided to explore further. Finally, I participated in a workshop on Ignatian spirituality. I learned of Ignatius and his companions’ early involvement in hospital ministry. This confirmed my feeling of encountering God in hospital ministry, and seeing God in all things, including the tragedies our patients and families experience.

I heard three plenary speakers. I thought during Dr. Daniel Sulmasy’s talk that gospel stories of healing are historical, but also contemporary narratives of Jesus’ healing presence that we continue. Pastoral care enhances modern technological healing by restoring personal relationship. Dr. Tracy Balboni’s presentation magnified my new interest in research in pastoral care and affirmed the importance of spiritual care in partnership with medicine. Helping people to die well is a striking part of our ministry. I downloaded her work when I got home to read more.

I saved three statements by Chris Lowney: Fear is not a good counselor; we must get comfortable with being uncomfortable; and Nelson Mandela’s admission that he had been afraid to be who he was. These statements remind me how I sometimes feel when walking to meet a family and patient in distress. I must remember that the Spirit renews all things, is always young, and sustains me in my sometimes awkward discomfort. The NACC conference was a gift from the Spirit.

Sr. Patricia Tallone: Mercy, justice, and compassion at the bedside

By David Lewellen
Vision editor

The boardroom, the hospital, and the church often represent a clash of cultures, but chaplains and other Catholic healthcare workers must do their best to combine mercy, justice, and compassion.

However, those values “don’t always necessarily integrate themselves fully into our lives,” said Sr. Patricia Tallone, RSM, vice president of mission services for the Catholic Health Association.

Tallone, delivering the Rev. Richard Tessmer Leadership Lecture, told the conference audience that the root of compassion is “feeling with.” But mercy, a broader idea, is “the name of our God,” which drew approving murmurs. “I am able to be compassionate because someone has been compassionate to me,” she said. And justice, she said, is not just arithmetic or tit-for-tat, but “something much more nuanced and deeper.”

Chaplains, she said, live in “the complexity and depth and messiness of the human encounter,” and must work on developing habits of the heart, for themselves and for institutions. She told the story of the time she used a theological term in conversation with a chief financial officer, who said something dismissive in return. She retorted that she had learned to be trilingual in business, medicine and theology, and if the CFO wasn’t comfortable with theology, “perhaps you belong elsewhere” – a line that drew applause. (Though talking about virtues, she confessed, “patience is not always my virtue.”)

Justice and mercy can work together, she said, like Rembrandt’s painting of the Prodigal Son, in which the father holds one hand tightly, the other loosely. And wholeness, Tallone said, comes only in the intersection of virtues. In conflicts, for instance between families and staff, she said, “stop and say, ‘where is God calling us at this moment?’”

She told the story of a parish she served as a young sister, where several altar boys robbed the collection basket. The priest counseled her to “understand human nature and the reality before you,” and gave the boys “the privilege of making restitution.” And he asked her not to say anything to them, because “they need to believe in your good opinion of them.”

“God loves us with tremendous mercy,” she said, “but God also calls us to justice. ... The Catholic tradition is never an either-or,” she said. “It is always looking at both-and.”

During the discussion period afterward, Cynthia Dwyer of Chatham, ON, praised Tallone’s description of being trilingual. “There have been times I’ve hesitated to speak up,” she said, “but I will.”

In the question period, Tallone said that chaplains are “gifted to hear the stories of many people,” and that “the viewpoint of the chaplain, to me, was always the key in a difficult situation.” She also said, “We want the perfect, so we stop ourselves from doing the good.”

Spiritual care is medicine's missing element, Sulmasy says

By David Lewellen
Vision editor

The biological model of medicine has reached its limits, according to Daniel Sulmasy, and must reincorporate spiritual care to make further progress.

Sulmasy, a practicing internist, Franciscan friar, and noted medical ethicist, spoke to the conference on spiritual care as the missing element in medicine. "The very fact that we are is something science cannot answer," he said. "We do not know who a person is by knowing their genes. The double helix is wrapped around an axis of mystery."

Illness, he said, can be seen as a disruption in relationships – diabetes involves relations of insulin, sugar and protein; a cancer cell does not respect its boundaries. But relations with the self, other people, work, and God can also be disrupted.

To the accepted "biopsychosocial" model, Sulmasy proposes adding "spiritual." Spirituality, he said, addresses questions of meaning, values, and relationships. "Hope has more to do with meaning than with whether we will be cured," he said, and broken bodies often remind patients of broken relationships. And at the end of life, "there is no other possible healing but spiritual healing."

For those who wish to combine spirituality and medicine, Sulmasy said, there are three models. The parallel model is "probably what you're used to," in which chaplains meet patients and chart, but don't work directly with physicians. In the doctor-priest model, the physician also takes responsibility for spirituality, thinking "we can learn this just like we learned pharmacology."

But, he added, "MD does not stand for medical deity, much to the surprise of many physicians." The practice raises ethical boundary issues, and patients may not be comfortable discussing spirituality with doctors.

Sulmasy's preference is the collaborative model, common in hospice, in which the chaplain functions as part of a team. "We know it works, we know how well it works," he said, "but why do we limit it to patients who are dying?" Doctors, he said, should be trained to do just an initial assessment before handing off to chaplains. As it is, if a patient happens to have rosary beads or a Q'uran in the room, "what's the reaction of the clinical team in the 21st century? Silence."

A nonreligious patient can easily be overlooked, but they also have spiritual needs, Sulmasy said. "Your job is to do the real work," he said. He cited the examples of psychiatric patients who use religious language, and of a patient who might refuse medication because he or she thought illness was God's punishment.

Challenges of the collaborative model, Sulmasy said, include charting vs. confidentiality, and the roles of the team members. If a doctor comes in when the chaplain is busy with a patient, he said, the doctor should come back later – which drew an approving murmur. Also, he said, chaplains need to confront the tension between value and measurement. "What you're doing has value independent of outcome," he said. "Use the data, but use them wisely."

It is not a doctor's role to encourage religious practice in patients, Sulmasy said, for reasons of power imbalance and of being patient-centered. "God is not a nostrum we put in our black bags," he said. "We are not in charge. We are not channeling God." But, he concluded, quoting Abraham Henschel, "To heal a person, you must first be a person."

In table discussion afterward, Mary Heintzkill of Kalamazoo, MI, said that in the past, she has told doctors to come back later, and they consented but were surprised. "Once you've worked in the hospice model, you can't go back," she said. "I think chaplains are way too timid."

During the question period, Sulmasy said that Catholic doctors could benefit from a formation program, and that pilot programs at various institutions should expand. "Could you do a verbatim as a physician and present it to chaplains?" he wondered. "Now, what was your agenda when you said that?" The audience laughed and cheered.

Tracy Balboni: Research Critical in Compassionate Care

by Austine Duru

Research in spiritual care can no longer be ignored in the provision of comprehensive healthcare, especially as healthcare moves into a new and exciting era.

Speaking at the 2014 annual conference of the NACC, Dr. Tracy Balboni, associate professor of radiation oncology at Harvard Medical School and a nationally recognized researcher on spirituality and medicine, stressed the importance of integrating religion and spirituality into medical practice in the healing of the whole person.

Dr. Balboni identified the chasm between the “care of the body and the care of the soul” as one major problem in western medicine. This problem, she said, has deep historical roots in the “intersection of religion, spirituality and the practice of medicine.” Research therefore has become a tool at the service of spirituality and medicine to address the divide. She alluded to the narrative powers of research to capture the untold stories of the individual patients hidden within the data.

Dr. Balboni drew attention to ancient and medieval medicine and the rituals of healing that often revolved around the whole person, when there were no technological means to alleviate pain. In those times, the practice of Hippocratic medicine was integrated with spiritual rituals of healing in the Judeo-Christian tradition.

She explained that medicine and spirituality began to separate in the Renaissance, with its focus on the empirical data, materialism and scientific discoveries, and the rejection of non-empirical or spiritual dimension. The result is a rupture in the balance between the body and the soul, the segregation of the human being and a dehumanization of the individual. She observed that research may now offer some opportunity to reclaim some of the lost dynamics of holding the same person both spiritually and materially in their care.

Research, she says, is the primary language in the practice of medicine; however, it is a limited tool. It “allows us to study the ordered universe and to discern important truths about the universe,” although limited in their scope. Most importantly it allows caregivers the opportunity to “speak into the world of medicine about the spiritual aspects of what it means to be a human person, to tell these patients’ stories.” It helps answer such questions as, “is religion or spirituality important to patients when they face illness, if so, what types of roles does it play in the context of the illness?” “What role does religion play in patients’ well-being as they encounter advanced illness?” “Does illness raise patients’ spiritual struggles, if so, what are they?” A large national study of advanced cancer patients sponsored by NIH showed that 90% of the participants in that study reported that religion/spirituality is important to them in dealing with their illness.

This report was significant particularly for the black and Hispanic communities. Balboni shared several studies that suggest the significance of patients’ faith and spiritual beliefs, even as they and their families consider medical decisions. This is a reality that, according to some studies, clinicians do not often acknowledge. The data suggests, therefore, that religion and spirituality are important to most people in coping with illness, especially among minority groups. Religion appears to be playing multiple roles and to affect patients’ medical decision-making. Other reports show that when patients draw on their spirituality and religion in the context of illness, their quality of life is preserved better, helping patients to absorb the stress of the physical symptoms. Dr. Balboni adds, “Feelings of anger at God, punishment and abandonment by God, doubting one’s belief in God, very frequently, are forms of spiritual struggle in the context of illness.”

It is therefore not surprising that patients with terminal illness clearly desire their care to include attention to their spirit. Interestingly, Dr. Balboni says, studies have shown that the quality-of-life outcomes of patients receiving spiritual support at the end of life are markedly higher than those who do not. The research also unearthed a perplexing finding which suggests that patients who report spiritual support from their religious community are more likely to receive aggressive treatment at the end of life. Subsequent research led to a conclusion that specific beliefs about end of life, such as miracles, cure, etc, encouraged patients to choose more aggressive treatment.

Research has helped in developing current spiritual care guidelines. Also, spiritual care is included as one of the eight domains of palliative care, and it is also included as a Joint Commission guideline. In spite of these gains, Dr. Balboni laments the general lack of pastoral care training for clinicians. She shared her own experience of taking clinical pastoral education, and suggests that clinicians will greatly benefit from the CPE model.

Dr. Balboni suggested some next steps, including chaplain-led training in spiritual care and clinical pastoral care for nurses, social workers, and physicians, to recognize when to refer patients to chaplains. Also, we need improved and tested models of care integrated with chaplaincy, and continued research that tells the patients’ stories within the medical culture. We must learn to embrace people not only in their material being, but also who they are as spiritual beings.

Austine Duru, BCC, is director of mission and pastoral care at St. Elizabeth Regional Medical Center and Nebraska Heart Health in Lincoln, NE.

Chris Lowney: Chaplains' leadership is vital

By David Lichter
Executive Director

It was quite a 2014 NACC Conference, and we missed all of you who were not able to make it. Our final plenary session, given by Mr. Chris Lowney, stressed that all of us exercise important leadership, and we need to embrace it for the sake of those we serve and with whom we serve.

Chris, who currently chairs the board of the Catholic Health Initiatives, offered the following questions for us to consider and discern where our spiritual care leadership is needed. I know our members are working on some of them within their systems, but it is good to view them. Can our profession take the lead on these?

We have a spirituality of illness and healing, but what about the spirituality of keeping ourselves and others healthy?

1. How do we develop the "spiritual handoffs" from primary to acute to post-acute care?
2. How do we ensure that the newly insured feel welcomed and accompanied?
3. How do we ensure spiritual support within tech-enabled diagnosis and patient management?
4. Can we create a "continuum of spirituality" to complement the "continuum of care"?
5. Is our staff being sufficiently "accompanied" through all this change?

Chris then provided thoughts on leadership to help us lead the way.

- "Fear is not a good counselor" Pope Francis
- "Do you touch the hand ... or merely toss the coin?" Pope Francis
- "Courage does not always roar. Sometimes it is a quiet voice at the end of the day saying... 'I will try again tomorrow.'" Mary Anne Radmacher
- "Getting comfortable with the reality of being uncomfortable" a military leader regarding preparing new trainees
- "My greatest enemy was not those who put me or kept me in prison. It was myself. I was afraid to be who I am." Nelson Mandela

I hope these might be helpful to you. They are for me. A passage from I Peter (3:15-18), contains one of my favorite lines: "Always be ready to give an explanation to anyone who asks you for a reason for your hope, but do it with gentleness and reverence."

As I left the conference, I was filled with hope; a hope that has not waned. You, our members, are a great source of hope because of your deep faith, your love of the Lord, your passion for this ministry, your compassion for those whom you serve and with whom you serve. God will continue to lead us, inspire us, and give us the courage to continue to be the compassionate leaders we need to be.

Services for new chaplains, healing offer special moments

By David Lewellen
Vision editor

Forty-two chaplains felt the love in the room when they received their certifications in person at the Sunday Mass during conference weekend.

"It's beautiful to be in the midst of so many wonderful people," said Michael Onuoha of Corpus Christi, TX, holding his newly issued certificate. "I'm so touched. I don't think I'll ever miss a conference again."

"When all those hands were stretched out and we were blessed, it moved me to tears," said Terri Tremper of Missoula, MT. In the midst of colleagues, "it felt like we were a community, to know everyone was supporting our hard work to get to this point," said Colleen Flachbert of Hoffman Estates, IL. "It's great to see familiar faces and to hear the stories of other chaplains."

"When everyone applauded, I wanted to start to cry," said Mary Kunze of Wauwatosa, WI. "It touched me to have all my cronies, my companions, applaud."

"It's very exciting," said Don Waters of Oregon, OH, attending his first conference to receive certification. Coming from a small pastoral care department, he was struck by the camaraderie. "It's intense to be a chaplain," he said. "The sense of companionship is a wonderful thing."

Monday morning's healing service, offering the rite of anointing, was led by Bishop Edward Rice, auxiliary bishop of the Archdiocese of St. Louis. "We Christians are not exempt from sickness and illness and suffering," he said. Of the instruction to grasp the meaning of suffering more deeply, he said, "Nice thought. The reality is that when we're sick, we don't feel like praying." But, he continued, "Sickness does have meaning and value. ... It can be joined to Christ in a mystical way."

In a hospital, he said, "people come and go, and you don't know the end of the story. And in a sense, you don't need to."

"There's always an energy in the room, and it was very powerful this morning," said Sr. Elaine Abels of Brighton, MO, after receiving the sacrament. Anointing offers "a sense of tenderness ... It's an opportunity to offer myself for further integration."

"It's like a cleansing," said Gary Weisbrich of Missoula, MT. "How can I be a loving father if my heart is a little hardened? I feel the sacrament helps soften that. ... It unites me to the suffering of the patients I visit." And, he said, "It feels very special to get it with this group."

Going Retro: Considering the art of dying at the 2014 NACC Day of Reflection

By Ed Horvat, MA, BCC

Those of us who went on pilgrimage to the NACC annual conference in St. Louis had the option of attending a day of reflection, guided this year by Fr. Ronald A. Mercier, SJ. Mercier serves as an associate professor in the Theological Studies Department of St. Louis University. Prior to his move to St. Louis, Fr. Mercier was a faculty member at The Jesuit School of Theology at the University of Toronto, where he taught Christian ethics. That's where he noticed the lack of an "art of dying" in our culture: "Unlike earlier ages, we live in a forgetfulness of death that creates a context of fear, not care."

Fr. Mercier stated that we would be "going retro." In our current culture obsessed with devices and what they can do, where we can get quick answers (which keep us from delving deeper), where we can consume many images (but not savor them), we were going to slow down by engaging in silence and reflection throughout the day. It was a great opportunity to unplug, and then to share our reflections in community with small groups of our peers.

One of the retro resources we pondered was a medieval Latin text, circa 1415, that was reprinted in more than a hundred editions across Europe: "Dying used to be accompanied by a prescribed set of customs. Guides to *ars moriendi* (www.deathreference.com/A-Bi/Ars-Moriendi.html), the art of dying, were extraordinarily popular. Reaffirming one's faith, repenting one's sins, and letting go of one's worldly possessions and desires were crucial, and the guides provided families with prayers and questions for the dying in order to put them in the right frame of mind during their final hours."

By contrast, in our present culture, even celebration rites of funerals are disappearing. Lydia Dugdale, in "The Art of Dying Well," states: "Over the last century and a half, the deathbed ritual lost its appeal. Churches began to deemphasize the concept of dying well and to promote instead the notion of living well. Within a more secularized society, medical science offered new hope and salvation, and death became the enemy. It is here that we find the dying patient today: in the ICU with an array of tubes, devices, catheters, and monitors blurring the boundary between life and death – a boundary that patient and family alike are unprepared to face." (www.thehastingscenter.org/uploadedFiles/Publications/the-art-of-dying-well.pdf)

Some of the questions presented during our day of reflection:

- The modern focus on technology and power makes vulnerability and limit so fearsome to us, a degradation of who we are. How do we help facilitate a culture of presence that allows for the art of living and dying?
- The art of autonomy, of being oneself, cries out for a parallel art, the art of presence to the other. How is the Church called to facilitate real encounter, as Pope Francis suggests? How can we model that?
- Behind the reality of dying well seems to be the ability to live sacramentally, not only to practice sacraments. What tools do we need or do we have to help people engage the wonder, the awe, and even the tragedy of human life?
- Where have we lost a sense of wonder in our culture? Where has life become more "flattened?" Where have you experienced a loss of wonder – or awe – in your ministry? Where have you been surprised by a sense of awe or wonder – in yourself or others?
- Sacraments are invitations to intimacy. Sacrament and art go together. How can we minister to others artistically?

The day was a good reminder that we are called to continually work on becoming comfortable being uncomfortable while ministering to those on the margins. There is an art to dying, and chaplains can be good at practicing that art by "taking the road of insecurity, putting trust in God" (Jean Vanier, *Becoming Human*, 86).

Ed Horvat, BCC, is a chaplain at Monongalia General Hospital in Morgantown, W.Va.

Resources explored during our Day of Reflection:

- World Day of the Sick Message, Pope Francis, 2014 (w2.vatican.va/content/francesco/en/messages/sick/documents/papa-francesco_20131206_giomata-malato.html)
- The Ethical Canary, Margaret Somerville, 2003. (www.amazon.com/The-Ethical-Canary-Science-Society/dp/014029516X)
- Drawn into the Mystery of Jesus, Jean Vanier, 2004 (www.paulistpress.com/Products/4296-1/drawn-into-the-mystery-of-jesus-through-the-gospel-of-john.aspx)
- Becoming Human, Jean Vanier, 1998 (www.paulistpress.com/Products/3-185-3/becoming-human.aspx)
- The Art of Dying, Sidney Callahan, America Magazine, October 31, 2011 (americamagazine.org/issue/792/faith-%20art-dying%20focus/)
- Letting Go, Atul Gawande, The New Yorker Magazine, August 2, 2010 (www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande?currentPage=all)

Conference's disaster training and deployment enrich each other

By D.W. Donovan

I flew in a day early for the NACC annual conference in St. Louis this year to attend the American Red Cross training program for members of the Disaster Spiritual Care team. I had attended a similar training program for two days in 2009 prior, so technically, I had the requisite training to serve in a disaster.

I say "technically" not because I don't have faith in the teaching abilities of my old friends, Chaplains Tim Serban and Stephen Roberts, but because I had recently helped out the local and national Red Cross staff and volunteers when the Oso landslide destroyed the lovely neighborhood just 20 minutes north of my own medical center.

For those of you not as intimately involved in the story, there was a major mudslide in Oso, WA, on March 22. My hospital, Providence Regional Medical Center Everett, had recently assumed a leadership role in disasters and would serve as the coordinating center for a large part of our region. You would think that with five units of CPE, FEMA training, CISM training, and years of trauma and ICU experience, that I would feel ready.

There is no question that the training did help tremendously, and I'm grateful for every moment. But when Tim Serban asked me to spend some extended time at Oso, I think my heart skipped a beat. At the time, I recalled a line from Helmuth von Moltke: "No plan survives contact with the enemy." In this case, the enemy was the death and destruction that Mother Nature had wreaked upon the Oso community. The resulting stress and emotional trauma of the surviving victims was natural and appropriate, but the quality of our planning would determine just how effective we would be.

The first thing that I learned upon deploying to Oso was that one primary lesson of training was right on target: the initial challenges will always be "command and control" and communications – questions as simple as who will direct a particular task or function, to how the administrative space will be set up. It was an important reminder that the spiritual care lead is there partly because of his/her expertise as a pastoral professional, but also to exercise that ministry as a leader.

The good news is that the American Red Cross has officially incorporated disaster spiritual care within the overall disaster response team. This is the first major change in their response structure since mental health was incorporated a number of years ago, and it reflects the growing understanding of both the Red Cross and the country as a whole of the benefits that pastoral professionals can bring to such situations. That we have reached this point is a credit to Tim Serban, our NACC liaison to the American Red Cross and now their Spiritual Care Lead, and the countless professional chaplains who have made a substantial contribution to the work of disaster spiritual care.

The training session itself reminded us that the American Red Cross ensures that spiritual care meets their own commitment to impartiality and neutrality. They clearly state that "aid will not be used to further a particular political or religious standpoint." In the context of such a commitment, professionally trained, board-certified chaplains become particularly important. We were also oriented to how the American Red Cross operates at a practical level. This was welcome, as I remember sitting in my first briefing in Oso wondering what language was being spoken. Like all professions, the Red Cross uses lots of shorthand expressions and informal acronyms; to be integrated members of the team, we had to become familiar with the language. In many ways, it was no different than starting on a new unit: you want to figure out who are the key leaders and assess where the most good can be done with our particular skill set, while coordinating carefully within the overall plan of care. At the same time, Tim and Stephen shared numerous tidbits to help us think through the provision of spiritual care in such an environment. I found the list of wisdom sayings to be particularly helpful.

The afternoon session was devoted to an extended tabletop exercise, which was invaluable for helping us figure out the practicalities in such a deployment. Over and over again, we were drilled on variations of the same message: stay connected to others (collaborative) and stay flexible.

A few days after I returned home from St. Louis, I attended a fundraiser in downtown Seattle for Medical Teams International. One of our guest speakers was the mayor of the town in the Philippines that was recently hit by Hurricane Yolanda. He and his wife had been separated for just under two hours, not knowing if the other was dead or alive. The mayor's wife had prayed Psalm 91 over and over again while they were separated. "The Lord is my refuge and my fortress, my God in whom I trust. ... He will cover you with his feathers, and under his wings you will find refuge." In the days after the hurricane, she went on, the volunteers from Medical Teams International made this psalm a reality. I know that the same was true of the Red Cross for the residents of Oso and for so many others.

I learned a lot in St. Louis, and the action-reflection model is always good for reminding you of the places where you tripped up. I'm sure that I tripped up more than a few times in my short time in Oso. But the training kicks in, and you remember that while the scope is different, the fundamentals are the same. People are hurting. And we have been honored and called to accompany them through this incredibly difficult time. I'm grateful to have played a small part in that work.

D. W. Donovan, BCC, is Vice President of Mission Integration and Spiritual Care at Providence Regional Medical Center in Everett, WA.

Business meeting welcomes new board members

The National Association of Catholic Chaplains welcomed one new board member and two future board members at the 2014 business meeting, held May 19 during the National Conference in St. Louis.

Board Chair Bonnie Burnett welcomed Bishop Donald Hying, auxiliary bishop of the Archdiocese of Milwaukee, to the board as NACC's new USCCB Episcopal Liaison.

The Rev. Jack Crabb, S.J., invited all members to volunteer their gifts to the association's mission, and he introduced the two NACC members who are candidates for the two 2015 open elected member seats for the Board – Mary Heintzkill and James Letourneau. Voting will take place in September 2015. Fr. Crabb also announced Beverly Beltramo as chair of the 2015 Conference Planning Task Force for preparing NACC's 50th anniversary 2015 conference in Arlington, VA.

Executive Director David Lichter recognized all NACC members who currently serve on the NACC board, committees, commissions, panels, task forces, ITE's, interviewers, site hosts, etc., and members extended a blessing over them. Then David recognized those who have been NACC members for 25 years or certified for 25 years. Again, those present extended their blessings upon those jubilarians.

David then presented NACC membership and financial highlights ([www.nacc.org/docs/conference/2014/Business meeting PPT 2014.pptx](http://www.nacc.org/docs/conference/2014/Business%20meeting%20PPT%202014.pptx)). The association's financial status is solid due to sound financial management in the face of shrinking overall membership, mainly due to aging of the group. He shared slides that showed the gradual decline over recent years; the changing profile of our membership; and the profile of those who joined in 2013, which was: lay women, 41%; lay men, 27%; priests, 17%; religious women, 11%; and brothers/deacons, 4%.

The rest of the business meeting was devoted to listening to one another and summarizing for board review responses to the following questions:

1. What is one thing that you are celebrating in your own or your team's ministry?
2. What is the major focus of your ministry and how has it changed over the past year?
3. What is the biggest challenge of your ministry?
4. As NACC, what should be our focus?

After the business meeting, African and Latino members met respectively to discuss ways to better support these member segments.

2014 Board of Directors Election

We will soon be inviting members to vote in this fall's election for the open seats on our Board of Directors. The membership will be voting to fill two elected seats on the NACC Board.

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

The Board of Directors is pleased to present to you two candidates for the two open seats.

Jim Letourneau, M.Div, MSW, LCSW



- NACC Board Certified 1996
- Director of Mission and Spirituality, CHE Trinity Health, Livonia, MI
- NACC: Certification Interviewer, ITE, Chair of Nominations Panel, NACC 2006 Visioning Committee
- Served as Trinity representative on CHA Pastoral Care Advisory Committee
- Serves on Board of Supportive Care Coalition

Mary M. Heintzkill, MTS



- NACC Board Certified 2004
- Director of Spiritual Care Borgess Health, Kalamazoo, MI
- NACC: Ethics Commission Chair, NACC/CHA Metrics Task Force
- Served as Co-Chair Ascension Health Spiritual Care Task Force, and serves as member of Ascension Health Spirituality and Mission Board Committee
- Supportive Care Coalition Sponsor for Pilot Project in Palliative Care