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In 2013, chaplains called to reach into communities, beyond walls of institutions

I remember some time ago in a long-term care facility having a conversation with one of the residents. Joe was gazing out the window. I asked what he was thinking about, and he said, “I just remembered an incident with my brother that happened 30 years ago, and how rude and short-sighted I was at that time because of a personal hurt that had nothing to do with him. My brother died last year. I am just asking God and my brother for forgiveness. I am good, and so is God.” Then he remarked, “I can’t wait for tomorrow to learn more about my yesterdays, and hand them over to God.” I was touched by his candor, inspired by his self-reflection, and enlightened by his comment, I can’t wait for tomorrow to learn more about my yesterdays, and hand them over to God.

Every New Year is an invitation for a tomorrow, and an invitation to learn about and let go of our yesterdays. In preparing this column, I looked back at my January-February columns of past years. I did this last year also. Last year I wrote:

“I was struck by the themes of these issues: 2008 was Solutions to Charting, 2009 was Reaching Out to the Immigrant, 2010 was Small Workplace, Big Challenges, and 2011 was the Profession of Chaplaincy. These are still vital themes for our members. Thirdly, the topics of my columns were: 2008 – promoting the value of pastoral care. 2009 – our NACC 2009 goals, 2010 – the call to leadership within NACC, and 2011 – what characteristics make chaplaincy a profession.”

Last year’s theme was on how spiritual care ministry in healthcare is responding to the needs of the poor. It paralleled well the 2009 theme on Reaching Out to the Immigrant, as both focused our attention on those we serve, especially society’s marginalized. This year’s theme examines how our members are called through and on behalf of their institutions to relate to the broader community within which the institution is situated. Do you notice a pattern too?

About five years ago, the phrase “from bedside to boardroom” challenged the common notion of the chaplain’s work to be mostly bedside ministry. It called us to embrace and communicate the realization that chaplaincy is part of the spiritual leadership efforts throughout the institution, working with mission leaders and others to promote the spirituality of the organization.

More recently the call for chaplaincy is not only from bedside to boardroom, but to beyond the walls of the institution and into the community, whether it is in clinics, outpatient settings, community health centers, homes, mobile units, and more. As we know, healthcare reform emphasizes prevention and wellness, and one delivery model will be the medical home model of care.

One of our challenges will be to be seen and experienced as one of the providers in the medical home model of care. It is not surprising that on websites that explain the medical home model of care, spiritual care providers are most often not mentioned. For example:

As Medicaid spending continues to overwhelm state budgets, the medical home model of care offers one method of transforming the healthcare delivery system. Medical homes can reduce costs while improving quality and efficiency through an innovative approach to delivering comprehensive patient-centered preventive and primary care.

Also known as the patient-centered medical home (PCMH), this model is designed around patient needs and aims to improve access to care (e.g.,
through extended office hours and increased communication between providers and patients via email and telephone), increase care coordination and enhance overall quality, while simultaneously reducing costs.

The medical home relies on a team of providers – such as physicians, nurses, nutritionists, pharmacists, and social workers – to meet a patient’s healthcare needs. Studies have shown that the medical home model’s attention to the whole-person and integration of all aspects of healthcare offer potential to improve physical health, behavioral health, access to community-based social services and management of chronic conditions. (www.ncsl.org/issues-research/health/the-medical-home-model-of-care.aspx)

This particular site also notes that health information technology (HIT) is a key to success because it makes possible a virtual network of providers. Unless chaplaincy charting and spiritual assessments are integrated into HIT, we will not be part of the team of providers. Also, they note that the focus on quality of patient outcomes rather than volume will drive payment. So do care plans and their evidence-based outcomes of quality include spiritual care?

In the coming months and years, we will need to devote our efforts to being a strategic partner in our organizations when they are designing pilot projects and service models to provide care beyond the walls. We are grateful to the many systems that have been including chaplaincy in this process, from ensuring that spiritual care is part of the design of their HIT, to exploring models to ensure chaplaincy care is part of the services offered.

We have an exciting and vital challenge ahead of us! Bring on 2013!

David A. Lichter, DMin  
Executive Director, NACC
Outreach into community: Creating collaboration through the skills of chaplaincy

By Michele Le Doux Sakurai, DMin, BCC

"The more prevalent pastoral care is in the world, the more profoundly we become established as community."¹

Fourteen months ago, I met with the chief executive of our healthcare network who announced, "Hunger is the greatest need in Stevens County, and I want you to do something about it." There was a pregnant pause as I assessed whether he was actually serious. After all, what did I know about hunger in this rural county? Hesitant, I replied, "OK, where would you like me to start?" Yes, he was very serious and his instructions were specific, "Gather together the stakeholders and identify their needs and gaps in service.” He provided me a list of organizations with the caveat, "If you want Community Benefit funds to get this group started, you can apply for grant money through regional funds. The grant requests are due in three weeks." My head was spinning as I left his office, and I felt great trepidation. We had tried for 10 months to bring together a community forum on mental health and not been successful. I fully expected the same barriers of time and resources with developing a hunger coalition.

With prayer leading the way, I sent out invitations to all area food banks, Washington State University Extension Service, Rural Resources (a major support for the poor and vulnerable in three rural counties), Tri-County Health District, DSHS, the Ministerial Association (which helps to coordinate meals in churches each week), the library system, and the list goes on. At the first meeting, more than 20 people came and they taught me much about a county that has almost 14% unemployment (in the good months) and has the second largest stand down unit in the country (13% of our population are veterans). They spoke of many people who live without indoor plumbing or electricity and often can’t get into town during the winter due to the snow. They shared the problem with bears breaking into freezers (that don’t fit inside trailer homes and are located outside). They spoke of obesity, diabetes and the inability to get fresh fruits and vegetables to the poor because food banks couldn’t keep fresh produce unless they had refrigerators. Over half of the county’s food banks have no system for refrigeration. I walked out of this meeting overwhelmed and saying to God, "Why me? I don’t have the answers and I don’t have the resources to get the answers." I remembered the offer of grant money, put the coalition’s needs on paper, and wrote a request for $15,000 for the purpose of building a coalition to address hunger. We were granted $12,000, and this was the beginning of what has come to be known as Providence North East Washington (N.E.W.) Hunger Coalition: Abundance 4 All.

We met a second time, and again I listened to their stories – challenges, frustrations, and successes. When I asked what they would find helpful, they responded with, "more food, more money." They requested someone to help them write grants, and one of the members of the group happened to know a grant writer. We followed up with this request and have used this grant writer for education and strategic planning. From the first meeting onward, the agenda for every meeting has been the result of the previous meeting’s discussion and requests.

The coalition has grown over the past year and our successes include:

- Creating relationships with every food bank in Stevens County;
- Creating partnerships that have leveraged grant opportunities making it possible to offer food preparation, gardening, and food preserving classes; a mentoring program to support new/fledgling food banks; underwriting a Vista volunteer who will create systems to bring growers, community gardens, and gleaners to food banks thus making fresh produce more available to the poor; creating
an organizational infrastructure to include a website, a tool box for donor development, advertising for initiatives such as “Plant a Row for the Poor”; and moving the coalition to a 501c3 status.

- Creating a strategic plan that will put the coalition in a position to leverage grant opportunities on a state and/or national level;
- Advocating for unmet needs as in the case of a food bank that could not get food deliveries by a large distributor. The coalition has used its voice to promote this cause and the food bank is expected to get deliveries in early 2013;
- Strengthening relationships with food distributors to guarantee that produce is fresh and timely; and
- Creating a new confidence in those who are addressing hunger; the vision of the coalition is to rid Stevens County of hunger in five years.

The significance of this outreach effort centers on the model I used. As I knew nothing of hunger in rural America, I approached this endeavor as a chaplain walking into an initial visit. The skills I used came from chaplaincy training; listening, giving people enough time to connect with their own wisdom, reverencing the journeys of others, ritualizing, and modeling symbolically that which is sought. (We seek abundance for all, and through the hospitality of my chief executive, we supplied each meeting with soup, bread, and dessert.)

This chaplaincy model of outreach is very simple:

1. invite the stakeholders;
2. provide lunch;
3. facilitate a conversation that focuses on the needs and gaps of service as articulated by the stakeholders;
4. give time for each person to tell his or her story;
5. have a scribe that takes complete notes;
6. let the stakeholders lead; and
7. follow up on the needs that empower the stakeholders toward deeper collaboration and problem solving (responding to the request for a grant writer proved to be a milestone in the development of trust and shared vision in this group).

Outreach, be it with clergy, community leaders, or concerned citizens is less about orchestrating relationships and more about being a good chaplain – witnessing the journey, trusting the process, and inviting others to access their own wisdom. When this occurs, we become aware of incredible sacred space that has no limits and is as boundless as the love of Providence.

Chaplain Michele Le Doux Sakurai, a member of NACC’s Editorial Advisory Panel, is manager of pastoral care and mission for Providence Health Care in Stevens County, WA.

Indiana medical center chaplains find new partners in ministry

By Marilyn Williams, BCC

In early 2011, the Pastoral Care Department of St. Mary’s Medical Center in Evansville, Indiana, in response to the organizational goal: “St. Mary’s will have strong partnerships in our community,” initiated its Partnership in Ministry program for working with clergy and faith communities. Although we had always worked with clergy and other faith communities in meeting the spiritual needs of our patients, we decided as part of our emphasis at St. Mary’s on creating a healthier community in terms of mind, body, and spirit, that it was important to be more intentional in building a strong partnership with churches and clergy.

The Partners in Ministry Program kicked off in May 2011 with a luncheon and health resource fair; approximately 50 clergy and other congregational ministers were in attendance. The resource fair included health screenings for clergy themselves, as well as booths regarding our community outreach programs that could help faith communities meet the health needs of their members. In addition, this kick-off event featured a video showing how the hospital and churches ministered together in addressing the health needs of our community. Also, our Healthy Lives fitness center was offered to clergy/ministers at the same discounted rate that is available to Medical Center associates.

This event was planned and implemented with the assistance of our Community Outreach Department. As a result of this first event, St. Mary’s became a resource for health educational programs or health fairs offered by local churches. In addition, additional clergy became aware of the procedures regarding clergy badges and visitation of their congregants. An unanticipated byproduct of this initial program was separate gatherings of women clergy and women religious that provided networking/support opportunities. St. Mary’s female chaplains participate in both groups.

In addition, our Partners in Ministry Program is supported by the St. Mary’s Foundation, which provides funding for the meals provided at Partners in Ministry events. The department absorbs other costs associated with the program. Also, other medical center departments have provided in-kind assistance such as with speakers for other events and a marketing logo. Our initial goal has been to conduct two educational programs or events a year.

Since the initial luncheon and health fair, we have had three other programs: (1) Training on “The Do’s and Don’ts of Hospital Visitation,” (2) a half-day workshop on end-of-life issues, including issues related to neonatology and pediatrics with presentations by members of our medical staff and Palliative Care Coordinator, and (3) a program on the impact of healthcare reform on St. Mary’s and the benefits of faith community nurses for churches. Also, as part of our dialogue with faith communities we utilize an electronic newsletter for staying in contact between meetings.

Although these educational endeavors are important, we are hopeful that we can evolve in a way that fosters concrete projects for working together on specific issues or problems facing our community. As such, the Pastoral Care Department brought together our Case Management Department, representatives of the Welborn Foundation, which provides funding/assistance to faith community nurses in the Evansville area, and the parish nurse at one of our local Catholic churches in the fall 2012 to form a pilot project to improve continuity of care and reduce hospital readmissions to the hospital. When a patient is a member of Good Shepherd Parish, with the patient’s permission, case managers will make a referral and provide a copy of the discharge plan to the parish nurse for follow-up education and assistance. Early in 2013, we will evaluate how this project is working and hopefully expand to additional churches. Also, chaplains will make referrals when appropriate to parish nurses or clergy to follow up on spiritual needs for these patients.

Marilyn Williams is director of pastoral care at St. Mary’s Medical Center in Evansville, IN.
Collaboration along nation’s border means listening, self-renewal, redefining roles

By Isabelita Q Boquiren, BCC

The whirlwind of new changes in healthcare delivery, systemic or otherwise, compels us to hold in ever greater light, the light of the Spirit, that which has drawn us all together -- a life of service in the healing ministry with others as well as with Christ. On reflecting far beyond the healthcare changes from my corner of the world in Nogales, AZ, on the U.S.-Mexico border, I contend that the greater gift is opening a way of listening and acting to use creative resources already present by the very nature of our call to discipleship.

This call presupposes mindfulness, change of heart, new ways of seeing and responding, and good use of wisdom in stewardship and mission. Self-renewal is critical to collaboration. As we listen, think about our response to changes ahead, and determine how to act, Matthew 7 reminds us: “Everyone who listens to these words of mine and acts on them will be like the wise man who built his house on a rock. The rains fell, the floods came, and the winds blew and buffeted the house, but it did not collapse; it has been set on solid rock.”

Collaboration indeed is built on God’s abiding assurance –"whenever two or three are gathered in my name, there I am in the midst of them” (Mt 18:20). This is a promise of great significance to all of us on this journey of service.

Self-renewal involves listening and looking deep within the inner self. It is also a change of heart or conversion to move towards good, who is God. It is what someone says “is like opening a door both ways.” It allows one to see more clearly the inner self and it allows one to see the context of ministry in new ways with clarity and purpose.

A little historical study of the lives of saints who trail blazed this very same journey points us to a practice chaplains are most familiar with – spiritual direction. Collaboration is built into the very structure of it. The relationship between God and the directee is not done alone. A guide who companions the directee collaboratively works to help and be sensitive to the Spirit’s movements and arrive at a discerning interpretation of these movements for spiritual growth.

In Nogales, AZ, Holy Cross Hospital, two Catholic parishes and Catholic schools have collaborated in the realm of spiritual direction, with the chaplain supporting the clergy. In turn, the local pastors collaborate with the hospital’s spiritual life by providing sacramental ministry to patients and staff or offering a day of reflection or officiating at blessings at hospital events. The board members of the hospital, together with community leaders, network and share community resources in efforts to work toward the common good.

Shared responsibility or inquiry in a collaborative setting fosters contemplative dialogue, a focused mindful gathering of people listening and acting toward mutual dependence for the benefit of all. The people involved are drawn to the benefits of collaboration, namely, openness, humility, determination to seek the truth and the good of a community. These qualities, in turn, deepen human relationships with powerful insights and vision.

Although Nogales is a hamlet when compared to other urban areas in Arizona, the community leaders
have accepted a stance of redefined roles in which everyone’s gifts, talents and expertise are appreciated and respected. These same community leaders also have demonstrated a welcoming collaboration with religious leaders, working together with innovative ideas to alleviate the suffering of people who cross the borders by providing basic needs intervention, education, spiritual counseling and medical assistance. Holy Cross Hospital collaborates with the Border Patrol for proper medical treatment of undocumented brothers and sisters and providing them with psychosocial and spiritual support.

This process of increased collaboration by way of self-renewal, redefinition of leadership, shared responsibility and inquiry creates harmony by integrating the lived reality of people and understanding situations, providing opportunities to break down differences and barriers. It reinforces in community leaders and clergy the belief that everyone matters, and each person is a special gift of God. To the chaplain, collaboration is a means to connect God’s presence in all things and a reminder that life is about mission and ministry, life and love.

*Isabelita Q Boquiren, chaplain and patient advocate at Carondelet Holy Cross Hospital in Nogales, AZ, is a member of the NACC Editorial Advisory Committee.*
Poor benefit from interdenominational collaboration at community hospital

By Marika H. Hull, MDiv, BCC

Over the last 25 years, Saint Anne’s Hospital in Fall River, MA, has engaged in many and varied collaborative efforts with local clergy. Interdenominational collaboration in this economically depressed urban area has contributed significantly to the way the poor are served in the community.

The most vibrant aspect of interdenominational collaboration at Saint Anne’s occurs around the soup kitchen, which the hospital sponsors six times a year at the First Baptist Church. Of all the churches, synagogues and institutions in the area, the First Baptist Church and Saint Anne’s Hospital stand out together as being the ones most focused on the poor. The collaboration between the Baptist congregation and Saint Anne’s has been a natural, genuine, and rewarding partnership.

The First Baptist Church sponsors a weekly soup kitchen that serves between 80 and 120 people every week, all year round. Saint Anne’s sponsors six of these soup kitchens per year. The First Baptist Church provides the cooking and eating facilities, and the pastoral care staff organizes the hospital employees from various departments to contribute time and money to host the meal. The cost of each soup kitchen is about $450. The food is prepared by the hospital kitchen and offered at cost. The money is donated by various hospital departments, and the department staff then volunteers to deliver, prepare and serve the food at the kitchen. Both the dietary department and the sponsoring department enjoy the teamwork and are glad to be part of the ministry. We are never short of volunteers, and the Baptist Church members are welcoming and grateful. This has been a much appreciated ministry for the last three or four years.

The Baptist pastor serves on the hospital mission board, and has served on the CPE advisory board when the hospital had a CPE program. He continues to be a most enthusiastic collaborator. He and his staff are ready and willing to assist Baptist and other Protestant patients. There are a notable number of patients who come into the hospital with a desire to connect with their Baptist roots and have no current affiliation. Most of these patients are poor and needy. When the Catholic chaplain calls, the Baptist staff members respond quickly and eagerly with a phone call, a visit, or some form of support.

The Pastoral Care Department and the Baptist Church have also worked together on a Lenten program, which involved meetings once a week, each time on a different hospital unit. The aim of the program was to provide reflection time for the hospital staff on their units. Given the busy nature of the hospital, only a few staff members were able to participate. However, the program filled a need for our student nursing program, and was well received by the nursing students who train at the hospital and saw it as an instructive part of their curriculum.

The Spiritual Care Department has tried many different formats for collaboration. It has sponsored education series on various topics, hosted a sit-down Seder meal, and conducted interdenominational Lenten prayer series for the staff on the units. Protestant and Jewish clergy have been invited to many hospital celebrations, including past CPE and current parish nurse graduations. The spiritual care staff welcomes and encourages local clergy to visit their parishioners. Special needs are eagerly accommodated. One memorable example was a request by a Hassidic rabbi to brief the staff on Jewish ritual customs as he ministered to a dying patient.

In addition to initiating collaborative efforts, the hospital tries to be an enthusiastic participant in other
collaborative efforts such as the Tenebrae Worship Service, which is held once a year, and the prayer vigil for peace. As the hospital transitions from being part of a Catholic network of non-profit hospitals to being a Catholic institution embedded in a non-sectarian, for-profit network, challenges for interdenominational collaboration will continue to present themselves, and there will be more need for imagination and continued collaboration with non-Catholic brothers and sisters in ministry.

*Marika H. Hull, a member of the NACC’s Editorial Advisory Panel, is a chaplain at Saint Anne’s Hospital and Saint Anne’s Regional Cancer Care, Fall River, MA. The hospital is part of the Steward Family hospital system. The soup kitchen project is spearheaded by staff chaplain, Deacon David Pepin under the direction of Sr. Carole-Marie Mello, OP, BSN, MA, BCC.*
Family, chaplain, rabbi plan bedside wedding on Oncology Unit

By Karen Pugliese, MA, BCC

Recently, our staff discovered a deep purple and silver lining threaded through clouds of sadness and sorrow on our Oncology Unit as we were invited into Shera’s story.

My encounter with Shera and her family was brief to begin with. I offered encouragement and support while they maintained hope for successful treatment of her recurring cancer. Their most important goal for Shera was her presence at her daughter Gayle’s wedding – just a few weeks away. When it was determined that there were no further options for curative medical treatment, their shock and grief was overwhelming. The interdisciplinary hospital hospice team deepened and re-focused our integrated approach to their psycho-social-spiritual, as well as medical, comfort care.

At that point, my treatment plan attended to sources of realistic and meaningful hope for the family and Shera’s own spiritual goals and resources for the remainder of her life. A lifelong dream for the patient was to hear her only daughter whisper her wedding vows. The hospice nurse and I suggested to Shera and her family that they consider modifying plans for Gayle’s wedding, now just a week away. We proposed a ceremony at the bedside, followed by a brief celebration for the wedding party. By Monday, Shera’s condition worsened considerably and the family understood that she would not attend the wedding on Friday. On Tuesday, they agreed to let us help them realize Shera’s dream to hear Gayle exchange vows with her fiancé on Thursday, the day before the wedding. Shera and Gayle were Jewish, and both Shera’s spouse and Gayle’s fiancé are Catholic. I enlisted the support of Shera’s Rabbi Margaret, newly relocated from her synagogue in Boston. Margaret coordinated with Father John, and we arranged for a wedding ritual in Shera’s room, prior to the formal wedding rehearsal and dinner. Margaret and I created our to-do lists. Margaret would bring a portable Huppa, the traditional canopy under which Jewish couples recite their vows, and provide flowers for the bride and groom and their parents. I committed to transform Shera’s room and a meeting room on the unit with wedding décor in their deep purple and silver colors, provide a wedding cake and beverage for the wedding party to toast the couple, as well as the wine glass in a commemorative bag for the groom to crush as part of the traditional wedding ritual. Our concierge arranged for a gourmet cake embellished with fresh deep purple flowers and silver ribbons.

Thursday afternoon, Shera suddenly slipped into non-responsiveness. We prepared the family to make whatever decision would be best for them.

The couple stood at the bedside under a canopy embroidered with stars while Rabbi Margaret and the Father John led them in the ritual. Tears glistened in the eyes of staff as they heard Rabbi Margaret’s strong voice chanting the traditional blessings. Bittersweet tears and laughter accompanied the shattering of the wine glass as we celebrated Shera’s unshattered dream.

Just after midnight Saturday morning, moments after the actual wedding and reception had ended, Shera’s husband returned to hold her hand as she peacefully left this world. When I joined him at her bedside, he was still wearing his tuxedo. Together we placed the deep purple and silver flowers from our ceremony in her hands, and blessed her for the journey home.

Karen Pugliese is chaplain at Central DuPage Hospital in Winfield, IL.
Logistics can complicate clergy collaboration, but meaningful connections worth the effort

By Elaine Chan, MSW, MDiv, BCC

In second grade I heard a story about the child Jesus from my parochial school teacher, Sister Antoinette of the Apostles of the Sacred Heart of Jesus. One day Jesus made some clay pigeons. When Jesus heard other children coming he gave the pigeons life so that they could fly away and not be destroyed. I have remembered this story all these years because I was impressed by Jesus’ great love and compassion. At the time I did not know the source of this story. Years later I read this story in the infancy gospel of Thomas as well as in the Quran. I would love to ask Sister Antoinette how she came upon the story, but alas she is now in heaven!

As a child I knew little about other sacred scriptures or faiths. But I have always had a curiosity and, I believe, a God-given desire to learn about the “other,” since my parents are converts from Buddhism and I grew up in a Maryknoll parish. As a chaplain, I feel called to minister to individuals of all and no professed faiths. It is important to acknowledge and minister to non-Catholic patients as well as contacting other clergy of differing religions.

I try to maintain a directory of local clergy as well as organizing bodies for various faiths. I have made referrals to rabbis, imams, Buddhist monks, Hindu priests, Protestant ministers, Christian Orthodox priests, etc. Getting a clergy member to see a patient is not always easy, since there may be various issues involved, i.e. logistical – no Buddhist monk in immediate area of hospital, Orthodox priest needs transportation; timing – patient is critical or patient is getting transferred and clergy is not immediately available. There are also language, cultural and other issues within the same religion that one needs to be mindful of, i.e. Is the Muslim Sunni or Shiite and Conservative Jew vs. Orthodox Jew? One also needs to screen clergy to ensure that he or she is not there to proselytize or judge and is only coming to see the one patient and/or his/her family.

There are challenges but I keep trying because once in awhile a meaningful connection is made. Awhile back I conducted training for pastoral care volunteers, including an imam and his wife, an Orthodox rabbi, and other Christians. I utilized a curriculum developed by Michael Moran, an NACC member. One day the imam visited one of my Muslim patients. Even though the imam was “gowned up,” the patient recognized the imam who he had previously heard preach in his mosque!

Awhile back I had an Orthodox rabbi as a patient. He used to teach New Testament at a Jesuit school. On a subsequent visit he was diagnosed with kidney failure and needed dialysis. He was discouraged by this, since he was an active individual who frequently attended and gave lectures as well as participated in various activities. His work was his passion. Being hooked up to a machine three times a week for several hours meant he would not be able to do much. Also I learned that he was estranged from his children and grandchildren.

The rabbi told me that he wanted to die. He would stop taking his medications, eat less, and definitely not go to dialysis. Providentially, I had two chaplain interns for the summer and introduced them to him, an Orthodox rabbinical chaplain and a Roman Catholic religious sister. Coincidentally the sister is a member of Sister Antoinette’s community. The rabbi told them the same thing. I then left the two interns with him and came back awhile later. The rabbi then told me the time he had spent with them was the best experience he had had during his weeklong hospitalization. He was a teacher and having two students
gave him purpose and joy! I felt God acting through the interns and myself to let the rabbi know that his life still had meaning. In ministering to non-Catholics as well as Catholics, I rely heavily on the Holy Spirit’s guidance.

I am a Catholic chaplain and my primary focus is on Catholic patients, but over the years I have found that some non-Catholics who share the room with a Catholic are curious and/or desirous of spiritual attention and care. Mostly patients just want a listening ear and a compassionate heart. When I reach out to non-Catholics I witness to them as well as model to Catholics that the word “catholic” means universal. I have taken survey courses on different faiths as well as participated in various interfaith dialogues but I am still learning. One need not be an expert on every faith, just have an open heart to be present to the other and not debate issues of faith.

Providentially I attended seminary with Protestant classmates who daily shared their faith and prayer life with me. Also I attended interfaith dialogues with seminary students of other faiths. Patients appreciate that I know something about their faith and religious practices. One needs to be careful not to make assumptions or pass judgment on others’ beliefs. We cannot apply our perspectives, understandings and ways of looking at beliefs and practices unto others. For instance, Jews and Christians believe that we are all made in the image and likeness of God. But this is not found in the Muslim faith. Also we cannot put our faith on a higher level than others nor judge other faiths by our own.

I realize that chaplains are often pulled in various directions and may have limited time and energy to minister to those of their own faith. Also I know that pastoral care departments may not have the budget to compensate other clergy. But if someone of another faith has a need, I try my best to respond with compassion. I am reminded of the Gospel of Mark 7:24-30, in which Jesus was challenged to minister to the daughter of a Syro-Phoenician woman. At first he put her off but upon witnessing her faith, he cured the daughter. May God bless you and your ministry!

*Elaine Chan is staff chaplain at New York Hospital in Queens, New York and is a new member of the NACC's Editorial Advisory Panel.*
Serving with American Red Cross a true privilege

By Joseph G. Bozelli, DMin, BCC

In response to Hurricane Sandy, I was asked to go to the Red Cross National Headquarters in Washington, DC, to help support the Disaster Spiritual Care (DSC) ministry that was being offered by our chaplains in New Jersey and New York. Prior to my arrival, Tim Serban had recruited Red Cross DSC trained chaplains from across the country to assist in the relief effort. These chaplains put their lives on hold and committed the next two to three weeks of their lives, sacrificing being with their families over Thanksgiving, in order to be of service to the survivors of this devastating storm.

The relief effort was well under way when I arrived. Tim had already recruited a second wave of chaplains to replace the initial group of chaplains, whose deployment was nearing an end. My role was to serve as a liaison between the team chaplains in both states and the Red Cross National Office, helping to communicate information about the status of the relief effort and to assist with any needs that they had with regard to their ministry and care.

Being at the national office, I had the opportunity to see firsthand the incredible work that the Red Cross does on a national level to respond to tragedies and disasters. As you can imagine, providing relief and care in areas that have been completely devastated can be an overwhelming task. In addition, coordinating that effort with a variety of government agencies, thousands of volunteers, and other relief resources, takes incredible organization and communication. I was so impressed by the dedicated and compassionate women and men who work and volunteer with the Red Cross. As an American, I’m proud that we have such an altruistic and humanitarian organization.

I’m also proud of the important role that our DSC chaplains have in the Red Cross. Their ministry to the survivors of this terrible storm was remarkable. Small in number, their teams consisted of 10-12 chaplains in both states, yet their ministry touched thousands of people. In addition to offering condolence visits to families in grief following the death of a loved one, they walked in neighborhoods and entered high-rise apartment buildings, seeking out those in need. Our chaplains also ministered to Red Cross staff and volunteers, providing spiritual and emotional support to the caregivers. Often, staff and volunteers would intentionally seek out a chaplain, just to talk and process all that they had experienced in being with the disaster survivors. They did what chaplains do; they listened with compassion and offered spiritual comfort and service to those in need.

You often hear chaplains describe our ministry as being a privilege; that we are truly on sacred ground when we are with people in need. By supporting the chaplains who ministered in New Jersey and New York, and being with the Red Cross staff in Washington, DC, I can truly say that I, too, was privileged to have served in response to Hurricane Sandy as a chaplain with the Disaster Spiritual Care of the American Red Cross.

*Joseph G. Bozelli is director of Pastoral Care Services at St. Elizabeth Healthcare in Edgewood, KY.*
Disaster victims minister to fellow victims of Sandy

By Allen Siegel, OFS, MA, BCC

For years, New York's Long Island residents have heard about the future dreaded storm that would devastate the barrier islands and bring devastating floods to the shorelines. On Oct 29, 2012, the day of reckoning came. Pushing 12 to 17 feet of water above normal tide, Hurricane Sandy exceeded this dire prediction.

At 6 a.m. Tuesday morning, as Sandy came ashore in New Jersey, I was arriving at South Nassau Communities Hospital in Oceanside, NY. As I walked into the hospital, I met a few dozen refugees. They told frightening stories of water rising in their homes from a mere few inches to four feet in less than 15 minutes. Every refugee told of the same experience. With the lights out, their homes flooded, their cars floating alongside boats in the street, home phones and cell phones inoperable, many had come with nothing but the clothes on their back.

After spending time listening to their stories, I took a deep breath knowing that what was happening just a mile south of the hospital was going to impact us significantly. And it did. Soon our lobby and conference center were filled with people. Oxygen-dependent and dialysis-dependent patients arrived by the dozens as did refugees looking for phone access to call insurance or car rental companies. I could not help but feel overwhelmed by the details of devastation and the despair and concern of those arriving at our hospital. As the staff arrived, we quickly discovered that their homes and cars, too, were flooded with up to four feet of water. The disaster victims were the medical staff caregivers for the disaster victims.

As the hospital addressed immediate post-Sandy medical needs, I began to assess the spiritual resources available. I needed help. There were too many victims. The Pastoral Care Program staff includes one full time chaplain, one Catholic priest chaplain, two part time rabbis, and 69 volunteers. As a member of the hospital's Emergency Management Committee, I established a Disaster Spiritual Care Registry comprising 22 community clergy, who were committed to assisting the hospital with spiritual care during times of disaster.

I began calling pastoral care volunteers to help. With the fiber-optic, Internet and cell phone services no longer functioning, it became apparent that neither the pastoral care volunteers nor community clergy could be reached. I began making myself available throughout the hospital. I moved to a 12-hour daily schedule and was able to meet about 200 patients every day.

Chaplain Fr. Anthony Osuagwu, a Catholic priest, was able to maintain his schedule and administer the sacraments to Catholic patients. Periodically, Catholic eucharistic ministers spontaneously arrived and distributed Communion.

Within 48 hours of the storm, there were more than 400 admitted patients, hundreds more coming through the ER daily, dozens of refugees in our lobby and more than 1,000 staff members directly affected by the storm. During this time, I had to contend with my own feelings of sadness for the victims, survivor guilt and concerns about my own emotional, spiritual and physical energy levels. Though I was also feeling energized and sleeping well, I knew, that I would suffer compassion fatigue if I kept going at the pace I was maintaining.

On day 6, the U.S. Department of Health and Human Services Disaster Medical Assistance Team based in Seattle, WA, (HHS DMAT WA-1) arrived to assist our hospital. DMAT Chaplain Richard Lopez and I met and devised a plan to split the chaplain coverage schedule into two 12-hour shifts. I would serve days and
he would serve nights. Both the DMAT and Hospital Incident Command approved. This was very helpful because Chaplain Lopez would meet ER patients and many of our night staff who had not had the opportunity to share their experience and feelings.

As we moved into the second week post-Sandy, a few more pastoral care volunteers arrived, including Chaplain Alycia Gorman, a recent Catholic Health System CPE graduate. For many days, Chaplain Gorman was an invaluable help visiting and providing spiritual support to the ER staff and patients.

On day 10, the U.S. Public Health Service (USPHS) arrived with a mental health team that included Chaplain Kathy Witte. On Day 11, Chaplain Witte relieved me for four days so I could rest, reflect and care for my personal and family needs. By the end of the third week, the immediate needs had decreased and the DMAT and USPHS chaplain support was de-escalated. I, too, was able to decrease my weekly hours.

At the time of this writing, we are in the sixth week. With over 100,000 homes and 500,000 people affected in our region, everywhere you turn, the physical, emotional, psychological and spiritual remnants of Sandy remain.

For many people who are unable to live in their homes or find the necessary resources to rebuild their homes, it will take a long time to heal. It is my observation that communities that have a strong sense of identity and leadership do the best at mobilizing necessary resources and services.

I am thankful for the two years of disaster training I undertook prior to this disaster. The New York State Office of Emergency Management Disaster Mental Health, FEMA, National Disaster Medical System, and other disaster training and preparedness were critical to my role in this disaster setting. I am even more thankful to Chaplains Witte, Lopez and Gorman, Father Anthony and the Pastoral Care Program volunteers who arrived to offer spiritual care and support during the first three weeks. I am most thankful for the spirit of God, which was most evident in all the generosity, compassion and volunteerism I witnessed and continue to witness as people, families and communities come together to rebuild shattered lives. The resilience and hope I witness in so many people invigorate me as has been true for so many others.

Allen Siegel is chaplain at South Nassau Communities Hospital in Oceanside, NY.

Further resources

FEMA Independent Study Courses (See especially Is-100 and higher): training.fema.gov/is/crslist.asp
Responder e-Learn is an integrated medical, public health, preparedness and response educational curriculum sponsored by the U.S. Department of Health and Human Services (HHS): www.respondelearn.com
New York Disaster Inter-faith Services: www.nydis.org/index2.html
National Child Traumatic Stress Network - Online training and resources, especially the Psychological First Aid course (below): learn.nctsn.org
Psychological First Aid course: learn.nctsn.org/course/category.php?id=11
Southern Baptist Disaster Relief downloadable manual on disaster chaplaincy: www.namb.net/dr/Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy - Stephen B. Roberts (Author, Editor) [ISBN: 159473240X]
Chaplains on mobile integrated care teams transmitted hope, peace to Sandy survivors

By Carol Bamesberger, RN

We were a team of chaplains called forth to serve in the aftermath of Hurricane Sandy. We were deployed to assist the families of Staten Island, Coney Island and the other shore areas of New York.

We came from 13 states, members of NACC, APC, NAJC and the College of Pastoral Supervision and Psychotherapy (CPSP).

We were four women and nine men.

We were blessed with training, compassion, energy, a willingness to serve and a calling to be there.

Our main goal was to be a part of integrated care teams and to provide pastoral care to each family of someone who died as a result of this storm. The magnitude of destruction of this storm created significant roadblocks in acquiring information. The area we were covering sustained major damage to records and information centers. Clearly this hampered our process.

On our integrated care team calls, the chaplain was often the one designated to approach the family first. I would kneel before them and touch their hand as I offered them our condolences. On receiving this gift, the doors opened for the individuals to share the story of their loved one and their own struggle with this horrific storm. In this sharing of the story, the nurse and case manager often heard the answers to many of the questions necessary for their forms. This created a sacred space in which we were there to meet their needs lovingly and simply.

One of my biggest gifts in deployment was the power of the team. Our teams were amazing. Each morning we would meet at 7 a.m. at Cosmic Diner near New York City’s Times Square for a planning and team support breakfast. From this space, we sent small teams to different areas to be with and serve the community. How this was done took on many forms, but through it all we aimed to transmit hope and peace as we walked among survivors.

One of our teams identified an area of 2,000 apartments in the disaster area that had received no services. Within an hour our chaplains called headquarters and deployed Red Cross Emergency Response Vehicles with food, water, supplies and ongoing services. When the food arrived one of our team raced to the top of each building announcing the arrival of help.

We visited area churches, synagogues, and temples, and met with the clergy. Doing so, we identified areas of need and walked with individuals through the pain. We were invited to serve and be at the table for a Thanksgiving dinner in a large church. While serving, we provided comfort and peace along with potatoes and gravy!

We were often called upon to be a calm in the storm for the American Red Cross staff and volunteers at headquarters. Daily they approached us with requests for counseling and assistance in debriefing. They would share their stories and we were there to listen, to offer compassion, and to draw forth the strength of their own religious convictions. At the headquarters’ Thanksgiving meal, a rabbi and I were invited to give the blessing. What a joy to be able to offer thanks and bless these incredible Red Cross angels who left family and friends to meet the needs of others.
Clearly we were “One world... one family... one...humankind!”

Carol Bamesberger is a retired NACC chaplain from Los Angeles, CA. According to Timothy Serban, Disaster Spiritual Care Lead of the American Red Cross, she not only covered the disaster spiritual care operations in New York for Wave 2 following Hurricane Sandy, but extended her departure for an additional week in order to ensure a complete transition in leadership.
Sharing stories: A life’s journey inscribed, a day of blessing

By William Mich, BCC

Yesterday, on a beautiful Staten Island day, I had the opportunity to “walk the streets.” Walking up to a man and a woman in conversation, the man mentioned how the flood and wind had torn down a number of walls in the community. Men and women were now out in the streets talking, children were pushing carts full of bottled water and offering it to people trying to rebuild their lives.

As I continued to speak to the woman, Lynette, she asked me to come into her home and bless her 75-year-old husband Anthony. On entering the home, walking up a short flight of stairs, I noticed Lynette remove her shoes before walking up another flight of stairs into her main living area. I followed suit, removing my shoes, not realizing I was about to enter holy ground!

Sitting with Lynette and Anthony at the kitchen table, Lynette prepared some coffee, as Anthony ate a sandwich. As we talked and shared stories, I mentioned how my father was in the Navy, stationed in the Philippines. Lynette seemed to brighten up a bit, as she went on to relate the story of her own father. Lynette had an older brother Adrian, and when he was a newborn baby, their father went off to war. Removing one of Adrian's shoes (Adrian is the patron saint of soldiers), Lynette's father took this shoe and wrote on it dates and places he traveled to. Lynette then joyously retrieved this still intact and well-preserved relic of a time past. She carefully opened up a small box with its precious contents. Lynette continued the story, noting that even when her father went missing in action for six months, he continued to carry and inscribe dates and times onto this shoe.

Gently and with great reverence and awe I accepted this gift into my outstretched hands. Looking at it and turning it around, I found that even on the sole of the shoe were dates and places, still easily readable. Lynette continued her story, mentioning a letter her father had written, bringing it out of the tabernacle of a cardboard box she held, along with a letter about medals her father had received.

As she pushed the parchment toward me, I declined the offer to hold it, feeling not quite worthy to touch such a cherished gift.

Yes, holy ground indeed. We drank from the cup of coffee, shared Communion and as a Catholic deacon, after praying together, I was able to return my blessing to them, knowing all the time, it was I who was blessed!

William Mich, a Catholic deacon, is a pharmacist at Lourdes Medical Center in Pasco, WA. He arrived in New York Nov. 10, and wrote this a few days later in a message to the lead chaplain with whom he ministered.
Changes made in NACC certification, renewal of certification, certification appeals procedures

By Susanne Chawszczewski, PhD, and Lindsey Tews, MA

At the July 2012 NACC Certification Commission meeting, several changes were approved for the Certification Procedures Manual. These updates were designed to give clarity to members going through the NACC certification process, as well as giving opportunities for expanded continuing education hour opportunities to both chaplains and CPE supervisors. Changes and updates were made to the sections on: Chaplain Certification, Certification Appeals, Chaplain Renewal of Certification, and Supervisor Renewal of Certification.

Initial Chaplain Certification

All members who requested a certification application since 2007 were notified by a special letter of the changes to the Chaplain Certification Procedures, which have gone into effect for all applications beginning with the Feb. 15, 2013, application deadline. The procedures affected by the changes were: 122, 131, 132, and 133 (including various sub-procedures). In several cases, the phrasing and word choice were edited for additional clarity for the applicant.

In other cases, more significant changes were made. Here are a few examples of changes (Note: this list is not exhaustive):

- Any verbatim submitted as part of a certification application binder must now be current (current is defined as within one year of application for certification).
- Applicants who completed CPE units at an USCCB-accredited center must now submit a letter stating this circumstance as part of the application binder.
- The procedures more clearly indicate what materials the National Office will hold on file for any applicants who are denied certification or if the process is discontinued for any reason.
- All Standards may be considered in subsequent interview(s) including but not limited to Standards cited in recommendations from previous interview(s).
- In cases in which applicants have completed more than the required four units of CPE, documentation of only the four most recent units must be submitted.

If you are considering applying for certification or are involved in the interview process, please review the newly revised Certification Procedures Manual, Part One, with changes highlighted on the NACC website at www.nacc.org/certification/standards-and-procedures.asp.

Certification Appeals

In addition to minor changes for basic clarification, a significant change was made to the Certification Appeals Procedure with CP523. The chair of the Certification Appeals Panel along with at least one additional member of the Certification Appeals Panel will review the formal appeal for the purpose of determining whether the formal appeal demonstrates probable cause to believe there is a potential violation of the NACC Standards and/or Procedures or that there are no grounds to proceed. If it is determined that there is probable cause to proceed with the formal appeal, then the three-member Certification Appeals Review Team will be appointed.

Please review the newly revised Certification Procedures Manual, Part Five, with changes highlighted on the NACC website at www.nacc.org/certification/standards-and-procedures.asp.
Chaplain Renewal of Certification

For chaplains renewing their certification, several minor changes were made for basic clarification. In other cases, more significant changes were made. These changes include:

- All Continuing Education Hours forms and the Peer Review must be electronically produced (computer or typewriter). Handwritten forms will not be accepted.
- Your peer reviewer must be an active or retired certified chaplain or CPE supervisor who is a current member of the NACC with whom you do not share a reporting relationship (either report to or they report to you) and who is not an inactive or emeritus member of the NACC.
- A continuing education activity is only counted once, regardless of your role as an attendee or presenter. If you are presenting, you can also include preparation time. If you are presenting the program multiple times, the preparation time can only be counted once.
- Live presentations are considered educational events.
- Recordings of live presentations are considered educational materials.
- Spiritual direction can be counted for up to 10 hours per year.
- Retreats can be counted for up to four hours per day.
- Therapy/professional supervision can be counted for up to 10 hours per year.
- Service to the NACC can be counted for up to 15 hours per year.

Please review the newly revised Certification Procedures Manual, Part Two, with changes highlighted on the NACC website at www.nacc.org/certification/standards-and-procedures.asp.

CPE Supervisor Renewal of Certification

In addition to mirroring the changes above under Chaplain Renewal of Certification, there were significant changes and clarifications to the CPE Supervisor Renewal of Certification procedures. Among the most significant include:

- CPE Supervisors will renew every five years instead of every seven years.
- Change from “Supervision of two (2) units of CPE in each seven-year renewal period or participation in other CPE-related educational activities that demonstrate supervisory competencies” to “Supervise students in an ACPE or USCCB accredited program at least once every three years or participate in other CPE-related educational activities.”
- Approval of a new process for NACC CPE supervisors who are also certified ACPE CPE supervisors. Essentially, if you are dually certified, you may submit your ACPE Continuing Education Hours and ACPE Peer Review for your renewal of certification. NACC-only CPE Supervisors will continue to follow the NACC process for renewal of certification.

Please review the newly revised Certification Procedures Manual, Part Four, with changes highlighted on the NACC website at www.nacc.org/certification/standards-and-procedures.asp.

With constant review and attention to detail and questions from members, the NACC Certification Commission hopes that these changes will bring clarity as well as opportunities for gaining continuing education hours in order for the process to be more user-friendly to our members. For questions or comments about the changes to the Certification Procedures Manual, please contact the NACC National Office:

- General Questions/Comments and Supervisor Renewal of Certification – Susanne Chawszczewski at schaw@nacc.org
- Chaplain Certification and Appeals – Lindsey Tews at Lindsey.Tews@nacc.org
- Chaplain Renewal of Certification – Jeanine Annunziato at jannunziato@nacc.org

Susanne Chawszczewski is NACC certification and education coordinator. Lindsey Tews serves as the NACC administrative specialist/certification in Milwaukee, WI.
Certification timeline has changed over the years

The whys and hows of deadlines for submitting certification materials

Throughout the years the certification process and the calendar of events have undergone review and revision. In 2007, the Certification Commission voted to move the certification interview timeline to its current configuration. Prior to that, the time between submission of materials and interviews was only three months, not the current six months.

This decision was made by a task force charged with exploring alternatives because the three-month turn-around between submission of materials and interviews did not work in terms of the ability to thoroughly review the materials and then schedule interviews and all of the other administrative tasks involved with this. The task force was composed of two Interview Team Educators, two National Office staff members, and the vice-chair of the Certification Commission.

They came to a unanimous decision to offer two deadlines for submission of materials and two interviews per year but also to lengthen the time between the submission and the materials to the current six months. They looked at how this would impact CPE centers and CPE students; how it might impact students seeking certification for employment; how long before someone who is denied could come back for a subsequent interview; etc. They also discussed the possible greater integration of learning that could occur from this less intense timetable. It was perceived that this would solve 90% of the problems and concerns with the current system while still affording applicants multiple opportunities per year.

The entire process from application submission to the final decision of the Certification Commission takes about eight to nine months. We are pleased to offer our applicants a professional experience with a thorough review and a personalized interview experience, which requires time on the part of all participants, the Certification Commission, and the National Office staff.

Tips for prospective certification applicants whose last CPE unit will end in the month of August

For those students whose CPE courses will be finished in August, you may work on your certification materials over the final summer of CPE so that most of the materials are ready to be submitted by the postmark deadline of Sept. 15. The National Office allows a late turn-in ONLY of any final unit evaluations (self and supervisor) to especially accommodate August CPE students. All other materials must be submitted by the postmark deadline. If you would like to take the option of late CPE evaluation submission, please contact the National Office to inform us of your circumstance prior to sending in an incomplete set of application materials.

Writing the autobiography, narrative statement, and verbatim can be done before the CPE unit is finished. Letters of recommendation and transcripts can also be requested in advance. You cannot request the actual certification application form until you are a full member of the NACC, but you could complete the rest of the materials and fill in the application last if you needed to delay becoming a full member of the NACC. Please contact Lindsey Tews in the National Office with any questions about the application process or the requirements for initial certification as a chaplain.

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Embrace anew call to be people of hope at 2013 NACC National Conference

By Hugo Gonzalez, MDiv, BCC

Our NACC National Conference draws close. If you haven’t already registered for the event, there is still time. This year we will gather in Pittsburgh, PA, where the three rivers converge. Yes, this year we will gather by the river. From this place we shall embrace anew the call to be ministers of the church, professional spiritual care providers, and people of hope.

As I muse over this up and coming event, images of the saints of God come to mind. Not the Communion of Saints in the mystical sense, but rather a communion of unity among diversity. I envision a communion of sisters and brothers called by God to profess one faith, one Lord, and one Baptism.

This confession of faith is not something stagnant as if it were just a set of beliefs indoctrinated in a creed. It’s a confession in the sense of living and breathing. Something like when we first heard the call and responded with heartfelt conviction. I imagine God makes the call to faith in varied and diverse ways so that all might be served. Diversity is like a rainbow that mirrors God’s beauty. We are saints of God celebrating diversity and equality in the Spirit.

The call to chaplaincy is like a double vocation. I am called by Christ to be in the world as one who provides spiritual care perhaps not only as a minister in the church, but as a minister of the church. As such, I am a layperson single or married. As such, I am a professed religious. As such, I am ordained clergy. As such, my identity is tied to the one who says “come follow me.”

I hope you will join us in Pittsburgh as our plenary speakers Father Donald Goergen, OP, Neomi DeAnda, Father Myles Sheehan, SJ, and Sister Carol Keehan, DC, invite and challenge us to reflect on our calling as chaplains that brings together faith, identity, and action. We’ll see where the three rivers converge.

*Hugo Gonzalez is Spanish-speaking staff chaplain at Lucile Packard Children’s Hospital at Stanford in Palo, Alto, CA. He also is chair of the 2013 NACC National Conference Planning Task Force.*
Research abstracts

By Austine Duru, MDiv, MA, BCC

In this issue of Vision, in lieu of publishing a research article, we present eight resources in hopes of assisting readers to sample a broad range of research and research-related topics by chaplains and non-chaplain collaborators. Each resource is related to our current Vision theme. A link to a safe open access site has been included to aid in further detailed reading.

Link: www.biomedcentral.com/1756-0500/4/387/

The new Accountable Care Organization (ACO) framework favors increased collaboration between hospitals and communities. Little is known about the extent to which chaplains and pastoral care departments across the nation collaborate with community leaders to offer a continuum of care beyond the hospital walls. This study by James Studnicki and his colleagues finds that "no existing research has attempted to characterize collaboration, for the defined purpose of setting community health status priorities, between a defined population of local officials and a defined group of alternative partnering organizations." The study has two important aims: 1) determine the range of collaborative involvement exhibited by a study population of local public health officials, and, 2) characterize the patterns of the selection of organizations/individuals involved with LHDs in the process of setting community health status priorities. This study was done using an exploratory survey of local health officials in North Carolina to determine their level of involvement with eight possible organizations and individuals they can possibly collaborate with. The results show that the patterns of involvement for specific functions are uniform, even when the range of total involvement remains constant. The findings are significant not only for community leaders involved in shaping public policies, but also for pastoral care departments and/or chaplains who wish to collaborate with others beyond the traditional hospital setting. While this is a good foray into the question of inter-agency/departmental collaboration around community health issues, this study could perhaps benefit from further research.


This study by John Fortney and his colleagues emerged out of the premise that evidence-based practices designed for larger urban areas are not necessarily effective in small or rural isolated clinics. This is certainly true for all types of patient populations. However, this study looks at innovative ways to evaluate telemedicine-based collaborative care models designed for small clinics without an on-site psychiatrist. This study drew from 393 random samples of patients with a PHQ9 depression severity score within a small Veteran Administration community-based outpatient clinic who have no psychiatrist on site but were given access to telepsychiatrists. Some of the measures looked at medication adherence, treatment response, remission, health status, health-related quality of life and treatment satisfaction. Results show that the patient population studies point to significant gains in mental health status and health-related quality of life and higher satisfaction within six months and were in remission within 12 months. This study holds significant promise and potential for pastoral care and chaplaincy services, especially in rural and small clinic settings. This novel concept has broader implications for e-chaplaincy as practiced in some settings.
Other implications for the future of chaplaincy can also be deduced. This has become necessary as new thinking on the delivery of healthcare is currently under way in the United States and around the world.

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This survey done by the Pew Research Center’s Forum on Religion and Public Life takes an unprecedented look into the state of our nation’s prisons from the eyes of professional chaplains and other volunteers who provide spiritual and religious services to prison populations in 50 states. The survey was conducted between September and December 2011. About 1,474 prison chaplains who work in state prisons were identified and contacted for this survey. Seven hundred thirty chaplains returned their completed web or paper questionnaire. The survey is extraordinary in the sense that it’s the closest possible assessment of the religious affiliation of the approximately 1.6 million inmates in the U.S. prison system. The report of the survey was divided into five parts: religious and socio-demographic profile of state prison chaplains; what chaplains do in the course of their work; assessments of religious volunteers; perspectives on the religious lives of inmates, including religious switching and concerns about extremism; and lastly, chaplains’ views on the correctional system. Overall, this survey touches on the significance of chaplain collaboration with correctional officers and facilities across the country to provide meaningful religious and pastoral services to a unique population. It highlights their work as critical in rehabilitation and re-integration into the general population once they have served their terms. This survey also hints at some troubling trends and raises significant questions about certain things that were not addressed, for instance, the lack of chaplains who can meet the needs of minority religions in the prison system. In addition, the extent to which prison chaplains collaborate with one another was not immediately clear from this survey.

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**Epstein, Andrew S., Volandes, Angelo E., and O’Reilly, Eileen M.** "Building on individual, state, and federal initiatives for advance care planning, an integral component of palliative and end-of-life cancer care." *Journal of Oncology Practice* 7, no. 6 (2011): 355-359. (30 references) Link: [jop.ascopubs.org/content/7/6/355.full.pdf+html](http://jop.ascopubs.org/content/7/6/355.full.pdf+html).

This interesting article takes on the issue of advance care planning: a topic that has received mixed reviews in the wake of the new healthcare law. Andrew S. Epstein and his team did a fine job of articulating this issue and situate it at the level of broader need for deeper conversation and communication in the disease trajectory as an integral component of the plan of care, especially for patients with life-threatening illnesses. Epstein and team go beyond the current rhetoric and use a case example to drive home the message. The article articulates some of the major barriers to a meaningful conversation around advance care planning. Epstein, also a physician, acknowledges the lack of proactive communication skills among physicians could be reversed with effective training in communication styles. This work remains relevant to pastoral care and chaplaincy. It invites us to seek new ways to partner with physicians and other caregivers in working with patients and families facing advance care planning. I am aware of some palliative care programs that are pioneering the effort to bring "conversation before crisis" to the community and local churches, temples and synagogues, with great success.

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**McGregor, Margaret, Pare, Dan, Wong, Areta, Cox, Michelle B., and Brasher, Penny.** "Correlates of a “do not hospitalize” designation in a sample of frail nursing home residents in Vancouver." *Canadian Family Physician* 56, no. 11 (2010): 1158-1164. (18 references)
Link:  www.cfp.ca/content/56/11/1158.full

This research work done by Margaret McGregor and her colleagues extends the conversation on advance care planning, by introducing the reader to the concept of “do not hospitalize.” This study was based in British Columbia and looked at the charts of 369 deceased residents in six extended care facilities between 2001 and 2007. It should be noted that all of these facilities were government funded. The results are quite revealing. This study acknowledges a number of limitations. For one thing, the quality of life outcomes of the residents could not be evaluated since this was a postmortem study. However, it explores the limits of advance care planning and introduces a new concept to this conversation around advance directives in the United States.

Link:  www.biomedcentral.com/1471-2318/9/54.

The blurring of the line between health outcomes and patient satisfaction has driven the discussion of evidence-based care. Malcolm P. Cutchin and his team set out to collect the evidence to support preventive home visits, with its goal being to mitigate functional decline and unwanted relocation, and significantly reduce frequent hospitalization of at-risk older adults. This issue has reappeared in the national discussion as new pressure is exerted on hospitals to reduce readmission rates of their patients. For this randomized controlled pilot trial, 110 older adults who were at risk for functional decline were recruited. An occupational therapy-based program was developed and tried. This article describes a study in progress. This study has a sound logical foundation, but also has significant limitations. It raises legitimate questions, however, about the future of healthcare and chaplaincy.

Link:  www.implementationscience.com/content/6/1/67.

This study paints an interesting picture of connectedness among healthcare professionals. It appears that the term “connectedness” in this study was treated loosely to represent professional relationships in the course of clinical duties. The study focused primarily on describing and analyzing connectedness in a regional network of health professionals involved in the ambulatory treatment of patients with Parkinson’s disease (PD). One hundred four health professionals who had joined a new network were asked to complete a pre-structures form to report on their professional contacts with others in the network. Results of the study show that those professionals who are affiliated with a hospital, and who have more patients and caseloads, tend to have stronger connectedness with other healthcare professionals. At first, this study may seem irrelevant, but upon further reflection, one could see how connectedness may positively or negatively impact clinical decision-making and coordination of patient care. The perspective of Wensing and his colleagues may have implications for pastoral care and clinical pastoral education. This perspective may trigger useful debate concerning the future relationship of chaplains to the specific sectors of the interdisciplinary team. It also has the potential of helping the chaplain identify staff members who might be at risk of burnout.
Link: www.biomedcentral.com/1471-2458/12/209.

Empowering people to achieve their health goals is important for chaplains. There is a complexity in the disease dynamics that is grounded in our human natures. This dynamic is further complicated when one’s behavior and life habits facilitate the onset and progress of the disease process. The authors of this study identified these risk factors of negative life habits and have developed what they call “Health Workshops.” This study evaluates the effectiveness of these health workshops as it relates to certain markers, such as health-related quality of life, diet, physical activity, and elimination of cardiovascular risks. This intervention is designed as an eight-week group session, in which the individual takes full responsibility and ownership of his or her own health and self-care. This proposal is modeled after Virginia Henderson’s 14 components of the holistic person. The changes, if put into practice, would be transformative for the individual. Many of these components are dear to the heart of the chaplain. In the end, it is up to the individual to work toward specific health goals.

Austine Duru is staff chaplain at Franciscan St. Margaret Health in Dyer, IN.

Are you involved in research on a topic related to chaplaincy? Looking for a venue to publish? Vision would be interested in learning about your research effort. Contact Austine Duru at gusduru@yahoo.com or Laurie Hansen Cardona at Lcardona@nacc.org.
Home hospice far from home: A transformative journey marked by sadness, intimacy, grace

By Maggie Finley, MAPS, BCC

“...in breaking bread”

What follows is my personal reflection on a patient narrative that I believe points not only to the subtle differences in acute care and hospice chaplaincy, but also mines the intent behind its Latin root hospes – to welcome strangers and tend to soul-weary travelers. Naturally, contemporary hospice models invoke Elisabeth Kubler-Ross’s revised, if not entirely new, philosophy to enlarge the hospice context beyond limitations of a fixed place to include the patient’s own home, which tests the tensile strength of a chaplain’s creativity in responding to patient needs.

For me, this story is even more than that. It is testimony to the fact that as chaplains we’re often touched deeply by our patients in ways they can’t possibly imagine; how precious is the access and intimacy hospice chaplaincy often affords. It is also a kind of Everyman story, speaking to what may be true for many strangers among us – how complex and fragile the immigrant existence is, living in diaspora; subject to influences from both within and outside the community.

I will call my patient “Rafik Najan,” his wife, “Jasmine,” his sons “Ismael,” “Asim” and “Jamal.” Rafik’s hospice experience unfolded over about two months’ time. He and his wife were prayerful, yet non-observant, and as such attracted unwelcome attention from Seattle’s larger Muslim community. The Najans’ efforts to maintain privacy and autonomy heightened when they returned to the United States from Afghanistan in 2003. The war in Afghanistan dashed their hopes of staying in Kabul to raise the children. Jasmine was confronted with the difference in gender roles and expectations. And although she deferred to her husband in the privacy of their home, she partnered in running his printing business. In Kabul, she was merely property, and she reported suffering cruelly at the hands of her husband’s extended traditional/tribal family. She still feared reprisals based on community censure in reports back to Rafik’s elder brother and mother. Jasmine shared openly with me her desperation: how if money were not an issue, she would prefer living in Pakistan. At the time, she understood it to be a safer haven and believed she could make a home under somewhat less scrutiny. The couple’s printing business survived the hit from emerging software technologies only to be broadsided by the cost of Rafik’s cancer treatment. Once diagnosed, communal threats were made to take away the children.

I witnessed Jasmine go about her chores under the watchful eye of an elder woman who inserted herself into their lives. This woman came unannounced almost daily, planting herself in the couple’s living room to lobby for her son’s adoption of the Najan children. Jasmine endured the humiliation and blatant disregard for the sanctity of her space. She drew me aside to register her disgust and exasperation. But it took time, humility, careful attention and open-heartedness for trust and intimacy to grow between us. It took psychic energy to be understood and to understand and a lot of reframing and clarification to negotiate linguistic and conceptual barriers.

Symbolically, to step into the Najan home was not only to enter sacred space, but also to some degree to go back in time. Leaving my shoes at the door was simultaneously about checking my cultural expectations there, too. Once inside, I saw a great room ringed with sofas, virtually free of decoration (the Islamic way). Small area rugs covered the floor. Concessions to the West, at least visually, were large TV consoles – one in the family room, another in the boys’ rooms with Nintendo. It was a matter of time before I was ushered into the bedrooms, which seemed analogous to the nuanced stages of our therapeutic relationship.

Initially, we met in the front of the house. A wonderfully pivotal moment came when I stood outside the screened door, pleasantly surprised by Rafik’s waving me in. I had barely cleared the threshold, when he gestured I should sit. We exchanged perfunctory greetings as his wife materialized with a platter from which he mimed I was to take bread and dip it as he had. To decline was not an option. Neither of them could possibly know the impact this had on me: to sit on rugs and break bread together was to reenact our shared heritage of a 2,000-year-old
ritual meal. Rafik’s gesture signaled an invitation into his home, his sanctuary – his present reality. It was the first and last time I’d see him in a festive mood. Within days he was bedridden and too weak to sit up.

It was in the kitchen that Jasmine’s heartfelt struggles and dreams came to light. I was reminded of author Anita Diamant’s “The Red Tent” and how feminine relationships find a way to flourish in ritual seclusion. Ismael, Ramin and Jamal played around the table while we women talked. Eventually, over cups of homemade chai or saffron yoghurt, Jasmine disclosed her plans for further education. Swallowing bitter tears, she spoke of starting a daycare. She could not envision how to support a family. I couldn’t either, but I listened. And I was struck by the quiet strength it took to push through the daily sadness that was hers. It remained a situation in which I knew in my bones I could do nothing except open my self, pay attention, and hold the center with this woman whose needs were so fundamental, yet so complex.

I won’t forget the transformative moments – the little meals that spoke to me of Communion. Nor will I forget how Jasmine so freely gave from the precious little she had. I won’t forget the three spare, private encounters I had with Rafik, when he simply and poignantly disclosed how years ago he had been disaffected from Islam while clinging to Allah. He tried always to be a good man, never convinced he was good enough. He waxed poetic, sometimes philosophic and often pragmatic about the imminence of death, referencing sacred truths we share as “people of the book,” totally undone in the moments when the enormity of grief overtook him. How could he wrap his mind around a future of not being here for his sons; not caring for or protecting his family “as a man should”? Not surprisingly, his greatest fear was of being forgotten. He pierced the fragile silence whispering weakly into the air around us “this is how it is.” He grasped the irony of wanting to see his Afghan home, eclipsed instead by the encroaching mystery of simply going home. Meanwhile, his wife fixated on providing a funeral worthy of the respectable Muslim man he was, in spite of insufficient funds. Rafik’s former business partner accomplished this much. Jasmine was skeptical of him, wondering whether he had given her reliable information on any assets. As a woman, she had been excluded from full disclosure.

The boys ranged from 6-13 years of age. Both parents worried they would forget what life was like before cancer. Going against religious norms, Jasmine pinned up family photos in the boys’ rooms. That so much had been lost was made evident by the smiling faces suspended in time. Each boy coped in his own way with grief. Jamal, the youngest, got in my face to announce with the bravado only children have, “I don’t want him to die. And I pray to Allah he will not.” A couple of weeks prior to Rafik’s death, forced to limit play and keep noise down, the boys angrily defied their mother’s attempts at discipline. Their anger was stunningly appropriate, but I couldn’t help wonder what the future held: how well would they respond to their mother as head of household.

I end as I began, mindful of how moved and subtly transformed I was, as were other members of the care team, by walking with the Najans. Shortly after Rafik’s funeral, our social worker voiced what the rest of us were only thinking: Had our tender caregiving been “just a drop of water in an ocean of hardship and grief?” In the silence of my own thoughts, I acknowledged the perpetual challenge of walking with the poor stranger, the immigrant. Then, deep down I heard words whispered with a familiar ring – sometimes, “this is how it is.” I have to believe sometimes to be present is enough.

*Maggie Finley, newly retired hospice chaplain, ministered for seven years at Providence Hospice of Seattle in Seattle, WA. She served patients throughout King and parts of Snohomish Counties. Providence is a non-residential hospice, so she visited patients and families in their homes, skilled nursing facilities, assisted living residences, and occasionally in hospital settings. Currently she is a chaplain consultant and member of the Professional Advisory Group for Spiritual Care and CPE Program at Swedish Hospital in Seattle, WA.*
Author’s gift for storytelling evident in new book

By John Gillman


As in some of his previous books, Robert Wicks offers in “Streams of Contentment” reflections on how to reclaim, or claim for the first time, an inner sense of clarity, simplicity and peace. Throughout he draws upon boyhood memories of summer days spent on a family farm in the Catskill Mountains. His reflections transported this reviewer back to similar childhood experiences on my grandparents’ farm in the Midwest, watching with excitement hay wagons coming in from the fields, fishing in clear creek waters flowing through secluded woods, and playing around fragrant lilac bushes. Looking back after a life of notable accomplishments, Mr. Wicks finds in his early memories several seeds of contentment that he rediscover for his later life and now proposes for his readers.

The book is structured in two parts, the first containing 15 brief chapters on lessons learned from his own life, followed by a 30-day retreat “in the country” highlighting essential themes for reflection, taking just five minutes each. The idea of a 30-day retreat is influenced perhaps by the time Mr. Wicks spent with the Jesuits, who are known for the Ignatian exercises of the same length. It was unclear to me, however, whether Mr. Wicks intended there to be a progressive movement of the spirit through the 30 days, as there is for the Spiritual Exercises of Ignatius.

The book’s overarching theme is to embrace the present moment with a sense of gratitude, humility and contentment. The author names several obstacles to this everyday spirituality and offers helpful strategies to deal with them. He also draws upon the wisdom of the great traditions, specifically identifying teachings from the Buddhist tradition, the desert Abbas and Ammas (fathers and mothers), and several contemporary guides such as Thomas Merton and Henri Nouwen.

I found it very curious that for being a Roman Catholic the author does not explicitly claim his own religious identity nor does he refer to Jesus, although he does report one of his teachings, namely “where your treasure is, your heart is, too,” which Mr. Wicks introduces with the bland expression: “as the saying goes” (no reference to its occurrence in Mt 6:21/Lk 12:34). Similarly, the theme of *kenosis* (from the Greek meaning “emptiness”), prominent in Christian theology (see Phil 2:7), is simply identified as being from “the classic spiritual wisdom literature” (p. 179). Perhaps Mr. Wicks is overreacting to a few critics who found a previous book, “Prayerfulness,” as being too Christian/Catholic. The closest he comes to naming the theistic basis of his own spirituality comes in the form of what he calls his philosophy of life: “Be clear and be not afraid for you are loved by God” (p. 184).

Notwithstanding the above omissions, I strongly recommend “Streams of Contentment” for those in the initial stages of the spiritual journey as well as for those who desire to get back on track or who need a refresher course. Many of the five-minute-a-day retreat reflections would be ideal to use for gatherings of multi-faith team members. The author’s gift for storytelling, his engaging style and his ability to let his life speak (a theme from Parker Palmer) make this an excellent resource.

_John Gillman is an NACC and ACPE supervisor at VITAS Innovative Hospice Care in San Diego, CA._
Featured Volunteers: Kathleen Brady, OP, and Ed Horvat

Her mentors aren’t ‘historic;’ they’re Mom and Sinsinawa Dominican Sister colleagues

Name: Kathleen Brady, OP

Work: chaplain/bereavement coordinator at Heartland Homecare and Hospice in Milwaukee, WI

Member since: 1994

Volunteer service: Serve as certification interviewer. Member of national planning task force for the past two NACC national conferences

Book on your nightstand: “The Dovekeepers,” by Alice Hoffman

Books you recommend most often as spiritual resource: “Spiritual Literacy (Reading the Sacred in Everyday life),” by Frederic and MaryAnn Brussat

Favorite fun self-care activity: Being in the presence of friends, listening to music, playing with my new cat Sasha!

Favorite movie: Honestly, I have not gone to many movies of late. While I am writing this it is the Christmas season and I love to watch the classics!

Favorite retreat spot: A cabin in the Rocky Mountains

Personal mentor or role model: My mom, who died five years ago this month was and continues to be my role model and friend. She was a woman of integrity and humor. She was strong and had a warm and loving heart and presence.

Famous/historic mentor or role model: When I thought about this I realized that I did not relate to the word historic. My mentors have been and continue to be my Sinsinawa Dominican Sisters. I have been loved and encouraged by them throughout my life. As the saying goes, "I can see as far as I can because I have stood on the shoulders of giants."

Why did you become a chaplain? I became a chaplain because of my niece Jenna. She was born with an illness and died at 15 months. My sister Amy told me about a woman chaplain who was with her and Glen during this difficult time. I wanted to be able to be with people in their life and death moments!

What do you get from NACC? Being a member of NACC provides me with good companions on this journey of life at a time when the world and church seem to be struggling with integrity and truth. NACC provides us with good conversation, access to educational experiences, spiritual resources and a lot more.

Why do you stay in the NACC? I stay in NACC because I believe that together we can make a difference!

Why do you volunteer? I volunteer because it is a chance for me to build relationships, to learn and grow and to be of service to the body that continues to support me. I love getting to know new people because it gives me life and renewed energy.

What volunteer activity has been most rewarding? A highlight for me was working with the task
force for the NACC National Conference in 2011. We shared lots of laughter, conversation, prayer, and even a few tears. Plus I obtained the Green Bay Packer signed football for the silent auction!

Patients’ questions, mentor encouraged him to reflect on own spiritual path

Name: Ed Horvat, MA, BCC

Work: Coordinator, Pastoral & Spiritual Care Department at Monongalia General Hospital in Morgantown, WV

Member since: 1998

Volunteer service: WV state liaison, contributor to Vision, certification interviewer, renewal of certification peer reviewer

Books on your nightstand: "Love & Fatigue in America" by Roger King; and "The 500" by Matthew Quirk

Book you recommend most often: "The Artist's Way" by Julia Cameron

Favorite spiritual resource: The Divine Liturgy of St. John Chrysostom. I connect to the Universal Hum/Om and forget my "self" at times during this weekly worship service. I like the part of the liturgy that encourages us to "set aside our earthly cares" and just "be" in the presence of the Divine.

Favorite fun self-care activity: Scheduled 60-minute massage one to two times a month. When I hang my clothes on the hook, I symbolically let go of my "self" and my roles. I receive.

Favorite movie: "Harold & Maude" is very life-affirming!

Favorite retreat spot: Mount Saint Macrina House of Prayer, Uniontown, PA. It is close by. The staff, grounds and environment are restorative and nourishing.

Personal mentor or role model: Rosella Nolan, MSN

Historic role model: St. Francis of Assisi

Why did you become a chaplain? I became aware of the importance of spirituality in healthcare when I worked as a counselor with hospice for 15 years. My master's degree in counseling did not prepare me for this dimension. Rosella Nolan, MSN, encouraged me to take a look at my own spiritual life because patients were asking me questions about God or wanting me to pray with them, and this made me uncomfortable. "They are seeing something in you that you are not seeing in yourself. You should take a look." Rosella woke me up to the spiritual path that I was on. St. Francis helped too. I took additional courses in religion and theology, along with CPE, to mature into my role as a board certified chaplain.

What do you get from NACC? I am a one-person department within my work setting. NACC helps me connect with information and with colleagues around the world.

Why do you stay in the NACC? The organization works to advance our profession. They collaborate with other related organizations.

Why do/did you volunteer? I volunteer to be active and involved in my professional organization.
**What volunteer activity has been most rewarding?** I have enjoyed each of my volunteer roles, but being a certification interviewer was very rewarding. Reading the materials and meeting the candidates was humbling. The process was very intense, but fun! Excellent support was provided by experienced volunteers. It was a thrill being on the interviewer side of the process in a different way than the thrill of being interviewed.

**What have you learned from volunteering?** Volunteering is an opportunity to stretch, grow, meet new people and try new things.

SOURCE: *Vision, January/February 2013*

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