

Puchalski wants chaplains to work side by side with fellow clinicians

By Laurie Hansen Cardona
Vision editor

Plenary speaker Dr. Christina M. Puchalski, speaking at the 2011 NACC National Conference in Milwaukee, shared her own personal career journey, called for chaplains to embark on research, and challenged them to be leaders in interdisciplinary spiritual care models.

She spoke at the Hilton Hotel May 22 about how chaplains and others have played a critical role in initiatives to have issues of spirituality integrated in the curriculum of medical schools. The topic of her talk was "Pathways to Healing: Body – Lifting the Whole Patient, A Healing Encounter."

An active clinician, board certified in internal medicine and palliative care, Dr. Puchalski is also professor of medicine and health sciences at the George Washington University School of Medicine in Washington, DC. She is a member of the contemplative lay order, the secular discalced Carmelites.

Dr. Puchalski noted that she gets many invitations to speak. "When I got an invitation for this conference, I jumped for joy. I am so proud to be here."

The physician-educator was introduced by Karen Pugliese, past NACC board chair, who called Dr. Puchalski "a groundbreaker and innovator in integrating spirituality into healthcare in both the clinical setting and in medical education." Dr. Puchalski is founder and executive director of the George Washington Institute for Spirituality and Health, known as GWish, which was established in 2001. GWish's mission is to work toward "a more compassionate system of healthcare by restoring the heart and humanity of medicine through research, education and policy work focused on bringing increased attention to the spiritual needs of patients, families and healthcare professionals."

The physician said she would speak about "the journey we all take as healthcare professionals, the journey as we suffer with our patients. We provide witness to that suffering. That's so critical to our patients and to the work that we do." Healthcare, she said, "is really the forming of meaningful relationships with our patients. Our patients' suffering raises in us very deep and profound questions about meaning and life."

She weaved the story of her own journey into her plenary talk, noting that her own beliefs about religion and spirituality were strongly influenced by those of her parents.

Calling her mother "a pioneer," she said her mother's occasional criticism of priests' homilies in a time before such criticism was commonplace led Dr. Puchalski to understand that "I don't have to absolutely agree with everything and I can still be a faithful Catholic as she was."

The physician recalled walking home from church with her father in the fourth grade and having a hard time putting her thoughts into words. "My father asked what was bothering me. I said, 'What does this mean this holy catholic apostolic church. Does it mean my friend, Suzette, who's Protestant, she's not going to go to heaven with me?'

"He stopped dead in his tracks, put his hands on both of my shoulders and told me, 'That's catholic with a small c; it means universal. Everyone has a right to his or her beliefs. There's one God and we all approach that belief in our own way.'"

She said she was also influenced by the lives and words of the Carmelite saints: St. Teresa and St. John of the Cross, citing John's words, "Where there is no love, put love, and you will find love." "This is foundational," Dr. Puchalski said. "This is the reason I became a doctor. In thinking about my calling, it was really about putting love into lives that were abandoned and neglected.

"But what I realized in my own personal journey is that it's not just about caring for the other person and putting love into the lives of others. It's really a transformational experience. We also experience that love," she noted.

While doing research at the National Institutes of Health in Bethesda, MD, before entering medical school, she visited with so-called "end-stage, hopeless" patients for whom conventional treatment was no longer appropriate. She found people with severe rheumatologic and other immunologic disorders who had incredible resiliency, such as an artist whose hands were so mangled by arthritis and who experienced chronic pain, yet continued to find meaning and hope and was able to grow and express himself. "It was a profound thing for me," she told the chaplains.

"I started medical school, full of hope that this integrated model would be there. But I found nothing, no room for the spirit, none whatsoever," she recalled.

She remembered sitting in a psychiatry class, hearing about treating depression with medications, "That was very, very hard for me. Just a couple years before that my fiancé had died of cancer, I was grieving, and people didn't throw medications at me." Instead, spiritual questioning, members of the Carmelite order, and the Shalem Institute played critical roles in helping her to cope.

After graduating from medical school, she became involved in a series of initiatives to help integrate spirituality into medical schools. She recalled that in the 1980s, there were three medical schools that offered "religious traditions and healthcare" classes. Penn State offered a class in religion ethics.

In 1992, the first course in spirituality and health was developed at the George Washington University School of Medicine, which eventually became a model for schools in the United States and in other countries as well. Now well over 80 percent of U.S. medical schools have topics integrated with spirituality in their curriculum, she said.

Dr. Puchalski issued these calls to chaplains:

- Be leaders in interdisciplinary spiritual care model implementation
- Educate the other members of the interdisciplinary team
- Teach courses in medical, nursing schools
- Teach your colleagues why and when they should refer to you and then provide feedback to them about what to do next for their patients
- Develop formation tracks in medical, nursing and other professional training
- Develop accountability measures for your profession

Today there is a national set of competencies for medical education that include taking a spiritual history, being a compassionate presence, and having spiritual development as part of professional development.

The physician called it a “major accomplishment” that every year GWish holds a Summer Institute in Spirituality and Health at GW that includes continuing education credits.

Aware that she needed the buy-in of her medical colleagues and educators, she worked with the Association of American Medical Colleges. At a 1999 Consensus Conference, they worked to develop a definition of spirituality. The result was:

“Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual’s search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.”

“Can we reduce it to words?” she asked. “Probably not. But if you want hard-headed doctors, some nurses and others to integrate spirituality into the curriculum we have to start creating definitions so that we have a common place to start from.”

She said she was convinced that the definition has to be very broad because spirituality is part of all people and all cultures. “Everyone has spirituality. Not everyone has religion, not everyone is theistic.... Yes, even atheists are spiritual. All of us seek that meaning and purpose, and we find it in so many different ways.”

Dr. Puchalski said too often in the medical field “we are not connecting our inner call to our outer work.” After all, she said, healthcare should not be just consumer-oriented; rather it is “a holy call.”

She called chaplains, doctors, nurses and other clinicians “an essential partnership,” saying, “we have to work side by side.” She told chaplains, “please don’t just work in hospitals; we really need outpatient certified chaplains.”

Noting that board certified chaplains are reimbursed from the hospital overhead, she asked: “What happens when there are cuts?” She then answered her own question, “Chaplains and then social workers go.”

“Shouldn’t Medicare reimburse for what you’re doing?” Dr. Puchalski asked. “Shouldn’t insurance start reimbursing? Maybe we should think of different models of financing.”

Related resources:

www.gwumc.edu/gwish/resources/puchalskiarticles.cfm

www.gwumc.edu/gwish/soerce/index.cfm

Physician-educator urges chaplains to do research

Dr. Christina M. Puchalski said during her plenary talk that she was pleased to see more research related to spirituality and healthcare coming from so many different groups.

She urged chaplains to do research and offered as suggested areas to examine:

- Spiritual care outcome measures
- Guidelines in spiritual care
- Development of tools for assessment
- Development of standardized notes for chaplains for documentation
- Demonstrating why spirituality should be a vital sign
- Development of spiritual diagnostic codes, "evidence based" treatment or intervention
- Differentiation of spiritual vs. emotional
- Reimbursement criteria for spiritual care
- Study outpatient models for chaplaincy

She noted that in the 1990s, studies came out suggesting people who are religious live longer. "What about Christ?" she asked to laughter. It wasn't a very good message, she said. Citing patients whose cancer is not being cured, she said, "What is the message they take from that – that I'm not religious enough and that's why I'm dying?" she asked.

On a positive note, she cited a study by HealthCare Chaplaincy in New York, in which patients were surveyed on spiritual needs.

"The No. 1 spiritual need was love and belonging. I cannot tell you how many patients come to my office ... for whom, if it wouldn't stir up all kinds of problems with Medicare, my first diagnosis would be lack of connection and loneliness," she said.

SOURCE: *Vision*, July/August 2011

Marjorie Ryerson challenges us to consider: “What is Spirit?”

By Sandra Lucas, MDiv, BCC

The theme of the NACC convention this year was “Pathways to Healing.” Each of the plenary speakers was selected to address one of the four pathways: mind, body, spirit, and community. Marjorie Ryerson was selected as the presenter on Spirit.

A poet, author, and photographer, Ms. Ryerson is the author of “Companions on the Passage: Stories of the Intimate Privilege of Accompanying the Dying” (2005). She’s also the author of “Water Music” (2003), a compilation of her photographs of water paired with reflections of musicians and songwriters on the influence of water in their art. The book was the catalyst for the creation of Water Music, a Vermont-based, non-profit organization with the mission to help protect and raise awareness about the Earth’s waters through the arts, music, the humanities, and educational projects. Ms. Ryerson is the group’s executive director and president.

After being invited to speak on the theme of “Spirit as a Pathway to Healing,” Ms. Ryerson engaged in months of reflection. She wanted to unravel the mystery of spirit, its meaning and essence. She asked friends, colleagues, and strangers on the street, “What is Spirit?” She read books. She interviewed ministers, oncologists, and neurologists. She thought deeply on the matter. This was her conclusion:

“What has become very clear is that very little consensus exists about what spirit means. The definition of spirit is as individual to each of us as we are one to the other. Regardless, through these months of reading and talking to others, I have begun to gain an understanding that four significant factors affect our understanding of spirit.

“The first of these is that we need to acknowledge that whatever spirit is, it is taking place in the context of what is constant change in every element of our existence. Second, what we know spirit to be is closely related to, and often an outgrowth, of love. Third, spirit requires consciousness. Without consciousness, we would lack the awareness to contemplate anything and everything, spirit included, even though we humans don’t yet understand, and probably never will fully, what consciousness is. And fourth, significantly, a sense of spirit seems to be most tangibly experienced at the time of death when the person’s life force or spirit leaves the body.”

Ms. Ryerson then addressed each of the components that contribute to our understanding of the spirit: change, love, consciousness, and death. Often she raised more questions, widening the circumference of unknowing. As a poet, she delves into the heart of mystery, inviting us to join her. “What matters is that we keep asking questions,” she said. “We must accept that our understandings are always going to be inadequate and exploratory no matter how much we are able to learn about our bodies, our minds, and our spirits.”

Two experiences shape Ms. Ryerson’s reflections on mortality and death. One is her own near-death experience; the other is the care of her father in the months, weeks, days, and moments before his death. At the precise moment of his dying, Ms. Ryerson experienced a transfer of life force from his body to hers. “My father was in transition,” she said. “I’m holding him. And all of a sudden this stuff poured in my arm and I wondered ‘What was that?’ It was palpable and poured into my body! Do other people have that experience? I started asking questions and people started telling me their stories.” Her quest to

understand that experience and seek out other people's stories led to her book, "Companions for the Passage."

Two years later, Ms. Ryerson experienced her own serious illness, a potent case of viral pneumonia, with complications that put her in a coma for seven days. Her heart stopped and her lungs filled with fluid. The medical staff did not expect her to recover. Her daughter, Emily, read her poetry and played her favorite classic music. Still, Ms. Ryerson showed no signs of recognition. Here is her account of being in a coma.

"My memories of the time of that coma are very few and they tend to be unsettling. The most pronounced memory I have of that week, however, is almost pleasurable, if a word like pleasure can be applied to a coma. Throughout the coma, I existed in a place of soft darkness that was so real to me I can still palpably recall it. It was a place without form, without light, without geography or substance, and most significantly, without the passage of time. It was a place without human attributes such as sensory perception, emotion, intuition, judgment, or change. It was, however, a place of consciousness, my own consciousness and that of others, and a few of those other consciousnesses were familiar to me even though there was no vision. I just knew they were there.

"As best as I can describe it to you, it was a place of consciousness in soft black velvet. That place was more natural and peaceful than anything I had ever known when fully alive. I had no sense of loneliness in that black universe because I belonged to a timeless space that was full of otherness and all the otherness, myself included, was completely interconnected. As you can hear, it's difficult to find words that adequately describe that experience. The words simply do not exist. But that place was as real to me as this room and I resided in deep peacefulness in that space all seven days of my coma."

One day, Ms. Ryerson unexpectedly and quietly awoke from the coma. When she opened her eyes, she was disoriented and confused. "I didn't know what time of day or night it was or even what day of the week. I had no idea at that point that I had been in a coma for a whole week.... Time from that point on, and for many weeks to follow, didn't resemble anything like the life I had known prior to the coma."

Three weeks later, Ms. Ryerson returned home. She was exhausted but could not sleep. On the fifth night, she realized that her body was fearful of re-entering a coma-like space. "My physical body, though not my mind, was terrified of losing consciousness again," she said. "My body's will to live insisted that I stay awake and not go under that surface again and back into the blackness."

Ms. Ryerson became acutely aware that her body and mind were not in harmony. "My mind had actually found that black velvet comforting and it had no fear of it," she said. "My mind and my body could not communicate – something that happens naturally and continually when we're healthy." She would sit for hours in a chair, her mind numb, watching patterns of flickering light on the wall.

"In those months, it felt as if my essence, my spirit, had completely vacated the premises. It felt as if the essence of Marjorie was still hovering somewhere but she was out of reach. I felt and really understood for the first time in my life that I was fragmented in body, mind, and spirit. They were three disconnected elements. It was a profound realization for me. It took nearly a full year to reintegrate those three essential parts of myself back into one fully communicating being. And although my return to the state of full health and integration was lengthy and hard, the lessons learned from that illness live on inside of me and educate me. I know it may sound odd to hear but that coma has been one of the greatest teachers of my life and it continues to shape my value system to this day."

Ms. Ryerson concluded her presentation with a story about the composer, Gustav Mahler, whose Symphony No. 9 captures "the dance, the joy, the passion, the celebration, the terror, the confusion, and the grief" of the spirit departing. She noted that the arts, particularly music, offer us another language in which to communicate the reality of spirit. Ms. Ryerson played a few minutes from the fourth movement

so we, too, could hear the notes linger, become quieter yet seem unwilling to depart forever.

While the music played, Marjorie's photographs of water, with its depictions of light, darkness, movement, and change were projected overhead. Sight and sound had opportunity to perceive spirit. Words ceased. It was a reminder that "care for the spirit" is often best done in prayerful listening and attentive silence.

Marjorie Ryerson's reflections on spirit were profound and moving, especially the sharing of her illness and her pathway to healing. Her descriptions of hovering between life and death and losing that vital connection between body, mind, and spirit, in addition to her probing questions about change, love, consciousness, and death, cast a flickering light on the elusive, intangible qualities of spirit. It widened the periphery of our vision and reach.

As she reminded us, "Each of us has our own stories and our own music that describe the ways that love and loss and life have shaped and continue to shape and feed the path of our unique spirits. Staying aware and conscious of those stories, and that music, enriches the privilege of being alive."

Sandra Lucas is the regional director of spiritual care, Humility of Mary Health Partners, Youngstown, OH, and a member of the NACC Editorial Advisory Panel.

Related link

www.water-music.org

SOURCE: *Vision*, July/August 2011

Wicks urges chaplains to focus on self-care, resilience

By Laurie Hansen Cardona
Vision editor

Psychologist Robert Wicks told chaplains that self-care, resilience and perspective are essential if they are to share a sense of their own peace with their patients.

He made the comments May 21 during a lively, humor-filled plenary session at the 2011 NACC National Conference titled: "Pathways to Healing: Mind – The Inner Life of the Chaplain as a Pathway of Healing for Others."

"One of the greatest things we can share with each other and those we serve is a sense of our own peace, but we can't share what we don't have," said Mr. Wicks, who has a doctorate in psychology from Hahnemann Medical College and is professor of pastoral counseling at Loyola University Maryland. His work has involved debriefing relief workers in times of war in Cambodia, Rwanda, Afghanistan and Iraq.

Caregivers, he said, yearn for the spiritual space that comes from not just knowing themselves, but knowing God.

"Poverty and simplicity of life lead us to be happy as well as holy. We encounter on our spiritual journey a mysterious voice calling us to change each day. When we listen, we become freer. We recognize we are in the grip of God," he said.

Mr. Wicks, the author of many books including, "Bounce: Living the Resilient Life" (2010), noted that when people respond to caregivers' presence "we see what it means to them." Sometimes, he said, it's the willingness to be with each other that counts the most.

When seeing patients from early morning to late night, it's easy to forget that gestures of kindness that come from the spirit are so important, he commented.

He told the story of having visited a patient on a day he thought he wasn't going to have to work. Since the patient was struggling, Mr. Wicks told him he'd come to talk again after seeing his other patients. But it wasn't until he was in the hospital parking lot about to leave that he remembered his promise to return. "All of a sudden, Catholicism struck, and I heard a voice, saying, 'Do you want to go to hell?'" the psychologist told the chaplains.

He returned to visit the patient, saying to him, "I bet you thought I'd forget." The patient responded, "No, I knew you'd remember."

Mr. Wicks said, "I was the only familiar thing in his life at that point. It made such a difference."

He told the story of a Maryknoll nun who received \$100 from her family and wanted to treat the kids from the barrio. She took them to the park and bought them ice cream. On the way back to the bus at the end of the day, she walked with a little girl and asked her, "What was the best thing today?"

The little girl responded, "When you walked back to the bus with your arm around me."

"We don't recognize how important our presence is," Mr. Wicks told the chaplains. "We need to see the value of being open to listening to our patients, willing to expend the energy on helping them to gain as much clarity as possible and finally to let them decide what path they wish to follow based on that new clarity."

"In pastoral care, people often experience our loving something in them that they thought was gone," Mr. Wicks said. "We help them make greater sense of their experience than they could otherwise," he said, by asking the larger questions.

Self-care is not a luxury for chaplains, but a necessity, he said. He recalled a story about Bishop Desmond Tutu, who was speaking to Anglican seminarians in New York. Halfway through the presentation one of the seminarians nudged the dean sitting next to him, and commented that Desmond Tutu was a holy man. "How do you know that Desmond Tutu is holy?" the dean asked the seminarian. "The young man didn't blink; he said, 'I know Desmond Tutu is a holy man because when I am with Desmond Tutu I feel holy.'"

"The question I challenge you with this afternoon is how do people feel when they're with you?" Mr. Wicks said. "Do they feel the space of love and compassion where they can rest their burdens, their agonies, their fears, their doubts, their stresses or do they feel your need to be right, your need to control the situation, your need to be appreciated, to be seen as holy, as brilliant, as attractive? What do people feel?"

Mr. Wicks quoted Presbyterian minister Frederick Buechner: "They may forget what you say but they will never forget how you make them feel."

The psychologist said chaplains should recall a few essential lessons so they can get back on track when personal and professional problems threaten their equanimity.

"It's not the amount of darkness there is in the world, in your church, in your healthcare agency or even in yourself that matters; it's how we stand in that darkness," he said.

He noted that an attorney asked him recently for some advice for his daughter who was going to be a peace and justice lobbyist on Capitol Hill. Mr. Wicks said he told the man his daughter should keep perspective: "See her work through spiritual eyes. Be faithful personally and professionally. Don't worry about success. Success is secular; faithfulness is spiritual."

Mr. Wicks offered two lessons to spiritual caregivers.

- First, "know who you are called to be now," so you can respond to the three callings in life when they come. "Be transparent and ordinary. True ordinariness is holiness."
- The second lesson is to be clear about what is truly essential, to know what is critical in life.

As a result of Mr. Wick's work with caregivers who are under stress because of their demanding work, he said he has created five categories of critical, expanding on the work of Stephen R. Covey, the author of "The 7 Habits of Highly Effective People":

1. Very critical in life (emergencies).
2. Critical to us in the long term (friendship, prayer)

3. Critical to others.
4. Not critical ever (surfing TV, wasting time and using it as psychological and spiritual food)
5. Critical not to do. (Know the price of crossing boundaries so that you know when to back off.)

He cited three "callings" that come in life:

- The first calling is self-awareness -- knowing your true name, the "real you."
- The second calling "is not about pushing yourself forward or self-actualization; it's about taking some steps backward." It's about pruning, he said, and knowing how to refrain from dominating a situation, instead giving others the time and space they need.
- The third calling "is to take a leap into the darkness at the right time."

Mr. Wicks cited several dangers faced by caregivers:

- Unrealistic expectations -- be aware of over-involvement, he said. "We are seduced by the crazy expectations of others and our own archaic super ego, rather than simply saying have I been professionally and personally faithful, and let God take care."
- Hurt and fragility among colleagues. "We all work with somebody who's jaded, angry, somebody who says let's just go through the motions. Please don't be angry with that person.... Don't give away your energy to people like that, but if you can, open up a space for them. I need to caution you, don't expect that they're going to be grateful."
- Acute secondary stress. "I've worked in some dark situations; I'm prepared. I do darkness for a living.... When we are close to people who have been physically abused, spiritually abused, sexually abused, emotionally abused, we not only catch their flu and colds, we catch their sense of despair, that the world is not a safe place, that there is no meaning."
- Chronic secondary stress is like "spiritual carbon monoxide poisoning," it's so subtle and potent, he said.
- Colleagues wanting to make caregivers into martyrs. "What you do is very, very hard, almost impossible at times. Yet you and I should get down on our knees and thank God for your calling as chaplains and my calling to support you." At the end of the day, "there will never be a better calling than chaplaincy," he said to applause.

Related link

www.loyola.edu/pastoralcounseling/faculty/wicks.html

Priest-theologian, pondering Christ's ongoing crucifixion worldwide, finds despair, hope

By Michelle Lemiesz, MDiv, BCC

Fr. Bryan N. Massingale, speaking to chaplains at the NACC National Conference, expressed sadness over the loss of lamentation in our world and our church today, stating his conviction that the deep divisions in our world and church cannot be resolved through mere rational planning, but instead require "a response of lament and deep compassion."

Father Massingale, a priest of the Archdiocese of Milwaukee, is an associate professor of theology at Marquette University, who specializes in social ethics with a focus on Catholic social teaching, liberation theology, African-American religious ethics, and racial justice. He is past president of the Catholic Theological Society of America and convener of the Black Catholic Theological Symposium.

At the start of his May 24 plenary talk, titled: "Pathways to Healing: Community – Healing a Divided World," Fr. Massingale, with a smile, said that he had decided to wear full clerics for his address to the chaplains because "the more provocative the talk, the more conservative the dress."

The Milwaukee native noted that after reflection, he decided to expand the subtitle of his talk to "Healing a Divided World, Nation and Church." He stated the conclusion of his reflection at the start of his talk, remarking that "there is hope for healing a broken world, nation and church because social life is made by human beings. It is we humans who create social injustice, and what separates can also be healed and restored with God's hope.... What is now does not have to be. This is both our hope and our challenge."

Noting that he planned to assist those who are "J's" (orderly/structured) on the Myers-Briggs, he presented an outline of his talk, which he divided into five sections: a visceral account of the broken world; a formal overview of globalization; turning inward and reflecting on the broken global church; addressing our own obstacles to be agents of healing; and claiming faith resources for healing social divisions and estrangement.

The priest-theologian offered a personal reflection, which arose while he was praying on retreat before an image of the crucified Christ outstretched under a globe of the world. As he prayed and moved his hands over the globe, he was overcome with emotion as his hands moved over countries. He pondered the crucifixion of Christ in the people of Rwanda and Darfur, as genocide persists there. He mused over the crucifixion of the environment created by God as his hands moved over Greenland and he thought about the melting ice caps and global warming.

As he held Kenya he recalled that half of the children there die before age 10 due to hunger and malnutrition, while others die of diseases that have long been eradicated in the West, such as polio, in contrast to our own children who struggle with obesity. When he moved to the Congo, he recalled a story by a nun he met at an AIDS conference that addressed the stigma of the disease. She had remarked, "We don't have gay people in my country; we kill them."

As he came to Cuba, he recalled state-sanctioned torture by the United States at Guantanamo Bay under the guise of nationalism and patriotism, and then he moved to the border of the United States and Mexico, pondering what sort of boundary would be visible from space? How could the desert of Arizona become a

wasteland for death, and what desperation could make people risk everything to make such a journey?

This global journey of prayer continued as he "visited" more of Africa and Asia, noting that 2 billion people in the world live on less than \$2 per day, many of whom produce food and clothing that is exported to this country. People were exploited every day for our enrichment, and there was no doubt that the clothes he wore often came from them.

Finally, his hands rested on the United States, on the cities of Milwaukee, Chicago, East St. Louis, Detroit and New Orleans, all cities where there exist sharp contrasts between those experiencing comfort and extravagance and those living in poverty and misery, he said. He noted how in East St. Louis, there were no McDonalds; however, sex clubs were a major source of employment and wealthy men would come from other areas to exploit the women engaged in this work.

These countries and states were snapshots of our broken and divided world where comfort and extravagance often rest upon the back of the poor and contribute to their misery and continual exploitation, the priest-theologian noted.

Fr. Massingale remarked that the Catholic Church is a microcosm of the world. In the United States, he noted, most U.S. Catholics are Hispanic and non-white. Yet, he said, we "use European standards to dictate aesthetics, standards, persons and theology and believe that anything outside those dictates is considered as not being fully Catholic."

He explored the various obstacles to healing from his own viewpoint and challenged his audience to be attentive to what is going on inside of us that prevents us from being agents of healing. He discussed the "seduction of privilege," realizing that it "becomes easy to forget that most of the world and the United States do not live as well as I do."

He admitted to his own "feeling of deep disappointment with my church" as he questioned, "Why should I work to heal a community from which I feel estranged?" He lamented that the very justice professed by the church is not followed, and that the words of the church song, "All Are Welcome in This Place," are not always true. He gave as examples his own experience as an African-American man feeling unwelcome in certain churches when he enters without his Roman collar, the obstacles faced by women in ministry, and gay and lesbian Catholics who leave the church because they feel "they are seen as the enemy."

In a statement that he noted he struggled with revealing, he said, "I love the church. It is why I became a priest and why I stay, but it challenges my integrity." He admitted that it is hard to remain a person of hope. He observed that the "needs of the world are many, and there is a vast intransigence of church leaders." He stated that he faces a great challenge as a black Catholic theologian and is often led to despair and becomes spiritually weary, commenting that "he has little success to show for his efforts."

He shared that he had written three different endings to his lecture, and up to the point of his arrival still was not sure which he would use because this topic takes one to the "frontier of ethical reflection." Convinced that "social divisions cannot be resolved through rational reasoning and planning, but instead require a response of lament and deep compassion," Fr. Massingale expressed dismay at the loss of lamentation in world and church. He commented that "without genuine lamentation we cannot heal, nor move beyond where we are. Lamentations propel us to action and ultimately lead us to true praise and hope."

Michelle Lemiesz is the system director for the Spiritual Care Departments of the Mount Carmel Health System in Columbus, OH.

Related link: www.marquette.edu/theology/massingale.shtml

SOURCE: *Vision*, July/August 2011

Newly certified chaplain reflects on missioning, complex rhythms of life's 'drum'

By Austine Duru, BCC, MDiv, MA

As I proclaimed, "I do," standing in the microcosm of a very diverse church, I could feel the affirmation of the NACC family, with hands raised in prayer for us. It was a very powerful image that will sustain me for years.

My grandmother once told me, "Anyone can play the drum, but it is only an elder that can interpret the meaning of the sound." The full depths of the meaning of this African proverb did not become immediately clear to me; however, the missioning of the newly certified chaplains and CPE supervisors at the 2011 NACC National Conference has opened up another shade of meaning to this proverb.

The 2011 NACC annual conference in Milwaukee has a great significance for me. I relished every part of it, including the workshops, the plenary sessions, the group luncheons, the prayers, the quiet moments, the fellowships, roundtable discussions, reconnections with colleagues and friends. I also enjoyed the music, the drum, and above all, the celebration of the Eucharist for the missioning of the newly certified chaplains and CPE supervisors by Archbishop Paul S. Coakley, the newly appointed NACC episcopal liaison.

As a newly certified chaplain, I was looking forward to this annual ritual of communal missioning. In the past, I had participated from the sidelines, affirming and silently praying with the community for those being "sent forth," yet yearning someday to fully take part in this annual ritual as one of those being missioned. At last, the hour arrived.

The gathering song, "The Summons," by John Bell was most direct: "...will you come and follow me if I but call your name? Will you go where you don't know and never be the same...?" With this song, I recall leaving my country Nigeria, my family, friends, and all that was familiar, 10 years ago, to come to the United States, a nation and people I virtually did not know at the time, to study for the priesthood. I recall my trepidations, feelings of uncertainty, and perhaps, the naïve courage of an untested young man. I knew I would never be the same. What kept me going were my faith, a stubborn resilience, and the anticipated goodwill of those I hoped to meet on this journey – a journey that had taken me through several uncertain routes to this day. Although I did not end up a priest, but instead a happily married man and proud father of two wonderful children, I am grateful for the opportunities and the invaluable experiences.

In his homily, Archbishop Coakley reminds us of the enormity of the task we are called to embrace as chaplains. Calling to mind the waters of our baptism, Archbishop Coakley says we are called to "serve in the name of the church ... as an exercise of this baptismal priesthood, and a sharing in the priestly work of Christ." He encourages us to pay attention "to the spiritual care of your own heart" as we minister to the hearts and needs of others. His words remind me not to give in to the danger of pastoral banality – being indifferent to suffering and insensitive to joy.

As I proclaimed, "I do," standing in the microcosm of a very diverse church, I could feel the affirmation of the NACC family, with hands raised in prayer for us. It was a very powerful image that will sustain me for years.

As a newly certified chaplain, I cannot claim to have plumbed the depths of the pastoral care of the sick and dying. I am confident, however, that as I continue to stay open to opportunities for growth and remain in good relationship with God and neighbors, I may someday begin to understand the profound themes and complex rhythm in the “drum” of life.

Austine Duru is a staff chaplain at St. Margaret Mercy Hospital in Hammond, IN, and a member of the NACC’s Editorial Advisory Panel.

SOURCE: *Vision*, July/August 2011

Sister Colette Hanlon, SC, given NACC Distinguished Service Award

By Mary Arnold, MAPT, BCC

Sister Colette Hanlon, SC, was awarded the Distinguished Service Award at the NACC 2011 National Conference banquet. NACC annually recognizes one of our members for outstanding dedication and service to advancing the mission of NACC and the ministry of chaplaincy in a significant and lasting way, such as that demonstrated by Sister Colette.

Sister Colette has contributed to the certification and professional growth of NACC members in many capacities. Readers of *Vision* may recall that Sister Colette has written many book reviews and articles for the publication and that she has presented at the NACC national conference. She also has been part of certification interview teams, and has served as an Interview Team Educator and a mentor. In her nearly 30 years as a chaplain, she has shown leadership, creativity, and compassion in her ministry on local, regional, and national levels.

In the locales of her ministry, Sister Colette, a Board Certified Chaplain Advanced, created innovative programs to advance professional education and growth. At St. Joseph Hospital, Marshfield, WI, she initiated an introductory clinical pastoral ministry program for Catholic lay people and area clergy. In Tennessee, she organized a state chaplains' association. At the Hospital of St. Raphael, New Haven, CT, she developed models for diagnosis, intervention, and patient outcomes that led to full integration of pastoral care in the hospital. She also began a pastoral care speakers' bureau, providing an opportunity for local churches to learn from the experience and knowledge of chaplains. She has contributed to the chaplaincy profession through CPE didactic presentations, training videos, pilot studies, and research grants. She has written for the journal *Sacred Journey*, for National Catholic Reporter, and for other national newspapers.

Sister Colette's journey to chaplaincy began with an interest in healthcare as a child and experience as a "candy-striper." She taught the deaf for a number of years and engaged in ministry in her community, the Sisters of Charity, Seton Hill. She turned her sight to chaplaincy, and the day she walked into a hospital for her CPE program application interview, she "felt at home."

Lisa Irish, who presented the Distinguished Service Award on behalf of NACC, commented that Sister Colette embraces life fully and represents NACC at its best. Sister Colette nurtures life-giving relationships, humbly shares the fruits of her years of experience and her spirituality, and demonstrates compassion and respect.

In accepting the award, Sister Colette quoted, "It takes a village to raise a child," and acknowledged the importance of the support of family, religious community, friends, supervisors and colleagues through her years of ministry. A number of people who have been of support to Sister Colette celebrated with her at the conference banquet, including her sister, her first boss in her ministry as chaplain, doctors and nurses.

Sister Colette currently serves as a part-time chaplain at Berkshire Medical Center, Pittsfield, MA, and is a co-president of the Pittsfield Area Council of Congregations. She is also a spiritual director and a member of Spiritual Directors International.

Mary Arnold is a chaplain with Wheaton Franciscan Healthcare-Iowa and works in Waterloo and Cedar Falls, IA.

SOURCE: *Vision*, July/August 2011

Puchalski honored with NACC's Outstanding Colleague Award

By Mary Arnold, MAPT, BCC

Dr. Christina Puchalski was presented with the Outstanding Colleague Award at the NACC 2011 National Conference. This award, which NACC gives annually to an individual or group, recognizes work that significantly supports, complements, or otherwise contributes to the advancement of the profession of chaplaincy. As one of the plenary speakers for the national conference, Dr. Puchalski shared the fruits of her outstanding work in recognizing the importance of spirituality in healthcare, promoting the integration of spiritual care across the health disciplines, her research in spiritual care, and her advocacy for the role of the chaplain as the spiritual care professional in healthcare.

Dr. Puchalski is founder (2001) and executive director of the George Washington Institute for Spirituality and Health (GWish), Washington, DC, professor of medicine and health sciences at the George Washington University School of Medicine, her *alma mater*, and an active clinician in internal medicine and geriatrics. She recognizes that illness often involves spiritual issues and questions for patients, so that healing of the whole person must include spiritual care. Through education and clinical efforts, Dr. Puchalski has worked with medical students and clinicians of many healthcare disciplines to raise awareness and develop skills for integrated spiritual care.

Under Dr. Puchalski's leadership, the first course in spirituality and health was developed at the George Washington University School of Medicine. This course became a model for medical schools in the United States and abroad. Dr. Puchalski developed educational and clinical strategies to address the spiritual concerns of patients, including the FICA model of spiritual assessment – faith or beliefs, importance and influence, community, and address or application – for use by clinicians. Since 1996, physicians, nurses, chaplains, and other professionals have used the FICA model. Dr. Puchalski's efforts have led to creation of a national set of competencies in medical education that includes taking a spiritual history, being a compassionate presence, and having spiritual development as part of professional development. In 2009, she and Betty Ferrell, of City of Hope, led a national consensus conference that developed recommendations for interdisciplinary professional spiritual care. Those recommendations were approved nationally as guidelines for interprofessional spiritual care. Dr. Puchalski recognizes the expertise of the professional chaplain and advocates for referral to the board certified chaplain as the spiritual clinician on the interdisciplinary team. Dr. Puchalski initiated a GWish summer institute on Spirituality and Health, now in its third year. She began, and co-leads, a summer renewal retreat for health professionals in Assisi, Italy, a program now in its sixth year.

Dr. Puchalski has led a number of research projects in spirituality and healthcare, which support her work in integrating spirituality and healthcare. She has written numerous articles and essays, edited and authored "Time for Listening and Caring: Spirituality and the Care of the Seriously Ill and Dying," (Oxford University Press, 2006), and, in collaboration with Betty Ferrell, wrote "Making Health Care Whole: Integrating Spirituality into Patient Care," (Templeton Press, 2010). Through the GWish website, Dr. Puchalski has established an online education and resource center for educational and clinical issues related to spirituality and health.

Her spirituality has been meaningful to her since childhood, finding nurture through her parents, and later, in the spirituality of Teresa of Avila and John of the Cross. She is a member of the Secular Discalced Carmelites, and has completed a course in spiritual formation at the Shalem Institute in Washington, DC.

On receiving the Outstanding Colleague Award, Dr. Puchalski commented that she has received many awards for her work, but this award from NACC is one that she will especially treasure, given the alignment of the value of spirituality. "We work to improve our patients' lives, and to be present to them in ways no one else could," she observed. She acknowledged the support of Ed O'Donnell, her "soul mate," who helped her develop her first course in spirituality and health for the GWU School of Medicine.

Mary Arnold is a chaplain with Wheaton Franciscan Healthcare-Iowa and works in Waterloo and Cedar Falls, IA.

SOURCE: *Vision*, July/August 2011

Nominations, strategic plan, recruitment of chaplains discussed at business meeting

By James J. Castello, MBA, MA, BCC

There was a consensus among NACC business meeting attendees that the 2011 conference was one of the best in the last 10 years. One thought that emerged from the meeting was that "Our God is a God who loves our uniqueness," and that uniqueness was clearly demonstrated in the plenary presentations as well as the workshops and the pre-conference retreat.

NACC Executive Director David Lichter stated that progress has been made over the past three years in terms of holding local meetings – 20 have been held annually during that period. James Letourneau, chair of the Nominations Panel, stated that in order to be on a committee or commission an NACC member needs to have a minimum of two to three years' experience in serving NACC. He went on to say that there are many ways to serve NACC, such as becoming a state liaison, helping with local events, or being on special task forces. Mr. Letourneau wanted to clarify the point that one does not have to be or to have been in a leadership position in an organization to be considered an applicant for the NACC Board of Directors.

He encouraged all members to consider becoming involved with the NACC. He also announced that a potential board candidate recently withdrew from consideration for personal reasons, so the nomination/selection process to fill the one member-elected position on the board is being reopened. Jim encouraged all who felt called to this to prayerfully consider sending an application to the NACC national office by June 17, 2011.

Brian Yanofchick, senior director of mission and leadership development for the Catholic Health Association (CHA), also spoke and noted the many ways that CHA and NACC work as partners to advance spiritual care within Catholic healthcare. He commented that Dr. Christina Puchalski's research database would be a valuable resource for CHA in the evaluation of spiritual care departments' staffing processes. Mr. Yanofchick also highlighted a significant market trend that the places where we will minister in the future will be well beyond the hospital, nursing homes and hospices of today. Our path of service is expected to widen considerably to include parish support, prison ministry, mental health, outpatient centers, corporate environments and military support. This trend will require more board certified chaplains to meet the expanding demand.

Mr. Lichter stated that it was time to refresh and update the 2007-2012 NACC Strategic Plan, including the seven goals. He reported that the NACC has been able to recover from three years of successive heavy losses (2006-2008) with two years (2009-2010) of healthy gains due to member support of the Annual Campaign, and superb financial management of expenses by the administrative team.

During the last 20 years, the ministry continues to be largely a second career for new members who generally enter chaplaincy in their mid-50s. NACC needs to proactively recruit chaplains to fill the voids occurring over the next five to 10 years from a membership with an average age of 63. An NACC marketing activity has been targeting graduate schools of theology. NACC produced a four-color brochure and a 12-minute DVD providing information to prospective interns on the rewards and requirements of this ministry. Board certified chaplains are making the presentation to these schools. However, if this initiative is to be successful, every NACC chaplain must actively recruit new chaplains on an ongoing basis.

Jim Castello, of Kennett Square, PA, worked 35 years in executive marketing positions for two global manufacturers before becoming a chaplain in 1998. As a chaplain, he ministered eight years at Hackensack University Medical Center and then worked as director of pastoral care at St. Vincent Medical Center in Jacksonville, FL, and Bon Secours Community Hospital, Port Jervis, NY. He is a consultant for NACC on marketing communication projects.

Participation in NACC conference choir a joy

By Mary Arnold, MAPT, BCC

I enjoy leading song as a cantor in my parish community and singing in a community chorale. I joined the 2011 conference choir to share my musical gift and help lead the song of the assembly. Participating in the choir was a pleasant, satisfying experience. It allowed me to help others to pray, did not require a huge time commitment, and was fun! Michael Doyle, BCC, of Evanston, IL, conference liturgy chair; Randy

Hilgers, director of music and liturgy at Old St. Mary Parish, Milwaukee; Amy Sobczak, cantor, and a number of talented musicians from St. Joseph Parish, in Grafton, WI, prepared the music. The choir gathered a half hour before liturgies to review the music with these musicians. It was especially enjoyable to sing two special songs for the Mass that included anointing of the sick: "Heal Me," written by Gary Clausing and directed by him, and "O Jesus, Healer of Wounded Souls," composed for NACC in 2001 by pastoral musician Pedro Rubalcava.

Do you enjoy praying through song? Consider helping to plan the liturgies or singing in the choir for the next national conference!

Mary Arnold is a chaplain with Wheaton Franciscan Healthcare-Iowa and works in Waterloo and Cedar Falls, IA.

SOURCE: *Vision*, July/August 2011

Archbishop Coakley: Be attentive to spiritual care of your own heart

By Most Reverend Paul S. Coakley
Archbishop of Oklahoma City

The following homily was given by Archbishop Paul S. Coakley, episcopal liaison to the NACC, at the May 22 Celebration of the Eucharist and Missioning of newly certified chaplains and CPE supervisors during the 2011 NACC National Conference.

Fifth Sunday of Easter
Acts 6: 1-7
John 14: 1-12
1 Peter 2: 4-9

“Do not let your hearts be troubled.” The words we hear in today’s Gospel are among the last words Jesus spoke to his disciples before his violent death. They are words of parting. But instead of his disciples comforting him, Jesus is comforting them. He speaks of a reunion “in my Father’s house.” He promises those who are now confused and sad that he will not leave them alone: “I go to prepare a place for you,” and “I will come back again and take you to myself, so that where I am you also may be.” We cannot help but be struck by Jesus’ magnanimous heart and spirit: he speaks not a word about his own impending suffering, just loving care and concern for his friends. He strengthens them and gives them hope.

This Gospel beautifully illuminates for us the compassion and healing ministry of Jesus that we gather these days to celebrate and to reflect upon. I am very pleased to be with you for this year’s annual conference of the National Association of Catholic Chaplains. I am here for the first time in my capacity as the recently appointed liaison between the USCCB and the NACC, whose mission is to advance the healing ministry of Jesus in the name of the church, specifically by advocating for the profession of spiritual care as well as educating, certifying and supporting the members who participate in this healing ministry of the church. I am confident that I can speak for my brother bishops in communicating my gratitude for your dedication to this vitally important expression of the church’s mission to bring the healing presence of Christ to those who are sick and suffering, as well as to those who care for them in various settings.

Yours is an important sharing in the healing ministry of the church, and so it is especially important that you are properly prepared professionally, theologically and spiritually to serve in the name of the church. It will be my privilege to acknowledge shortly those who have recently completed their requirements for this certification.

During the Sundays of the Easter season we have been hearing passages from the First Letter of Peter proclaimed as the second reading at Mass. Appropriately for the Easter season, this beautiful epistle has strong baptismal overtones and was likely written as a form of post-baptismal catechesis. One of the important themes of this letter is that through baptism we have been made sharers in the eternal priesthood of Jesus Christ: “You are ‘a chosen race, a royal priesthood.’” Built upon Christ, the cornerstone, we are living stones of a spiritual house, destined to be a holy priesthood to offer spiritual sacrifices acceptable to God through Jesus Christ. Through, with and in Christ we offer ourselves, our joys, sorrows, sufferings and labors; the “stuff” of each day including the relationships and stories that are so much a part of your ministry. This is what we bring to the Eucharist. Certainly it is important to recognize the ministry that you undertake in the name of the church as an exercise of this baptismal priesthood, and a sharing in the priestly work of Christ, your spiritual worship.

Jesus says in the Gospel today, “In my Father’s house there are many dwelling places.” So also, in the

church's pilgrim journey through history there are many ways of sharing in the ministry and apostolate, all rooted in Baptism, in our royal priesthood. In today's first reading from the Acts of the Apostles we hear that it did not take long before the pastoral needs of the rapidly growing church called for new ways of service and ministry; new ways to respond to the growing number of Gentile converts. Through the prompting of the Spirit the Twelve appointed seven men who were acknowledged by the community to be reputable and filled with the Spirit and wisdom. They were set apart by prayer and the laying on of hands for service.

Throughout history, the Spirit has continued to breathe new life and dynamism into the church by raising up saints, prompting new initiatives and vibrant charismatic movements whose authenticity has always been discerned and confirmed by those entrusted with the apostolic office. In this way the communion of the church has been strengthened even as the Spirit guides the church in addressing the new challenges of proclaiming the Gospel under constantly changing cultural and historical circumstances.

When I was ordained a priest in 1983 I served briefly as chaplain with a pastoral care staff of seven sisters in a large Catholic hospital. At that time there were no deacons, no lay women or lay men on our pastoral care team. To say nothing of how much healthcare has changed since then, it is remarkable to acknowledge how quickly the staffing of pastoral or spiritual care departments has changed as well. The National Association of Catholic Chaplains provides a tremendously valuable service to the church in educating and certifying spiritual care ministers and supervisors to work in collaboration with their bishops to continue this important healing work of Jesus, in the name of the church.

"Amen, amen, I say to you, whoever believes in me will do the works that I do, and will do greater ones than these." Your professional training and certification is vitally important for your work. It is necessary. But it is not enough. Jesus tells us clearly that the spiritual fruitfulness of our ministry depends on something more. It flows from our faith. It is the one who believes with a living faith, who abides in Jesus, who will do the works he does, and even greater ones. I invite and challenge you to be attentive to the spiritual care of your own heart. Continue to develop an authentic interiority and ecclesial spirituality rooted in a close friendship with Jesus, nurtured by prayer and daily reflection on the Paschal Mystery in your own lives and in the lives of those you serve. Be sure you are spending time with the Scriptures in lectio divina and regularly drawing life and nourishment from the sacraments. Only in this way can we sustain a vibrant spirituality of communion for the sake of our ecclesial mission.

SOURCE: *Vision*, July/August 2011

Milwaukee archbishop: Chaplains reveal God's mystery to vulnerable

By Laurie Hansen Cardona
Vision editor

Milwaukee Archbishop Jerome E. ListECKI told chaplains at the NACC National Conference that they are conduits to God's mystery for those they serve.

He made the statement during the homily at a May 23 Mass at the NACC National Conference in Milwaukee that included anointing of the sick. Those members attending the conference who were struggling with serious illness were offered the Sacrament of the Anointing of the Sick through the laying on of hands, anointing with oils, and prayers of faith.

"In a true sense you are missionaries," Archbishop ListECKI told those participating in the Mass. "You are opening the gates of mystery to those who have failed to understand the mystery. That is the problem with our world today. It's a secular world; it's a world that relies totally upon that which they can feel or know, the material." When medical crisis strikes, many people find themselves suddenly vulnerable and wondering if there isn't more to life than the material, he noted.

"It's at those moments that they're most apt to hear the word of God, to understand whom that mystery represents – the person of Jesus Christ, whose love through his suffering in this world offers us new life," he said.

Chaplains help those hurting "to understand that they do not walk in this world alone, but hand in hand with a God who loves them," the archbishop said.

He told the story of a grandfather and his toddler grandson walking together through a neighborhood near the child's home. After a few blocks, the grandfather asked his grandson, "Johnny, do you know what your address is?" The child responded, "No, Grandpa." A couple of blocks later, Grandpa asked: "Johnny, do you know where you are now?" "No, Grandpa," Johnny answered. "Well then, Johnny, you must be lost," his grandfather said to the boy. The child looked up and smiled at his grandfather and said: "No, Grandpa, I can't be lost. I'm with you."

"To be able to tell somebody that God is with them," Archbishop ListECKI said. "That they are not lost, that God walks that journey with them" that is the role of the chaplain.

He told the chaplains that he understands their work as he was a military chaplain for 23 years and the cardinal's liaison to Catholic hospitals in Chicago for five years.

"I know what chaplains do. In the military, we're in charge of the weather," the archbishop said to laughter. "If it rains on a drill day, 'Chaplain, it's your fault.' If it's sunny, 'Chaplain, you did a good job.'"

While said in jest, he said, this response "is an indication of the way people and even the troops look at us. The chaplain is the person of God. The chaplain somehow has the insight and ability to control the uncontrolled. These are just nomenclatures for the mystery, the sacred, that all of us feel."

He told the chaplains that they are missionaries like St. Paul, who traveled far and wide to make Christ known.

Just as Paul proclaimed with zeal in many communities, "you are proclaiming that mystery to the vulnerable, to the ill, to their families, to the communities that serve in the hospital. You have to be the source to remind people where the power vests. The power vests in the sacred, in the mystery. Therefore, you yourself have to be signs and symbols of that mystery. You have to be in touch with that power and mystery, celebrate it, live it, pray it, so you can share it with others," he said.

He told the chaplains to exercise humility when people credit them for ending a conflict or creating healing. Tell them, "It was not I, but the Lord," he said.

"Continue to be advocates of the Spirit in the lives of your people," he told them. "On behalf of the church, God bless all of you for the work that you do."

At the end of the Mass, Archbishop ListECKI, who hails from Chicago, publicly greeted chaplain Fr. Bill Moriarity, who he noted had once anointed him when he was in intensive care in a Chicago hospital. "I looked pretty bad," Archbishop ListECKI said. "Later the cardinal and his secretary came in. My eyes were closed and they thought I was in a coma." The two began to talk about anointing him when, "I opened my eyes and told them, "Too late, Mort (Moriarity) got me already!"

SOURCE: *Vision*, July/August 2011

Retreat-goers reflect on God's 'fingerprints' in their lives

By Michelle Lemiesz, MDiv, BCC

A thick fog coming off Lake Michigan swirled around us as we came off the bus Friday morning at the Sisters of St. Francis Motherhouse for the 2011 NACC National Conference retreat. Besides fog we were greeted with the "tap tap tap" of hammers. We soon found out that real life – in the form of roofers – would not let us totally shut out the world around us during our time of personal reflection.

The group gathered in the meeting room, chose tables to sit at, and then enjoyed the juices, fruit, pastries and coffee that awaited. When our retreat facilitator, Barbara Schauer, was able to locate a microphone and the hammering quieted, we gathered for prayer and our first session to map out our life, paying attention to the hills and valleys, the people along the way, and the God who calls us out on this pilgrimage called life.

Each of us went his or her own way with our large sheet of paper and our markers and pens, as we prayed about our own lives and the pathways they have taken. I found that the time we were given was simply not enough as I began to unearth various chapters in my life. New insights and people I had not thought about in ages arose in my mind. I began to see a pattern and also began to see the fingerprints of God emerging.

When we gathered together in our small groups, we all had similar experiences of revelation. Some of these experiences were then shared with the larger group. This was the format for the remaining sessions – we had some personal time, re-gathered as a small group and then shared with the large group.

The theme of the retreat was "We are a pilgrim people," and each of us was invited to undertake a minor pilgrimage into our life to discern where God has been and where God may be leading us. The time ended with prayers of gratitude written by each small group that were then shared with the large group.

The grounds of the St. Francis Motherhouse were simply beautiful and alive with color as trees and flowers were beginning to blossom or already in bloom. We marveled at the "coyotes" in place that moved around to scare off the geese (actual coyotes that had been stuffed and preserved and were moved around the grounds by staff)! We enjoyed the Assisium, a replica of the San Damiano chapel where Francis encountered Jesus speaking to him to "Rebuild my Church," and visited a grotto with a life-size statue of St. Francis and a lamb. It was a peaceful and serene landscape located across the road from Lake Michigan. The fog never did lift at all that day so it was impossible to see the lake. In contrast, I think for some of us the fog in our minds that comes from the everyday stress of our work-a-day lives did begin to dissipate.

Michelle Lemiesz is the system director for the Spiritual Care Departments in the Mount Carmel Health System, Columbus, OH.

SOURCE: *Vision*, July/August 2011

Tour of Milwaukee churches a conference highlight

Each church has its own story, beauty

By Michelle Lemiesz, MDiv, BCC

Years ago I was the local co-chair for the NACC National Conference in Columbus, OH, and due to various circumstances was unsuccessful in getting opportunities, such as a fish fry and church tour, to become a reality, so I was very pleased to see that this year's conference provided opportunities for participants to "go out on the town."

Members were able to see and taste a bit of Milwaukee by attending the Fish Fry at Serb Hall on Friday evening and joining in on a Milwaukee church tour Saturday morning. As someone who attended both events, these "extras" allowed me to see and experience parts of the city and culture that I would have missed otherwise due to the packed schedule of the conference. These events were a delight for the senses and allowed for additional opportunities to meet new colleagues in a different setting than at the conference lectures.

Friday evening members of the NACC packed a large bus and were driven to Serb Hall, a place that boasts to have the best fish fry in Milwaukee. While I haven't tried any other, Serb Hall would certainly be in the running in my mind for No. 1!

We were led to large tables with place settings arranged with dishes and silverware in addition to large baskets of bread, butter, ketchup, tartar sauce and cole slaw. A waitress came and encouraged us to go to the salad bar while the fish was being prepared fresh for us. What a salad bar it was! In addition to the "normal" offerings for salad fixings, there was potato salad, noodle salad, a tomato-pepper salad with feta cheese, more bread, Serbian cream cheese, and I'm sure a few more offerings that have slipped my mind!

As we began eating the food we had chosen from the salad bar, our waitress came by with pitchers of various soda pops, iced tea and lemonade. Then platters and platters of freshly fried haddock, bowls of French fries, and garlic mashed potatoes with melted butter arrived steaming hot. There was so much food and, boy, was it good! And, if you think that was the end ... well, you are wrong, because there was one more offering, a dessert table packed with homemade cakes, pies, struedels and cookies. A contented and very full group of chaplains climbed into the bus for the ride back to the hotel. I bet a few belts were unbuckled a notch or two!

On Saturday morning, the group that showed up for the bus was substantially smaller than for the fish fry, but still enthusiastic, as we set out for the tour of three historic Catholic churches in Milwaukee; St. Josaphat Basilica, the Church of the Gesu, and the Chapel of St. Joan of Arc. It was in that order that we visited the churches.

St. Josaphat Basilica, built in the 1800s with the assistance of Polish immigrants, lies in what was traditionally the Polish neighborhood on Milwaukee's south side. It is a testimony to the dedication and faith of the Polish immigrants these many years later. Entering the church is a breathtaking experience of true beauty – statues flank the side altars, and intricate Stations of the Cross stand in line over carved confessional boxes. Throughout the church, large columns rise from the floor and touch the ceiling above,

which is painted with murals of saints, angels and the prophets. A tour guide shared with us the history of the basilica, which is currently run by the Conventual Franciscan Friars. We had the opportunity to walk around and take in the beauty individually. The stop ended with a visit at the gift shop.

The next stops were the Church of the Gesu and the Chapel of St. Joan of Arc, both located on the campus of Jesuit-run Marquette University. In comparison to the ornate St. Josaphat, the Church of the Gesu is simple, with spires and a large crucifix adorning the sanctuary. The parish administrator shared information with us about the large Stations of the Cross that were hung throughout the church, a statue of the Pieta and the various stained glass windows. Finally, the music director treated us to a serenade of various offerings from the new pipe organ. This gave us a brief overview of the many forms of musical tones that it could produce, and we all sat amazed as the music resonated throughout the church.

Together, we walked to our final stop, the Chapel of St. Joan of Arc, which was about one-quarter mile from the Church of the Gesu in the center of the urban Marquette campus. Trees in bloom surround the chapel, while in front lie flower beds blooming with tulips; it was simply lovely despite the drops of rain that began to slowly fall. Entering the chapel is like stepping back in time to medieval France. Each stone, statue, and piece of artwork came from France, and in the chapel lies the stone at which St. Joan of Arc was praying when she received the vision of the Virgin Mary. Legend is that the stone is always ice cold, and the tour guide showed us how to feel the stone and "test" if we could discern it. The stone was cold, very cold, and I could feel the cold on my wrist for a good 10 minutes after touching it. In this place, one could not help but ponder the life of the Maid of Orleans and the irony of her death and subsequent sainthood.

As we walked back to the bus, the rain began to fall more steadily and we could feel a drop in the temperature. Once the last person boarded, and we were all accounted for, the skies opened up and the rain came down. Could it be that St. Joan of Arc was watching over our group of pilgrims? I'd like to think so.

While each experience was so different, each was a blessing in its own way. I hope that these little excursions become commonplace in our conferences to come!

Michelle Lemiesz is the system director for the Spiritual Care Departments in the Mount Carmel Health System, Columbus, OH.

Related links

Good Friday fish fry at Serb Hall: www.todaystmj4.com/news/local/120522469.html

Chapel of St. Joan of Arc: www.marquette.edu/chapel/index.shtml

Church of the Gesu: www.gesuparish.org/about/about.html

St. Josaphat Basilica: www.thebasilica.org

SOURCE: *Vision*, July/August 2011

Clear, concise proposal needed to find funds for geriatric spiritual care

By James J. Castello, MBA, MA, BCC

Ms. Jeanne Childs offered a hands-on pre-conference workshop at the 2011 NACC National Conference in Milwaukee on how to have a positive impact on geriatric spiritual care when funds are lacking.

Childs is a chaplain who comes from a graphic design and marketing background that has helped her develop the ways and means to find necessary funding to implement her ideas. The core of her process is writing a concise, complete and clear proposal to present to administrators and stakeholders in a format by which they can understand the proposed concept in order to support it.

The workshop was titled "Making Things Happen in Geriatric Care: Don't Let 'No, There Isn't Any Money' Stop You."

Ms. Childs suggests that anyone participating in this process must be creative and playful in nature as well as rational in terms of documenting the concept's benefits and costs. She recommends you start with a prayer for inspiration and discernment before creating a list of issues in geriatric care that need to be addressed in your facility. The list is then ordered by priorities and one issue that the writer is passionate about is selected for expansion.

The second part in the process is to describe necessary tasks to complete the project, and then list who is benefited by the concept and exactly what the benefits are. All others who may benefit from this concept should also be listed and why they may care. Barriers to approval of the concept and ways around those barriers are then enumerated. Reasonable project costs are identified along with potential sources of funding and key decision makers. After preparing a preliminary draft based on the above elements, a meeting is called with a representative group of expected and potential beneficiaries to review, clarify, and edit the proposal. A key step is then to ask the beneficiaries to help you going forward with this proposal and to determine the next steps, who will execute these steps, and necessary deadlines.

Ms. Childs took the workshop participants through the final report of a pilot study presented to nursing homes in her local area. She has made available six exhibits on the NACC website under "Resources," "Annual Conference" and "Workshop and Plenary Materials," which are detailed and helpful to understanding her approach to this subject. I found that perhaps the most helpful attachment was a brilliantly conceived Referral Pocket Guide (Exhibit D), developed when she realized that physicians and nurses had no idea how the need for spiritual care might present itself in their patients.

This pocket guide specifies referral indicators, typical statements by patients needing spiritual nurturing, and suggested responses by the medical staff to these statements. This is a critical issue for professional spiritual caregivers to train staff on when and how to refer patients to the spiritual care professionals. It underscores the deep need for all chaplains to be able to "make the case" for the value of their ministry – which currently is a top NACC priority.

Jim Castello, of Kennett Square, PA, worked 35 years in executive marketing positions for two global manufacturers before becoming a chaplain in 1998. As a chaplain, he ministered eight years at Hackensack University Medical Center and then worked as director of pastoral care at St. Vincent Medical Center in Jacksonville, FL, and Bon Secours Community Hospital, Port Jervis, NY. He is a consultant for NACC on marketing communication projects.

St. Ben's Clinic for Homeless given \$4,475

Participants in the 2011 NACC National Conference donated \$4,475 to St. Ben's Clinic for the Homeless, a ministry of the Capuchin Franciscan Friars and Columbia St. Mary's (CSM) of Ascension Health.

Each year, the NACC selects a nonprofit agency in the city in which the conference is held to receive a special donation from conference participants.

At a Solidarity lunch Sunday, May 22, during the conference in Milwaukee, NACC conference participants shared a simple meal of soup, salad and dessert. Bill Solberg, director of community services for Columbia St. Mary's, told participants the stories of individuals helped by St. Ben's Clinic, including Harold, a man who had been living on the streets for some time and suffered with severe foot pain. Harold had been reluctant to seek medical help, but approached Ellen, a St. Ben's Clinic nurse who was providing outreach service at a meal program he attended.

As Harold removed his shoes, Ellen saw one reason for his foot pain – no socks, Solberg said. In addition, Harold's poor-fitting shoes rubbed on his swollen feet. He had large open sores that he tried to relieve by packing newspapers into the shoes. Ellen covered his wounds with gauze and urged him to go to St. Ben's Clinic to have the wounds really cared for.

Harold trusted Ellen enough that he went to the clinic for further help. There his feet were soaked, antibiotic ointment was applied, and new socks were given to him. A voucher for shoes was offered by the social worker. It took several more appointments to have his feet heal completely. Now that he is a part of a healthcare system, Solberg said, his chronic lung disease will also be treated, and Harold can hope for an improved quality of life.

For more information about the clinic, go to www.columbia-stmarys.org/St_Bens_Clinic.

Silent auction raises \$1,800 in conference scholarships

The third annual silent auction held during the May 21-24 NACC National Conference brought in \$1,800. The collected monies will be used to offer scholarships to those interested in attending next year's conference, which also will be held in Milwaukee, WI. Many thanks to all who donated auction items as well as to those who bid on the items!

Lichter explains how recent vote by bishops on certification will affect NACC

Last Monday, June 20, 2012, Nancy Frazier O'Brien of Catholic News Service published the story about the Catholic bishops deciding to dissolve the USCCB Commission on Certification and Accreditation (USCCB/CCA) and moving the responsibility for certifying Catholic ministers to a subcommittee of the USCCB Secretariat of Education. This was the recommendation of the USCCB's Committee on Priorities and Plans. Several members have asked, "What does this mean for NACC?"

First of all, I want to emphasize a point that was not able to be captured in the article where I was quoted. The NACC expresses its gratitude to Sr. Kay Sheskaitis, IHM, executive director of the USCCB/CCA and its board of directors for its excellent ministry to the church. We recognized Sr. Kay at our 2010 National Conference with our Outstanding Colleague Award for her service to the profession and her support of the NACC mission. In this transition time for her and her staff, we extend our prayer and support. The highest quality of ministry in the name of church was their goal.

Second, the NACC leadership is grateful for being informed in advance of these proposed plans, and has been able to be in dialogue with our episcopal liaison, Archbishop Paul Coakley, our NACC Episcopal Advisory Council, Sr. Kay and USCCB representatives regarding these proposed plans and the anticipated transition. While nothing was certain until the bishops formally approved the plan, the NACC board and the Certification and Standards Commissions have had some time to discuss this.

See also

[David's July 11 reflection in NACC Now](#) for further clarification on what these changes mean for the NACC

Third, we have been most attentive to the impact of the USCCB no longer accrediting programs. The USCCB/CCA has been accrediting CPE programs. Twenty CPE programs nationally are accredited with USCCB/CCA. All 20 exist in some Catholic entity, one in a diocese and the rest in a Catholic healthcare facility. Fifteen of the 20 are dually accredited with ACPE and USCCB/CCA. While these programs will no longer seek accreditation with the USCCB, they maintain their accreditation with ACPE. We want to assist in every way we can the USCCB/CCA-only accredited programs in their process to become accredited with ACPE. We have been in dialogue with the CPE supervisors who run these programs, ACPE, and the USCCB so that all care is taken in this matter.

Fourth, we have no more details as to how the subcommittee of the Secretariat of Education will be formed or function. However, we are grateful for the dialogue already established with Marie Powell, the executive director of the secretariat. We look forward to being in communication with her, and being of whatever assistance we can be in the process.

Fifth, we have been submitting to the USCCB/CCA an annual report and, most likely, some form of reporting will continue. We also submitted our Standards and Procedures for Certification and Ethics for approval as changes were made. We most recently in November 2007 had our Standards for Ethics, Certification, and Renewal approved, and in April 2008 the Certification and Ethics Procedure Manuals for these standards. Most likely we will continue this process in some way in the future.

The work of this subcommittee will include:

- Ensuring that "those who minister in the name of the Catholic Church, each according to his or her

status in the church, are humanly and spiritually mature, well-prepared through education and formation, possess professional competence and pastoral skills, and adhere to the authentic teaching of the church.”

- Reviewing and approving “sets of competency-based certification standards and certification procedures for voluntary use by dioceses and national associations for those working as campus ministers, parish catechetical leaders, youth ministers, pastoral associates, music directors and hospital, prison or seafarer chaplains.”
- Promoting the development and application of voluntary certification standards based on the U.S. bishops’ 2005 statement on lay ecclesial ministry, “Co-Workers in the Vineyard of the Lord.”

We look forward to working with them to accomplish these responsibilities. Please pray for this transition. As I learn, more I will inform our membership.

Appreciatively,

David A. Lichter, DMin
Executive Director

(This article was first published in the [June 27, 2011, NACC Now.](#))

Related links:

www.uscatholic.org/news/2011/06/bishops-vote-create-new-subcommittee-certify-ecclesial-ministers
www.americamagazine.org/content/catholic-news-briefs.cfm?newsid=3024
ncronline.org/news/bishops-dissolve-ecclesial-accreditation-commission

SOURCE: *Vision*, July/August 2011

When the most ordinary becomes sacramental

By Robert Mundle, MDiv, STM, PhD(c)

A recent study of bedside objects in a hospice in the United Kingdom conducted by Kellehear, Pugh, & Atter (2009) revealed two principle findings. First, patients wished to re-create some semblance of "home" in their institutional settings. Second, despite a great diversity of objects, most of which were used for distraction or entertainment, almost every individual patient harbored at least one personally unique object.

This got me thinking about the symbolic meaning that unique personal objects can hold for us. Moreover, I was reminded of Leonardo Boff's (1989) sacramental theology by which everything is, or can become, a sacrament – even the most mundane objects. Even something as unlikely as a cigarette butt.

"Who would have said that a cigarette butt could become a sacrament?" Boff reflected. "But there it is (in a flask) in the back of my drawer. Now and then I open the flask. An aroma escapes. The color and texture of a living past take shape. In my mind's eye I see my father alive, rendered present in the cigarette butt: cutting the straw, parceling out the tobacco, igniting the lighter, taking long drags of his cigarette, giving lessons, reading the newspaper, burning holes in his shirts with the sparks, plunging into arduous office work at night, smoking ... smoking. His last cigarette went out with his own mortal life. But something continues to remain lit, because of the sacrament" (p. 19).

This reminded me also of a palliative care patient I came to know well a couple of years ago. Among all of the objects Olga kept at her bedside there was one most special one – her rosary. This was not just any rosary, but one that she received from a priest in a refugee camp in Poland after the war more than 60 years ago. Moreover, every time she picked it up to show it to me, which she did often, she would marvel at how it had never broken in all the time she had had it. I took this to be a symbol of her strong faith.

In contrast to Olga's unbreakable rosary, I thought about how many times I have had to repair my own rosary. Perhaps they don't make rosaries like they used to, I thought to myself. However, thinking symbolically, I doubted whether my own faith was as strong as Olga's. Most of all, I appreciated in a new way just how much nurturing and repair work my own faith requires from time to time.

What objects do you keep closest to you? What awe and wonder do they evoke in you? What other realities do they call forth into being for you? As Boff said, "The more deeply human beings relate to the world and to the things of *their own world*, the more clearly sacramentality shows up" (p. 18).

Robert Mundle is a board certified chaplain at Toronto Rehabilitation Institute in Toronto, Ontario, Canada.

References:

Boff, Leonardo. (1987). *Sacraments of life; life of the sacraments: Story theology*. Translated by John Drury. Washington: Pastoral Press.

Kellehear, A, Pugh, E., & Atter, L. (2009). A home away from home? A case study of bedside objects in a hospice. *International Journal of Palliative Nursing* 15(3), 148-152.

Table conversations provide valuable start for future planning

As you know, the NACC 2007-2012 Strategic Plan lifespan is soon coming to closure. The NACC Board of Directors devoted part of its May 20-21, 2011, meeting to begin discussion on what process to use to review and update this plan. Most affirmed the success of the planning process that resulted in the current plan, as well as the resulting energy and life the plan implementation gave to the association.

Certainly a prelude or first step to most planning is conducting some sort of internal and external environmental analysis to gain a clear understanding of what factors within and outside of the NACC should most influence our planning. Questions like: "What's changed since 2006 (when we last did planning)? What will most impact our profession and ministry?" We will do some form of SWOT analysis, which examines the strengths, weaknesses, opportunities, and threats, as part of this planning process. This type of exercise provides us a helpful organizational X-ray.

To start this listening process, we are blessed to have in hand feedback obtained from members attending the business meeting at the 2011 NACC National Conference. They weighed in on two key questions to help us prepare for this future planning. We asked: "For the coming three to five years, what will be the ministry's/profession's main challenges and opportunities, and how can the NACC help meet these challenges? What should be the NACC's primary direction and focus?" Participants at each state table spent time sharing answers to these questions, and left behind the notes from their discussions. In this column I will focus on the three main points that were most frequently mentioned.

The most frequently mentioned challenge or opportunity was establishing and communicating the value of spiritual care and chaplaincy in healthcare settings. With the economic recession, declining reimbursement, and healthcare reform, the challenge many members noted is that institutions ask more of spiritual care departments but provide fewer resources (and might move away from professionally, board certified staff). They will require of all service lines (spiritual care being one of those) more evidence-based outcomes to justify resource allocation.

While the 2007-2012 plan's Goal Two was to promote the profession of chaplaincy, the recommendations from the listening session were very specific about seizing the "opportunity" to build a case for and educate on the value of the profession of board-certified chaplaincy. This was expressed in a variety of ways with phrases such as: raising the level of relationship of spiritual care to other healthcare professionals; develop treatment protocols and measurable outcomes on how effective we are; develop a body of research in collaboration with physicians that shows effectiveness of chaplaincy; get a speaking spot at medical meetings; have a voice in healthcare reform; and learn how to assert appropriately one's pastoral authority on interdisciplinary teams.

The most frequently mentioned suggestions to "how can NACC help" in this area were to: provide communication tools that help them make the case for chaplaincy in their respective settings to administrators (COE, CFO, COO) and other professional staff (physicians, nurses, social workers); advocate for the hiring of board certified chaplains; assist with publishing and disseminate results to the professional communities; be part of the Accountable Care Organization (ACO) healthcare law implementation; work toward changed reimbursement of spiritual care by conducting research on evidence-based service; and stay connected to GWish (Dr. Christina Puchalski's initiative). Many others were along similar lines.

A second area focused on chaplaincy and spiritual care as ministry of the church. The business meeting highlighted again the NACC reality of moving toward non-vowed lay men and women becoming the majority of our membership and the need to continue to recruit new members to the profession. The NACC membership statistics show that for a great number of recently board certified members, chaplaincy is a second (or third) career, which is wonderful. However, members stressed that we also need to develop a standardized training program to help our members reach out to high schools, colleges, and theological formation schools to make chaplaincy known as a ministry. At the same time, we need to continue to educate and dialogue with our bishops on the uniqueness and critical value of chaplaincy as a specialized ministry of the church, and a vital lay ecclesial ministry. Some asked whether chaplains serving in healthcare settings in a diocese should be listed in the diocesan directory. Some asked whether we should expand our standards to help in the certification of other ministers for the church.

A third umbrella area of challenges and opportunities seemed to be where NACC should direct its education efforts, especially to help members professionally to become trained to plan for and serve in diverse specialized outpatient, non-hospital venues, such as clinics, home-based, community-based hospice, and palliative care settings. Others asked for training to assist members to be more comfortable with scientific language and metrics, to become more assertive members on interdisciplinary care teams, or to learn how to conduct quantitative and qualitative research that shows effectiveness and the impact of chaplaincy.

In the process of commenting on the above, many noted with appreciation the partnerships with Catholic Health Association (CHA), the Spiritual Care Collaborative, the Association of Professional Chaplains (APC), graduate theological programs, and other associations that have helped to advance the profession, and encouraged the NACC to continue to foster and strengthen these relationships.

The NACC Board of Directors and staff will spend more time mining the riches of these table conversations, as well as creating more listening session opportunities for our members in the coming months as we begin our planning. However, I share these three areas with the hope that it invites you, our members, to provide more feedback to me and to our NACC leadership. Please consider responding to this column, and provide your own answers to the questions posed at the conference: "For the coming three to five years, what will be the ministry's/profession's main challenges and opportunities, how can the NACC help meet these challenges, and what should be the NACC's primary direction and focus?"

Blessings,

David A. Lichter
NACC Executive Director

SOURCE: *Vision*, July/August 2011

Featured Volunteers: Rosemary Partridge and John Gillman

Name: John Gillman

Work: Senior supervisor of Clinical Pastoral Education at VITAS Innovative Hospice Care in San Diego, CA

Member since: 1988

Volunteer service: Currently: Member of the Standards Commission; NACC representative on revision of Common Standards; Member of Task Force to review NACC Supervisory Education and make future plans; occasional writer for Vision (book reviews, brief articles). In the past: Chair of Standards Commission; Member of Certification Commission; Interview Team Educator (ITE); Member of team for revision of NACC Mission Statement and Values

Book on your nightstand: "A Short History of Nearly Everything," by Bill Bryson

Books you recommend most often: "The American Book of Dying," recommended to CPE students

Favorite spiritual resources: Psalms

Favorite fun self-care activity: Spending time with family and friends, running, and travel

Favorite movies: "To Kill a Mockingbird"

Favorite retreat spot: Prince of Peace Abbey, Oceanside, CA

Personal mentor or role model: Jan Lambrecht, SJ

Famous/historic mentor or role model: Dorothy Day and Thomas Merton

Why did you become a chaplain? It is a way of responding to the deep inner call to journey with others who seek meaning and connection in their lives.

What do you get from NACC? It provides an opportunity to interact with colleagues who share a common faith tradition dedicated to the well-being of others.

Why do you stay in the NACC? I believe that the NACC plays an important role in the church, namely, to live out the healing ministry of Jesus, with and among those who are often confronted with life-altering crises.

Why do you volunteer? Volunteering with the NACC is a meaningful way to serve along with others who share similar values.

What volunteer activity has been most rewarding? Participating on the team that dedicated itself to the renewal of NACC at a time when the association was at a crossroads. I appreciated the energy, commitment and initiative that the team members brought to articulating the mission and values for the future of our organization.

What have you learned from volunteering? Volunteering enriches the soul and stretches the heart.

Name: Rosemary Partridge

Work: "As needed" chaplain at Penrose-St. Francis Health Services in Colorado Springs, CO

Member since: 2001

Volunteer service: NACC State Liaison for Colorado/Wyoming/Utah

Books on your nightstand: "Major Pettigrew's Last Stand," by Helen Simonson, and "S is for Silence," by Sue Grafton

Book you recommend most often: "The Way to Love," by Anthony de Mello

Favorite spiritual resource: What I learn from the patients and families that I serve.

Favorite fun self-care activity: Been back into tennis this past year after a lapse of more than 10 years and having great fun beating that little yellow ball around the court, plus the team camaraderie and social life tennis offers.

Favorite movie: "One Flew Over the Cuckoo's Nest," with Jack Nicholson, It spoke to me of the dangers

of status quo thinking, abuse of power and fear of those who defy convention.

Favorite retreat spot: A favorite chair, time to take a walk, listening to music, anyplace quiet away from the busyness of life where I can become restored.

Personal mentor or role model: My husband. He's my "go to" person. He's a wise one; no, not "wise guy," but wise one.

Historic role model: Strong women like my maternal grandmother and mother.

Why did you become a chaplain? I became a chaplain in order to put flesh on the faith that I claimed to profess, to make my faith concrete and active.

What do you get from NACC? NACC has definitely evolved over the past 10 years and has become an organization that is increasingly in touch with its members and their needs. That's why I stay and hope to contribute more as a volunteer to our organization in the future.

Why do/did you volunteer? The state liaison idea was new and there was a need, so here I am.

What have you learned from volunteering? It has been rewarding in that we (local NACC chaplains) have been able to partner with APC and NAJC in offering continuing education activities. I've learned about the need for good organizational skills, working together, and offering of one's time to present an excellent "finished product."

SOURCE: *Vision*, July/August 2011

In Memoriam

Please remember in your prayers ...

Sister John Marie Stack, OSF, of Aston, PA, who died in Assisi House on Feb. 24 at age 81. She had been a professed member of the Sisters of St. Francis of Philadelphia for 61 years. Sister John Marie (Marguerite Mary Stack) was born in Brighton, MA. She entered the congregation in 1947 and professed her first vows in 1950. Sister John Marie graduated from St. Joseph Hospital School of Nursing in Baltimore and later earned both a BSN and an MSN from The Catholic University of America in Washington, DC. She ministered primarily in healthcare as a nurse, nursing supervisor, nursing instructor, director of nursing services, and chaplain.

An NACC member, Sister John Marie began her 13 years of ministry in the Archdiocese of Philadelphia serving at St. Mary Hospital from 1967-71. When she retired she returned to the Aston area where she lived at Portiuncula Convent, serving as a driver for the sisters and volunteering as liturgist at Assisi House. She moved to Assisi House in early 2011 and served in prayer ministry until her death. Sister John Marie ministered at St. Joseph Medical Center in Towson, MD, for 31 years (1953-1964, 1982-2002). She also served for seven years at St. Francis Hospital School of Nursing in Trenton, NJ, (1971-1977, 1980-1981).

Her brother and sister-in-law, John and Eleanor Stack, her nieces and nephews, and her Franciscan family survive Sister John Marie. Donations in her name can be made to the Sisters of St. Francis Foundation, 609 S. Convent Road, Aston, PA 19014.

Judy Girard, an NACC member, who died of heart failure shortly after evacuating her granddaughter from her Colorado Springs, CO, home Feb. 1 because of a carbon monoxide leak.

Family members said Ms. Girard's granddaughter called her while she was shopping, telling her an alarm was going off upstairs. Ms. Girard's husband, John Megow, said Ms. Girard knew it was a carbon monoxide detector and instructed the girl to open all windows. Ms. Girard picked up her granddaughter from her home, and took her to a safe location, along with a few pet birds living in the home.

Family members said Ms. Girard later returned to the home to get the dogs and meet with utilities and fire personnel there to investigate the leak. Authorities said there were lethal levels of the toxic gas present in the home. The gas had leaked from the home's water heater.

The 56-year-old mother of four and grandmother of three sat down at her computer to write letters of thanks to the authorities, and letters warning of the importance of carbon monoxide detectors when her heart failed. Coroners said Ms. Girard died from an enlarged heart, and that her death was not caused by carbon monoxide exposure.

Ms. Girard was a chaplain, family therapist, parent coordinator, and life coach. The family requested donations be made to AIDS services and Belgian Tervuren Dog Rescue.

Rev. Thomas B. Garlick, 61, an NACC member who was the pastor at St. Anne Church in Southborough, MA, and former pastor at St. Richard of Chichester Church in Sterling, MA. He died unexpectedly at his

residence May 22.

Father Garlick was born July 8, 1949, in New York City. Before he began studies for the priesthood, he was a guidance director at Notre Dame Preparatory School in Fitchburg, MA; taught in the adult education program in Fitchburg; and was on the gemological staff at Sharfmans Jewelers for several years. He studied at St. Bernard Seminary, Rochester, NY, from 1980 to 1981. After its closing in 1981, he completed his studies at the Catholic University of Louvain, Belgium, in 1984. He was ordained a priest June 30, 1984, by Bishop Timothy Harrington in St. Paul Cathedral.

Since ordination, Father Garlick had earned a master's degree from St. Bernard School of Theology and Ministry in Rochester, NY, and completed graduate studies at Andover Newton Theological School, Boston College and The Catholic University of America. He was an adjunct faculty member at Nichols College in Dudley and Worcester State College.

Father Garlick was involved in chaplain education and certification through NACC at local, regional and national levels. He was chaplain to the Saint Vincent Hospital School of Nursing Alumni Association and the chaplain to the Worcester Chapter of the American Guild of Organists. He was also a chaplain at Saint Vincent Hospital in Worcester. He was appointed director of pastoral care services at Fairlawn Rehabilitation Hospital in 1995.

He leaves three sisters, MaryEllen Hurley and her husband Richard of Leominster, MA; Brenda J. Garlick of Robbinsdale, MN; and Martha J. Garlick of Somerville, MA; two brothers, Ralph J. Garlick of Ashland, MA, and George P. Garlick and his wife Sandra of Ashburn, VA.

The family requests donations in his memory be made to St. Anne Church, 20 Boston Road, Southborough, MA 01772; or to the Worcester County Food Bank, 474 Boston Turnpike, Shrewsbury, MA 01545.

SOURCE: *Vision*, July/August 2011

Author reminds us we are part of God's story

We Live Inside a Story By Megan McKenna
New City Press, Hyde Park, New York, 2010. Paperback, 232 pp. \$16.95

I had wanted to read McKenna's book because of its title, "We Live Inside a Story," for as chaplains we listen to the stories of people's lives and enter into their stories for a brief, but perhaps intense time. And as those we encounter tell their stories, sometimes they discover a deeper meaning behind their experiences, or as McKenna states, "our words and our stories and our meaning, that must be expressed and shared with others for the power and the wisdom to be released and realized" (p.11). McKenna asserts in her introduction that stories are "the communal property of a people" and are "the foundational heritage, life force and lifeline for all peoples. Stories are the glue that hold us together" (pp.7-8).

McKenna's book is about how storytelling correlates to spirituality and religion, especially the stories of Christianity. Indeed McKenna points out in her introduction: "In a sense, our God is a story being told and God is seeking for all of us to listen, to enter into the story and become one, become true and flesh out the story" (p.8). McKenna proceeds to look at the Trinity, Creation, the Incarnation, the Pascal Mystery, the Spirit and church in the world using stories from other cultures and religions, especially Judaism. By relating the stories of others she helps us to understand and respect their traditions as well as to see how we are one, touched by Spirit living within the Mystery, the Holy One that holds us all.

In exploring the many layers of these stories as well as our own stories, McKenna uses the image of Russian nesting matryoshka dolls: each doll hidden within another so that unless one looks deeper, only one doll is visible. In doing so she begins with the Trinity as the largest doll, saying: "We so often talk about God being with us, and that is true, but what is truer still and more amazing is that we live, dwell, and abide in God. And our God is a community of three: Father, Son/Word, and Spirit" (p.33). The next "doll" McKenna speaks of is Creation. She suggests that all things and beings, including ourselves, form "the face of the One who made us in their (sic) image and after their (sic) likeness" (p.63). The dolls become increasingly smaller "and more intimate and intense as we look at our families, our friends and the small communities that nurture us, (and) shape our worlds" (p. 79). The tiniest doll of all is oneself – the single, individual person that McKenna states is "deep in the heart of the Trinity" (p.29).

Each chapter of the book concludes with questions, activities and prayers for exploring the material in more depth or for group sharing. In McKenna's own words, this book helps us to know that "each of us is a tiny secret of God, dwelling within the depths and breadth of so many other secrets" and "We really are one ...we are all at home in the Trinity – the secret that holds us all" (pp. 221-222). The stories we hear as chaplains, perhaps, also remind us of this truth.

Marilyn Williams is director of pastoral care at St. Mary's Medical Center in Evansville, IN.

SOURCE: *Vision*, July/August 2011

Visit www.nacc.org/vision to read or subscribe.

Vision is a serial publication of the National Association of Catholic Chaplains.