

Works of Hope

Volume 1, Issue 1 (January 2025)

Table of Contents

The Director's Column.....	3
Cabrini Corner	3
Columna de la directora	4
Rincón Cabrini.....	4
Faith in Action.....	5
Beyond Fish and Ashes.....	5
Faith in Action.....	8
Renewed in Hope	8
Best Practices	9
Openness and Curiosity	9
Chaplain Profile	12
The Divine is in the Data	12
Chaplain Profile	15
A Shepherd to LEOs.....	15
Chaplain Profile	17
Guide to the Gates	17
Collaborator Profile.....	20
Aligned Learning.....	20
Best Practices	23
Child Care	23
Self-Care.....	26
Tunes as Tonic.....	26
Pastoral Ministry.....	29
A Palette of Care	29
Pastoral Ministry.....	31
Serving Those Who Are Serving	31
Ministerio Pastoral	34

Al servicio de los que sirven.....	34
NACC News	36
NACC Regional Recap	39
Calendar of Events.....	40
NACC History	41
Living la Vida Local	41
The Bishop's Column.....	43
Go Forth	43
Columna del obispo	44
Avanza	44

Works of Hope

A publication by the National Association of Catholic Chaplains (NACC)

NACC Staff

Executive Director: Erica Cohen Moore

Director of Administration: Jeanine Annunziato

Director of Pastoral Care and Certification: Anita Houghton

Office Assistant and Communications Specialist: Emily Figlesthler

Administrative Specialist/Membership and Certification: Michelle Mettlach

Episcopal Liaison: Most Reverend Jeffrey R. Haines, Auxiliary Bishop, Archdiocese of Milwaukee

NACC Executive Committee Members

Board Chair: Austine Duru MDiv, MA, MHA, BCC

Chair-Elect/Secretary: Ruth Jandeska EdD, MS, BCC

Treasurer: Antonina M.M. Olszewski MSQ

Member: Sedona Montelongo BCC-PCHAC

NACC Office / *Works of Hope* Advertising

4915 S. Howell Avenue, Suite 501

Milwaukee, WI 53207

(414) 483-4898

info@nacc.org

Westwords Consulting

westwordsconsulting.com

info@westwordsconsulting.com

Publishing Staff

Publisher/Executive Editor: Wade West

Creative Director: Ellie Persian

Art Director: Sam Alberth

Technical Producer: Pete Bockenbauer

Translator: Make Gallitelli

Copy Editor: Emily Figlesthaler

Contributors: Erica Cohen Moore, Alex Rich, Moira Bucciarelli BCC, Richard Hadley BCC, Jeanine Annunziato, Anita Houghton, Bishop Jeffery Haines

Subscriptions: *Works of Hope* is a triannual digital publication. Register for a no-cost subscription at worksofhope.org. NACC members are subscribed as a benefit of membership.

Contributions: Letters, manuscripts, stories, and photographs are always welcome. *Works of Hope*, NACC, and Westwords Consulting, LLC, are not responsible for unsolicited letters, manuscripts, stories, and photographs. Submission implies the right to edit and publish the materials, all or in part.

Notice: The views and opinions expressed by our contributors and advertisers are not necessarily those of the NACC, its members, or Westwords Consulting, LLC.

Copyright ©2025 National Association of Catholic Chaplains. All rights reserved.

The Director's Column

Cabrini Corner

Welcome to the first edition of *Works of Hope*!

This new magazine — an initiative of the National Association of Catholic Chaplains (NACC) — will highlight the incredible work of chaplaincy and all forms of pastoral care ministry throughout the United States. We hope this magazine provides inspiration, formation, education, and connection for everyone working in the field of compassion and care — those living out the healing mission of Jesus.

This magazine launches, not-so-coincidentally, in tandem with the Jubilee celebration rooted firmly in HOPE! Pope Francis calls the universal Church to “fan the flame of hope that has been given us and help everyone to gain new strength and certainty by looking to the future with an open spirit, a trusting heart, and far-sighted vision.” We hope this magazine will help do exactly that. We encourage you, therefore, to share this new and exciting resource with your colleagues, friends, and family.

The NACC, now celebrating 60 years of active ministry, is a national Catholic association affiliated with (but separate from) the United States Conference of Catholic Bishops. Since

our founding, we have prepared, certified, and supported thousands of chaplains and pastoral care ministers serving in every state and (arch)diocese.

Why did I choose Cabrini Corner as a column name? Mother Frances Xavier Cabrini is a role model to so many who work in pastoral care, due to her unwavering and merciful ministry in the streets, in hospitals, and in dark places where no one else was willing to go. This is precisely what our chaplains and pastoral care ministers do every day. She is especially close to my heart as someone who, against all odds, remarkably embodied the Gospel.

Our hope is that this magazine communicates the exact charism of Mother Cabrini and her sisters, guiding us on our mission to live out the healing ministry of Jesus in the name of the Church. As she once said, "Today love must not be hidden ... It must be living, active, and true!" We couldn't agree more. May *Works of Hope* help all of us minister with that same, beautiful spirit. Mother Cabrini, pray for us.

Erica Cohen Moore

Executive Director

Columna de la directora

Rincón Cabrini

¡Bienvenidos a la primera edición de *Obras de Esperanza!*

Esta nueva revista, iniciativa de la Asociación Nacional de Capellanes Católicos (NACC, por sus siglas en inglés), busca destacar la invaluable labor de la capellanía y los diversos ministerios de cuidado pastoral en los Estados Unidos. Nuestro deseo es que esta publicación sea una fuente de inspiración, formación, educación y conexión para todos aquellos que trabajan en el campo de la compasión y el cuidado, encarnando la misión sanadora de Jesús.

El lanzamiento de esta revista coincide, no por casualidad, con la celebración del Jubileo de la ESPERANZA. El Papa Francisco llama a la Iglesia universal a «avivar la llama de la esperanza que se nos ha dado y ayudar a todos a ganar nuevas fuerzas y encontrar certeza; afrontando el futuro con espíritu abierto, un corazón confiado y una visión a largo plazo». Esperamos que esta revista contribuya a lograr exactamente eso. Por eso, les animamos a compartir este nuevo y apasionante recurso con sus colegas, amigos y familiares.

La NACC, actualmente celebrando 60 años de ministerio activo, es una asociación nacional católica afiliada a la Conferencia Episcopal de los Estados Unidos pero independiente de ella. Desde nuestra fundación, hemos capacitado, certificado y apoyado a miles de capellanes y ministros de cuidado pastoral que prestan servicio en todos los estados y (archi)diócesis.

¿Por qué elegí Rincón Cabrini como título de la columna? La Madre Frances Xavier Cabrini es un modelo para muchos de los que trabajan en el cuidado pastoral, debido a su ministerio inquebrantable y misericordioso en las calles, hospitales y lugares sombríos donde nadie más estaba dispuesto a ir. Y esto es precisamente lo que nuestros capellanes y ministros de cuidado pastoral hacen todos los días. Ella ocupa un lugar especial en mi corazón, ya que, a pesar de toda adversidad, encarnó el Evangelio de una manera extraordinaria.

Nuestra esperanza es que esta revista transmita el carisma exacto de la Madre Cabrini y de sus hermanas, guiándonos en nuestra misión de vivir el ministerio sanador de Jesús en nombre de la Iglesia. Como ella dijo una vez: «Hoy el amor no debe ocultarse ... ¡Debe ser vivo, activo y verdadero!». Estamos totalmente de acuerdo. Que *Obras de Esperanza* nos ayude a todos a ministrar con ese mismo y hermoso espíritu. Madre Cabrini, ruega por nosotros.

Erica Cohen Moore

Directora Ejecutiva

Traducido por Make Gallitelli

Faith in Action

Beyond Fish and Ashes

Ways to share Lent in addition to the usuals.

By: Moira Bucciarelli BCC

Lent, the season of preparation for Easter marked by prayer, fasting, reflection, and acts of service will be here before you know it. As a Catholic member of the spiritual care team, it's inevitable that you will be tasked with providing Lenten events and observances to your colleagues and patients or residents.

We spoke with three professional chaplains in system-wide and departmental leadership roles, in Catholic and secular health systems, to learn how they observe and share Lent in their organizations. The common thread is that Lent is a time for coming closer to God, and also teaching non-Catholics that our faith and observances are much richer than distributing ashes on Ash Wednesday and grabbing a fish sandwich from the cafeteria on Fridays.

A time to teach

The Lenten season is a high-profile time of year, when faith traditions and observances are at the forefront for many people. That makes it an

ideal time to teach others about our faith.

Several Catholic health systems send educational emails prior to Lent and again before Easter, offering concise explanations about their meaning. The benefits of this outreach ripple outward beyond the Lenten season to reinforce the organization's Catholic identity and culture.

"It's a great opportunity to remind the whole organization that the ministry we do is sacred and spiritual," said Reverend Lawrence Chellaian BCC, the Senior Vice President of Mission Integration at CHRISTUS Health in Irving, Texas. "It is not injecting medicine. It is a spiritual ministry. It is a reminder of our Catholic identity. Many leaders come from non-Catholic systems and the for-profit world. These liturgical seasons are a great opportunity to remind staff of who we are.

"Educating everyone about these rituals ultimately benefits the patients," he continued. "For example, after reading one of the information emails, a nurse may better understand the importance of Ash Wednesday for patients and families and help find ways to allow them to receive ashes. An email message may also raise awareness of the importance of sacraments to Catholic patients and that they may want to see a priest for anointing, Eucharist, and other matters of faith."

Lent coincides with other faith traditions

Before Elizabeth Lenegan PhD, BCC, retired as Director of Spiritual Care for Roswell Park Comprehensive Cancer Center in Buffalo, New York, she extended an invitation to her religious neighbors.

Lenegan gathered a committee of interfaith employees who were instrumental in establishing how to best mark the different religions' holy days throughout the year. They did educational write-ups about important interfaith holy days and sent them to staff. "The spiritual care department hosted quarterly educational lunches with a guest speaker to discuss the significant religious events of that quarter," she recalled. "Over 100 staff would regularly attend. It was one way we helped spread the word about our Lenten programming, as well as other Catholic seasons and observances."

Fr. Chellaian upholds CHRISTUS Health's 25-year tradition by hosting an interfaith Stations of the Cross on the St. Michael hospital campus in Texarkana. The interfaith Stations is such a popular event, the local news covers it. "It is a solemn celebration for the system-wide community — patients, families, and physicians. We extend into the community and invite them to walk through the passion and suffering to experience the healing of Jesus with us."

Participation, but not compromise

In Fr. Chellaian's Texas community, Catholics are a minority, so he makes a point of inclusion to help people understand how we view Lent and to feel included in the organization's traditions. "Ashes are for everyone," he explained. "We have many non-Catholics coming to receive ashes. The ritual offers a lot of meaning. An associate may be

of a different faith, but knowing they work in a Catholic hospital, they know they are valued and included.”

St. Joseph’s Regional Medical Center in South Bend, Indiana, places an emphasis on Lenten penance and humility themes. “We want staff, no matter what their beliefs, to understand these virtues and how they apply to their lives,” said Chaplain Manager Josephine Longoria BCC. “Penance is an opportunity to reconcile with anyone you are having strife with. Humility is a chance to grow in strength and to learn that being humble is not as hard as we make it out to be.”

Staff at St. Joseph’s receive regular reminders of the Lenten themes. “We give reflections in the morning and evening prayers over the intercom, team huddles, and emails,” said Longoria.

The team at St. Joseph’s ensures that staff can live out the messaging they hear in ways that respect the sanctity of Catholic sacraments but offer support to all who seek it. “We let everyone know there is a priest on staff for reconciliation,” she continued. “Staff who are not Catholic still can go to a priest to be heard, understanding that it is not sacramental in the same way.”

Work with what you have

What each hospital or organization can do for Lent depends on staffing as well as administrative support. For example, Lenegan commented that she “was blessed with 60 trained volunteers who were Eucharistic ministers or pastoral care volunteers from our 20-week training program, two staff chaplains, and one catholic priest.”

She was also blessed with support from her administration, even though the Cancer Center is a state-run organization, not affiliated with the Catholic Church. The combination of administrative and staff support meant that out of 35-40 outpatient clinics and 130 inpatient beds, they reached about 400 people on Ash Wednesday. That’s a lot of spiritual care touches, which increases the visibility of spiritual care across the organization, and reminds staff that chaplains are available to support everyone year-round.

Stay true to the season

Lent is a reflective inward time and an outwardly expressive time. We each privately go into the silence and inwardness of prayer (Matthew 6:6), fasting, and almsgiving; and we publicly wear ashes, a sign of penitence, humility, and mortality. (Daniel 9:3, Genesis 18:27)

Chaplains can intentionally create meaningful Lenten services grounded in a theology and spirituality that are inclusive and informative. These serve Catholic patients and staff as well as non-Catholic brothers and sisters, who like us, seek the blessings of forgiveness, the reminders of our mortality, the invitation to spiritual growth, hope, and service to others.

In the end, Lent’s 40 days call us back to our purpose and identity in the life of Jesus that goes beyond the season. “It is important to remember why we are here,” said Longoria.

“The virtues of fasting and prayer help us stay true to our calling. We can give because we find our strength in our Lord, to be able to be in the crisis and also celebrate the life and healing with staff and patients — to stay focused on whatever mercy God has for all people. That is what Lent prepares us to do.”

Faith in Action

Renewed in Hope

2025 Jubilee

For millions of Christians worldwide, Christmas Eve is a festive celebration with family traditions and gift-giving. This past Christmas Eve, the Catholic Church celebrated with her own historic tradition to usher in one of the greatest gifts of all: hope. On December 24, 2024, Pope Francis opened the Holy Door of Saint Peter’s Basilica, marking the beginning of an Ordinary Jubilee.

With its Biblical roots, historically, a Jubilee year was intended to be a time to re-establish a relationship with God, one another, and all of creation. Today, the Jubilee year continues to be a significant and lively experience of grace for the Church. It is a time for pilgrimage, reconciliation, prayer, and liturgy. Pope Francis shared that he hopes the 2025 Jubilee is an opportunity for everyone to be renewed in hope.

Spes Non Confundit, or Hope Does Not Disappoint, is the Jubilee’s central message. Pope Francis challenges the Church to discover hope in the signs of the times while also being tangible signs of hope for others, especially those experiencing hardships. Many intentions are held in hope, including peace, the young, the elderly, the poor, prisoners, migrants, and the sick. In an extraordinary way, the Church is called to perform works of hope for the sick and those impacted by illness and disability.

The Jubilee has many major events scheduled throughout the year to raise up various communities and ministries. The National Association of Catholic Chaplains is honored to celebrate the many pastoral care ministers represented in our membership, including the Jubilees of Armed Forces, Police and Security, Deacons, Healthcare Workers and the Sick, People with Disabilities, Bishops, Priests, Consecrated Life, Prisoners, and more.

The Jubilee Prayer

Father in heaven,
may the faith you have given us
in your son, Jesus Christ, our brother,
and the flame of charity enkindled
in our hearts by the Holy Spirit,
reawaken in us the blessed hope

for the coming of your Kingdom.

May your grace transform us
into tireless cultivators of the seeds of the Gospel.
May those seeds transform from within both humanity and the whole cosmos
in the sure expectation
of a new heaven and a new earth,
when, with the powers of Evil vanquished,
your glory will shine eternally.

May the grace of the Jubilee
reawaken in us, Pilgrims of Hope,
a yearning for the treasures of heaven.
May that same grace spread
the joy and peace of our Redeemer
throughout the earth.
To you our God, eternally blessed,
be glory and praise for ever.

Amen

Jubilees

Feb 8-9: Armed Forces, Police & Security
Feb 21-23: Deacons
April 5-6: Healthcare Workers & The Sick
April 28-30: People with Disabilities
May 1-4: Workers
June 25: Bishops
June 25-27: Priests
October 8-9: Consecrated Life
December 14: Prisoners

Best Practices

Openness and Curiosity

Five ways you can better serve Jewish patients and families.

By: Wade West

The situation is all-too-familiar. The patient you just left wanted to say the full rosary, when you really just had time for a quick check-in and a prayer for the surgeon's steady hands before they head into a gallbladder removal. You hot-step it to your next room, open the

door, and there is a Jewish couple in an emotional moment, sitting with a loved one, and your brain locks up as you index all of the Jewish rituals, prayers, and observances you've heard about — you panic about getting it wrong.

We turned to Rabbi Rebecca Kamil BCC, a Board Certified Chaplain and Vice President of Neshama: Association of Jewish Chaplains, for some insight into how a Catholic chaplain can best serve Jewish patients and their families.

One: Relax.

"If you walk into a room and you're so nervous about not saying the wrong thing, you're going to say the wrong thing," she said. "When your brain is telling you, 'I'm totally gonna say it,' you'll be so focused on not saying the wrong thing that you're not going to say the right things."

When you enter a room with openness and kindness, people will sense it. "We all make mistakes," she continued. "We have all left a room and felt, 'Why did I say that? What was I thinking?' It happens."

Two: Ask.

"My best piece of advice is to come into the experience with curiosity and just ask," said Rabbi Kamil. "And never assume that because someone is Jewish, they will have a certain set of beliefs or practices. Judaism has such a spectrum and a wide array of observance level and background — it's so rich and diverse — it's really best to just ask. It's unlikely to be offensive if you ask and offer to support the person where they are. Where you could get into offensive space is if you just assume and provide something that isn't wanted or needed."

Three: Just be a chaplain.

Judaism enjoys an exceptionally rich collection of prayers, readings, rituals, and observances — and they're all written down somewhere. Rabbi Kamil recommended three resources anyone can turn to for great prayers, readings, and general information.

"The first, ritualwell.org, is run by the Reconstructing Judaism organization," she said. "It's a really beautiful collection of readings and prayers that's updated all the time. People submit material, and they have things for pretty much any situation you can think of: holidays, life cycle events, and more. I think a lot of it can be adapted for any setting, so it doesn't have to be used in just a Jewish setting.

"The second is the NAJC.org website," she continued. "We have a good collection of resources there. I think it's a good place for anyone in a spiritual care role to go and just browse to explore what we offer there.

"Finally," she added, "there is a book that was edited by a wonderful rabbi and colleague, Rabbi Dayle Friedman MSW, MA, BCC, called *Jewish Pastoral Care: A Practical Handbook from*

Traditional and Contemporary Sources. It is full of resources and readings, and information about being a Jewish chaplain and what it means to serve Jews.”

When you walk into a patient’s room, you’re there to provide spiritual care to another human being. “Trust your instincts and training,” Rabbi Kamil said. “First and foremost, chaplains are listeners and supporters. We are all wired the same way in that regard, so just do what you would normally do. If someone asks you for something you don’t know about or aren’t equipped to do, ask if you could contact a local rabbi to assist in that request.”

Four: Keep a few things in mind.

“Jews have a ritual and a holiday for almost anything,” said Rabbi Kamil. “But some of the important ones a chaplain may encounter center around major life events. We have what is called the Vidui, which is a confessional prayer offered by an individual who is actively dying, if they’re able, or a representative. We have prayers for pregnancy, for pregnancy with complications, and pregnancies that end before birth. There are some very beautiful rituals and readings you can do in that hard situation.”

While many of the prayers and rituals may seem out of reach for a non-Jewish spiritual caregiver, there is one simple observance any individual can offer a family who just experienced a death. “We typically try to not leave the body alone, once the person has died,” she explained. “Sometimes in a hospital that isn’t always possible, but you could offer to accompany the body if family isn’t able to be there. That could be a tremendous source of comfort, especially if the individual is alone.”

Rabbi Kamil also offered that spiritual caregivers should be especially cognizant of the current societal situation. “This is a hard time to be Jewish in the world,” she explained. “There have been hard times in the past, so we’re not new to this. But antisemitism is on the rise, and there’s a lot of pain in the Jewish community right now. There’s a lot of wariness and caution in the community when it comes to interacting with people of different faiths. So just be aware of that as you begin working with a Jewish patient or family.”

Five: Nobody knows everything.

“There’s no way you can possibly know everything about every religion,” Rabbi Kamil said. “There’s no way you can know everything about Judaism. I’m a rabbi. I went to rabbinical school for five years. I went to college and majored in Jewish Studies. I still don’t know everything about Judaism, right? That’s not the expectation. The expectation, I think, is that you come in and you are thoughtful, curious, and have some awareness of the differences between your faith and a patient’s faith. What better way to break the ice than to ask a question about their faith?”

“I think as Jews, as Muslims, as Catholics, as Buddhists, as Sikhs, as whoever we are, we all have belief systems and values that are important to us,” she concluded. “And they may be

different from the person who's offering comfort, but that doesn't mean that person can't offer comfort or can't be present for us.

"I think that's one of the beautiful things about being a chaplain. I get to serve people of all faith traditions and backgrounds and be present in their moments of profound vulnerability. And that's really humbling — and powerful."

Observances

Shabbat

When: Weekly, Friday sundown to Saturday sundown.

Why: Shabbat is the Jewish Sabbath and is a time dedicated to rest and prayer.

Ways to support the observance:

You can greet patients and families with "Shabbat Shalom." You could offer to bring Shabbat candles (LED in the hospital), challah, and grape juice to help observe Shabbat.

Purim

When: Begins at sunset on March 13 and ends at nightfall on March 14, 2025.

Why: Purim celebrates the deliverance of the Jewish people from Haman in the days of Queen Esther of Persia.

Ways to support the observance:

You can greet patients and families with "Happy Purim." Some Jewish communities have gifts of food and drink, called mishloach manot, that are given out during Purim. Check with your local Jewish community to see if there are any available to give out at your hospital to help observe Purim.

Passover

When: Begins at sunset on April 12 and ends at nightfall on April 20, 2025.

Why: Passover celebrates the deliverance of the Jewish people from slavery in Egypt.

Ways to support the observance:

You can greet patients and families with "Happy Passover." You could offer to bring matzah to help observe Passover.

Chaplain Profile

The Divine is in the Data

Allison DeLaney uses research skills and technology to expand ministry.

By: Wade West

Allison DeLaney PT, MA, MPH, BCC-PCHAC grew up with a deep admiration of her mom. "She was an oncology and all kinds of other nurse," she recalled. "I always knew that I wanted to do something to help in healing. I did the candy striper thing and learned I don't like needles."

The answer she found was in physical therapy. She began her dream career as a physical therapist (PT), but she found herself increasingly talking with her patients, hearing their stories, and discerning what motivates them. She also found herself realizing that there were patients who weren't going to get better, and she focused her energy helping those patients to see a reason to keep working. Oftentimes that encouragement came from a spiritual perspective.

The call is persistent

"I felt I needed to expand my horizons and live my faith more deeply," said DeLaney. "I signed up to live and do community-based volunteer work for a year at Amate House in Chicago. I am so grateful for that community. One thing led to another, and I became interested in studying theology as the next step in figuring out my vocation. My now-husband (we were just acquaintances at the time) was ahead of the curve and drove me to a scholarship session for Catholic Theological Union (CTU). We both applied, didn't talk to each other about it, but both got in.

"So there I was, doing a master's in theology as a Bernardin scholar at CTU, and I was still trying to figure out what I was supposed to do with my life. I thought PT was it, but it wasn't quite it."

That's when her advisor suggested she take a unit of Clinical Pastoral Education (CPE). "I had no idea what he was talking about," DeLaney recalled. "I had never met a chaplain. I had no idea. So here I am, in the middle of grad school at CTU, and I had no idea chaplaincy was a thing I could do as a Catholic laywoman."

Discovering the community

It's well-known that if the Holy Spirit can't get you to follow directions and walk in the front door, you may find yourself sneaking in a side window. That's how Allison DeLaney got to chaplaincy and the NACC.

"I had a friend who had a friend who was coming to Chicagoland for an NACC conference in Schaumburg," she said. "'Oh, Bridget will sneak us in,' she told me. So, I got snuck into the conference and just got a feel for it. I remember thinking, 'Oh, this is a big deal. There's a whole organization for it.'"

She followed that with CPE at Loyola University Medical Center in Maywood. "I thought to myself, yes. This is what I was meant to do. I love the ability to accompany people in the moments they need it most."

DeLaney shifted from hospital chaplaincy to the hospice and bereavement space following her first son's birth. "My mom got me interested in hospice," she recalled. "Even when I was working in the hospital, I understood that eventually everyone will face death. I thought a lot about how I could make it more meaningful and less sad or hard for people."

Research to support the community

In 2016, DeLaney left her job to pursue a fresh direction, even deeper into chaplaincy. "I became a Transforming Chaplaincy fellow and studied public health. I earned my master's degree in that in 2018, and I'm still working to bring the two areas together," she said. "That's how I came to the research part."

DeLaney's research is working to connect the dots between chaplaincy and positive patient outcomes in a way that validates departments. "The big question," she said, "is how do we show evidence that what we do, when we think we're helping, that we are, in fact, doing so."

During COVID, DeLaney received a LUCE/Chaplaincy Innovation Lab grant to promote resiliency in medical language interpreters. The result was a recommendation to provide a support they didn't even realize they could ask for. "That's what can come out of this research training I had," she commented. "I wouldn't have had the confidence to do that otherwise. So that's my love of research: whenever I can gather some chaplains and ask if there is an interesting question or problem they have. And then we put our heads together to explore a meaningful question to improve spiritual care."

DeLaney encourages chaplains to be research-literate — so that they can draw upon it when they need it most. "When health systems are losing millions of dollars, and they ask, 'Where are we going to cut?' We need to be able to show evidence that chaplaincy care is correlated to patient satisfaction scores and patient outcomes. We've seen a situation recently where using this skill could have been crucial — where an entire department was cut in Minnesota."

"I have colleagues who have dedicated research jobs who are putting together evidence from hospitals across the country," she added. "Ultimately, we need spiritual care and chaplaincy research to help managers and department leaders establish best practices and to advocate for quality spiritual care."

Chaplaincy for the digital age

Currently DeLaney's ministry is focused on the population health realm for a large Catholic healthcare system. Her team is comprised of nine individuals, living across the country, each working remotely to support patients and staff alike.

"Like thousands of people, my role is done remotely," she said. "So part of my job is to learn how to reach out to people to provide spiritual care when individuals are in or out of a healthcare facility through telechaplaincy."

“For instance, today I’m doing some follow-up calls with patients, and then I’ll have some project work to do,” she said. “So I could be calling somebody in a different state who had a child leave the hospital. Then I could be calling a staff member who just had a family member die. I’m providing spiritual care that way.

“And then we have care for the caregiver. In some markets we have had turnover, and sometimes there are things that happen within the staff and they need support. Being able to provide support is also a really important piece of our work.”

In the future, DeLaney envisions an expanded model of spiritual care. “My dream,” she said, “what I get really excited about as much as I get excited about the collaboration stuff, is that we would get so in tune with each other as chaplains that we would be able to hand off from the hospital to the community. Simple as that. Just like a PT. I would discharge you after your hip replacement to go get home health PT, then outpatient PT.

“We chaplains would connect with community pastoral ministry, and we would talk to each other to ensure continued spiritual care,” she concluded. “Because those needs don’t go away.”

Chaplain Profile

A Shepherd to LEOs

Phil Reeves forged his own path to pastoral care for the LA County Sheriff.

By: Wade West

Chaplain Phil Reeves MTS, BCC is not the first chaplain to work in a law enforcement agency — nor the first to work within the Los Angeles County Sheriff’s Department. But the 12-year veteran law enforcement officer has found himself on the forefront of a new way forward for others in his position.

“I retired from the department in 2013,” he recalled. “In mid-2017, I applied for a chaplain volunteer position, and by the end of that year, I was a chaplain at my former department. And that was before I even knew there were chaplaincy educational programs available.

“The LA County Sheriff’s Department looked both at folks who had a ministerial background, and folks who had a law enforcement background,” Reeves explained. “It was kind of a little bit like a mix of chaplaincy and peer support, if that makes sense. So I got in under the law enforcement qualification.

“Once I got in, I frankly didn’t even want to call myself a chaplain when I first started because I didn’t feel I had earned that title. I was very concerned about my theology chops,” he continued. “I really had that impostor syndrome thing; who the heck do I think I am? You know, being a theological advisor, a pastoral counselor out there.”

Reeves put himself through grad school and earned his master's degree from the University of Dallas, which he noted is particularly "pastorally inclined." That was the easy part.

"CPE is definitely geared toward healthcare," said Reeves. "But as you'd imagine, the skills of chaplaincy are very fungible — they're useful in a wide variety of arenas."

There were two resources for CPE in the LA metro area at the time. St. Camillus Church offered an urban chaplaincy CPE program, but it was shuttered for the pandemic. "I ended up at the program offered by the Academy of Jewish Religion at Hillel UCLA, which is a rabbinic seminary. The rabbi was very pro-public-safety, and she was open to placing me in my own department for my clinical site."

Challenge of certification

With his master's degree and CPE under his belt, Reeves still wanted the BCC credential to validate his experience to the department and beyond. He selected NACC as his certifying organization, but he quickly realized how heavily the process is directed toward hospital-based chaplains. "The written application is a pretty heavy lift," he noted. "And it's definitely geared toward healthcare. But I just interpreted those healthcare and hospital institutional questions in the context of my station and my department."

"When I sat for my cert interview, I was honest with them and said, 'Look, because this is so different, why don't we split the time in half and I'll talk for half and you ask questions for the other half, instead of just the 10 minutes at the end.' The team was very flexible and supportive of it. I felt I was able to teach them about this ministry in addition to showing my abilities."

"I really appreciate Erica, Anita, and the Board being so welcoming to the process. Everyone has been so supportive of it. I didn't expect that to be the case."

Moving the NACC forward

After earning his BCC credential, Reeves has continued his personal involvement with the NACC. He has been instrumental in developing a Public Safety Certified Associate Chaplain (CAC) credential track for others to follow his path.

"I'm not the only person working on this," he said. "I am so fortunate to be able to connect with some of the real leaders and innovators in law enforcement chaplaincy from across the country and with Anita Houghton at the NACC to develop the CAC competencies for Public Safety."

Reeves explained that the nature of being embedded as a law enforcement chaplain has proven to be a challenge for defining the professional competencies. "When you're riding along on patrol, if you get into a hairy situation, you have to have the situational awareness to be safe," he explained. "The cop you're with has to have the confidence that they don't

need to worry about you, so they can focus on the situation at hand. That's hard to put into a competency list."

In spite of the challenges, Reeves says, the team has been working hard on bringing the new CAC to life. "We're looking at equivalencies and how to acknowledge life experience in addition to education. For a lot of cops, the whole academic thing scares the heck out of 'em," he noted. "If they are excellent chaplains, we don't want them to be put off by the process. But there has to be a process. We're trying to find the best way to strike a balance that maintains the integrity of the certification while acknowledging the realities of the candidates."

Police chaplains are still chaplains

Regardless of what space a chaplain works in, he or she is still a chaplain at the core. "Yeah, the primary work is with rank-and-file officers," said Reeves. "But I also do a lot of ministry to members of the public. They always seem surprised and impressed to see the LASD Chaplain tag on the back of my jacket.

"I have held victims in my arms as they have passed. I sit with family members as they process the worst possible news.

"The academies typically don't spend a lot of time training law enforcement recruits about self-care, emotional intelligence, and dealing with the psychological side of trauma — psychological first aid, if you will. As a result, a lot of officers don't want to deal with it: a wailing and angry family at a crime scene, or delivering a death notification to a family. I've found that that's this ministry. I'm able to jump in and take that load, so the officer can process stuff at the scene and do their work."

In addition to the emotional support aspect of his ministry, Reeves said there is also a sacramental component that is just as important. "I'm a Eucharistic minister, and I carry a pyx and holy water with me when I'm out," he said. "I've not given communion in a patrol car, but I have used holy water on several occasions. Usually, it's when there is a deceased person, and a priest isn't available at just that moment. I tell the family that I'm not an ordained priest, but I can still bless the body. That brings them a lot of comfort to have that done, and it allows me to accompany them in their time of need.

"Law enforcement chaplaincy is a ministry of presence," he noted. "We're not out there proselytizing or trying to convert people. We listen. We promise absolute confidentiality, unless it's a mandatory reporter thing. We take care of our brothers and sisters when they need us."

Chaplain Profile

Guide to the Gates

Reverend DeJesus' journey from the gates of knowledge to the gates of heaven.

By: Wade West

One winter night in Maine provided an epiphanic moment for Reverend Alejandro Dejesus HPC, MH, PhD, BCC-VA, on his ministry path. "I was in my first year as a VA chaplain," he recalled. "I was called to the deathbed of a veteran who was experiencing his final moments. I had to travel seven miles through a very strong, powerful snowstorm, and I could only see no more than five or six feet beyond the front of my car. Where I come from in the Philippines, we don't even have a word for snow. So, I was really praying, and I told the Lord, 'If you want me to bless that veteran, you better make sure I get there alive and back, so tomorrow I can still minister to them all.'

"And true enough," he continued, "I was able to get there and back. But while anointing the veteran, well, he expired. I didn't realize that he had expired. The nurse told me he had died while I was doing the sacrament. So, I started doing my prayers for the dead.

"As I was leaving the room, I looked back at that veteran's body and realized that at that particular moment when he expired, that was the closest moment that I could get to the gates of heaven while living on earth."

First career in Manila

Fr. DeJesus is celebrating his 40th ordination anniversary this year. While there is no set path for a person to pursue a vocation, his journey started in a fairly typical manner. "As a young high school student, I entered the minor seminary in Manila," he reflected, noting that it was not an uncommon path. After his ordination, he joined the Benedictine order in the Philippines. "Our apostolate as Benedictines is education. We had universities and colleges; we had high schools.

"I loved being in education," he continued. "Not just as a teacher, but more focused on educational management, more on leadership. For the most part, while I was managing academic departments, I was also training teachers and administrators in school management.

"I was in education leadership for 25 years," he added. "I was a high school principal for 11 years, a research director, and finally the president of our university."

Discovery in the US

Toward the end of his education career, Fr. DeJesus decided to pursue his PhD in the United States. "I was working on my doctoral thesis in San Antonio, Texas," he said. "I took a job doing chaplaincy work for a retirement community for nuns. It was a four-tiered care facility, with independent living, assisted living, a nursing home, and memory care. It was my first experience in healthcare, and it inspired me to start training in hospice and palliative care. That opened my eyes and heart to the depth of compassion and empathy that ministry requires."

Fr. DeJesus returned home following his studies to lead the university in Manila, but his love for the healthcare space was already planted in his heart.

Joined VA

“When my term as president at the university ended, I asked for a leave of absence to come back to the United States to see what the healthcare ministry is calling me to,” he explained. “I wanted to know more about it, so I trained in Santa Rosa. That’s when I discovered the NACC, and the more deeply I got into the training and ministry, the more I came to love it.”

Fr. DeJesus took a job with the US Department of Veterans Affairs as a VA chaplain. “Now that’s what you’d call a totally different animal,” he said, “because it’s actually a federal employee position.”

As a VA chaplain, he had to learn how to work with and support veterans with Post Traumatic Stress Disorder (PTSD) and other psychological challenges from their deployments. “Because of that, I studied another three-and-a-half years for mental health care,” he said. “I became involved in moral injury and how soldiers, when they come home, may have only minor physical injuries or no injuries at all, but they have — buried inside them — a deep spiritual, moral injury that they carry.”

Meeting the needs of each vet

The Veterans Health Administration (VHA) is organized in geographic service regions. Accordingly, Fr. DeJesus leads the staff of chaplains who serve vets on the West Coast at VHA hospitals and outpatient facilities, spanning the San Francisco Bay area up to Eureka, California, near the Oregon border. It’s a different chaplaincy model than most healthcare systems, where chaplains typically come to their patients by making in-room visits, or maybe at a space within the in-patient facility.

“We have an office where vets can come to us for care,” he explained. “But we have potentially thousands of outpatients who could contact us for spiritual care.” To serve as many vets as possible, Fr. DeJesus said they hold group spirituality sessions, both in person and virtually. “We go out to the outpatient clinics to hold group spirituality sessions. But we also use technology like Zoom or Teams as another mode of reaching out to veterans. Not just in-person sessions.”

Passion for accompaniment

Serving vets in hospice, facing their end of life, remains one of Fr. DeJesus’ passions. “Veterans and their families get scattered throughout the United States,” he said. “I saw many veterans dying alone because they didn’t have any family near them. You know, with PTSD, many of them have burned bridges already. So, it can be a very challenging experience to show compassion to journey with the veterans in their end-of-life stage with that kind of mental, emotional, and spiritual state.”

Though the feeling has never been as intense as that winter night in Maine, Fr. DeJesus knows he has found his purpose each time he accompanies a vet on their final journey. “I practically brought that veteran to the gate of heaven, to Jesus,” he said. “For as long as I live on earth, before my own death, that will be my closest encounter of heaven. And I am so grateful for that. That realization, that gratitude to God, for the ministry, and to the veteran as well, for allowing me to be a part of that great moment of salvation, is very encouraging for me.”

[The US military has its own archdiocese that tends to the spiritual needs of Catholic servicemen and women across the globe.](#)

While the archdiocese will only endorse ordained priests for official chaplain positions, Fr. DeJesus noted that there are many opportunities for individual laypersons to volunteer at local VA facilities. If you are interested in serving vets, he recommends contacting your local facility to learn more.

Collaborator Profile

Aligned Learning

Villanova’s certificate program is the first to sync with the Certified Associate Chaplain requirements of the NACC.

By: Wade West

For many who have heard God’s call to pastoral ministry and chaplaincy, one question looms large: “How can a person like me answer that call in a significant way?” The details of the answer are very personal and will certainly reflect your own interests and opportunities. But one common milestone in a chaplain’s journey is education and training.

Colleges and universities across the country offer master’s degrees in theology, ministry, divinity, or other related graduate degrees. That is the established path to becoming a credentialed chaplain. However, starting grad school and focusing your life back in academia isn’t necessarily for everyone.

NACC Education Collaborator Villanova University (VU) has established a Certificate in Pastoral Ministry program. The certificate, explained John Edwards, the Director of the Center for Residential Ministry at VU, grew organically from student interest and the need to create a pathway for people to enter the profession with a solid foundation of two Clinical Pastoral Education (CPE) Units and 18 credit hours of graduate-level theology, but not necessarily a full master’s degree.

“Father Joe Calderone, one of our faculty, would take students to meet a hospital chaplain for one of the course days,” he explained. “A couple students decided, as a result of that

experience, to try a CPE unit." CPE units are supervised practical experiential learning courses required for professional certification.

"CPE is intensive," Edwards continued. "It's not something you do for an hour or two in the evening. So, the students came back to us and asked if there was a way to get credit for their work. That made us really look at how we could recognize the work and learning that occurs by incorporating it into a program. The students were getting more in their CPE unit than they would from a typical classroom course.

"That led to a conversation with our chair at the time, Dr. Peter Spitaler, to seriously look at what could be possible. We recognized chaplaincy, in the hospital and beyond, as a growing need, and many of our students were discovering chaplaincy as an option because Fr. Calderone was doing such an effective job talking about it in his classes."

Small steps to start a journey

Edwards recognized that for many individuals, a series of small experiences, like doing a unit of CPE as part of their education, could launch them on a larger journey. "Ideally, we want students to have these small moments of exposure that lead them along. Not a big threshold moment where they feel like they must commit their lives to something right now, but small steps where they can experience things more fully and figure it out for themselves. Is it something for them to just be aware of, or is it something they actually feel called to respond to?

"We initially had one or two students who were determined to forge their way through CPE in addition to their degree coursework who were the inspirations for us to start this journey," said Edwards.

Emily Southerton BCC was one of those initial students. "It was my first day on campus," she explained, "a week before classes even started, and Fr. Calderone said, 'You know, you're fluent in Spanish, you love ethics, especially bioethics, and you're doing this ministry thing. Why not try chaplaincy and just take a unit of CPE?'" After graduation, she worked as a chaplain at Penn Med and at a long-term healthcare facility, and she is currently Director of Mission Integration at CommonSpirit Health in California.

It was that simple comment that launched her journey, but the experience kept her on the path. "There are many schools, especially in academia, where it's all theory. But Villanova focuses on the praxis of how we are engaging practically and theologically," she added. "So their program uniquely blends culture, practice, and theory, which I really appreciate."

Parallel discussions

While the VU Master's in Ministry and Theology department was internally working out the best way to provide aspiring chaplains and pastoral ministers the foundation they needed, they were also engaging external conversations.

Edwards recalled, "I had met David Lichter (the former Executive Director of NACC) at a couple of Association of Graduate Programs in Ministry (AGPIM) events. He was always sharing the need for more chaplains, and he would share resources for us to bring back to students."

"And then we started discussions with Timon Davis at the University of Chicago as we were thinking about developing a certificate. We worked on what would the curriculum be, and would we have an actual track within our master's degree that is for chaplaincy education?"

At the same time, Dr. Jen Jackson joined VU as the Director of Master's Programs. "We worked, over the course of a year, to draft the proposal and curriculum for the chaplain's education track and the master's degree," he said.

The program is growing

"Now that we have the program in place, we have three graduate students officially enrolled, one who is in the process of applying after taking a non matriculating course, and we are continuously fielding additional queries from around the world," said Edwards.

He went on to explain that most universities, but specifically Villanova, will allow interested persons to apply for a course as a non-matriculating student, which means that it is not taken in pursuit of a degree or part of a program. "We have a much shorter application process for someone who wants to take a course non matriculated," Edwards said. "For instance, maybe you want to take the Spirituality of Caregivers course, because it's an interesting class for someone who is involved in pastoral ministry, but it's also a way to get your feet a little wet and see what a graduate class is like.

"Maybe it's been 10, 15, 20 years since you were in school, and you need a recommendation for the full master's program. Or you just need to gain the confidence of understanding the level of thinking, reading, and writing that's going to be required. Taking that spirituality course will do that for you, and it's going to be required for most of our degree and certificate programs anyway."

Sister Kim Kessler was one such person. She had been actively involved in pastoral ministry, working at non profit organizations serving homeless women and children, operating a food pantry, and ministering as a skill developer over the years. She took two units of CPE and found a new passion for chaplaincy, but she realized she needed to improve her theology training.

"I was 24 years out of college when I first started back," Sr. Kessler explained. "So, it was a little scary. But the people at Villanova were very supportive. A lot of the professors there really want you to succeed and do well, and they were very flexible with my schedule."

Even though there are a handful of students pursuing the Pastoral Ministry Certificate at any time, Sr. Kessler noted that she enjoyed taking her classes with students in other programs, often sharing her chaplaincy skills along the way. "We were in a counseling class and doing role playing," she recalled. "One of the students observing us said, 'Sister Kim

knew how to answer, how to reword and keep the conversation going.' And I thought, these students don't realize that being a chaplain, these are some of the skills you use."

Synced with professional certification standards

In addition to purely academic pursuits, universities are in the business of preparing their students to hit the workforce well- equipped for success. "As we were preparing the curriculum and we were having conversations with the NACC, we realized outcomes we were establishing for the certificate program lined up so well with the Certified Associate Chaplain (CAC) requirements," Edwards recalled.

Individuals who successfully complete the certificate program at Villanova will have also met the academic requirements to apply for CAC credentials from the NACC.

Certification is never automatic, said NACC Director of Pastoral Care and Certification Anita Houghton. "All individuals seeking certification will have to complete the application materials and go through the interview process to demonstrate they meet the competency requirements for the CAC. But we have worked together with Villanova, and we know they are integrating our competencies and requirements into their curriculum."

Houghton noted that, while Villanova is the first university to synchronize its curriculum and outcomes to the CAC requirements, it is not the only one. "We are excited for our other educational collaborators to offer similar certificate programs to people who are discerning pastoral care and ministry. There is a need for qualified professional Catholic chaplains in the workforce. We look forward to helping fill that need."

Best Practices

Child Care

Seven essentials for working with pediatric patients.

By: Wade West

Those who have ever sat beside a pediatric patient know that pastoral care for a young person is a different game than working with adults. While this specialty space can be among the most taxing, they also say there is no other ministry they'd rather be a part of.

We talked with Reverend Rick Bauer, who has been a chaplain for over 40 years, to pick up some advice for providing spiritual care for children. Here are his seven essentials to practice when you're working with a young patient:

1. Obey the first rule of chaplaincy: Don't try to fix it.

It's a natural response when you see a person in crisis or who is really hurting, you want to try to fix it and make the person feel better. Quadruple so when a child is involved. "I think that urge to fix creates a tendency to talk too much," said Fr. Bauer. "Sometimes you just

need to be present, and with kids that is often through games, with art, and in play. And expect that there will be a lot of silence. You have to learn to be comfortable with that.”

2. Adjust your screening techniques.

While a child patient may look like an underdeveloped scale model of an adult, mentally, emotionally, and spiritually they are definitely not. “Children have very complex understandings and internal stories to process their situations,” said Fr. Bauer. “Most of the current models of spiritual assessment cannot be used simplistically with children.”

Consider fine-tuning the wording you use in your screening process to meet them where they are at, versus simplifying or dumbing down the screening process itself. “Speaking with a child in age-appropriate language will allow you to unpack larger concepts like a child’s hopes, dreams, values, life meaning, understanding of prayer, and ritual beliefs regarding death — all without using any of those words,” he explained.

“You can use large-frame questions to start out, like, ‘Do you belong to a religion? Does this religion help you?’” said Fr. Bauer. “Then get into more personal ideas with questions like, ‘What makes you feel safe? Who or what do you trust? Do you have a hero?’ and then, ‘Who or what is closest to your heart? Who do you love the most?’ Any of these kinds of questions will tell you where your young patient is at in their spiritual understanding and also give you great launching points for deeper conversation, reflection, and engagement.”

3. Start unconventional spirituality conversations.

“As chaplains, counselors, social workers, and clinicians, we can each help and facilitate children talking about their spirituality,” said Fr. Bauer. “This takes lots of active listening and patience, and it requires us to respond with curiosity and respect.”

As with the screening process adjustments, Fr. Bauer advises chaplains and spiritual caregivers to ask child-friendly questions that are open-ended and creative in their nature. “Especially with younger children,” he explained, “these conversations most often occur in the context of play, art, puppets, songs, and fun.

“Sometimes I’ll go into a room and say, ‘Hey, my name is Rick, and I’m one of the chaplains here.’ Sometimes I’m just Rick, the talk-to guy. I’ll walk into a room and look at all the IV poles, and especially with adolescents, I’ll ask what makes them feel safe in the midst of all this.”

The responses can be all over the board. “That’s what I love about working with kids: There is no typical response. Some go right to religion: ‘Why does God do this?’ Some may want a blessing or prayer. Others are really quiet and don’t want to engage. That’s when I’ll bring out the crayons or music or games to use play to gain their trust and draw them out.”

“The ensuing exchanges can be very telling,” Fr. Bauer said. “You have to pay close attention to not only what a child says, but how they say it, and also what they don’t say. An

attentive chaplain can learn a lot about a young patient over a card game, drawing project, or storytelling.”

4. Compassionate listening is hearing the inner story.

Children in the hospital crave compassion, understanding, and empathy from the adult caregivers around them, not pity, said Fr. Bauer. “Just like adult patients, children in a hospital or hospice don’t want to be pitied. It’s not spiritually nourishing or emotionally supportive. The key here is to practice compassionate listening or deep listening. Hearing what is said, how it is said, and what is not said.

“Pay special attention to the five spiritual themes: love, faith, hope, integrity, and beauty, or the lack of these. It is listening and identifying the patient’s spiritual resources of strength. That’s the child’s inner story coming to the surface for you to recognize, honor, and support.

“Once you hear the child’s inner story, that’s when you start making the connection of spirituality with health, well-being, and illness coping. That’s where you show your young patient true compassion, understanding, and empathy in ways that are compatible with their own inner story.”

5. Respect the parents.

That can be difficult, and it’s most difficult when the child is dying and the parent says, “Don’t talk to my child about death.” If you’re in the room and the parents are in the room, and the child brings it up, Fr. Bauer said he will shoot a glance at the parent for their cue. “Some will shake their heads, and I have to do what the parent wants. Other times I can ask, ‘Well, what’s that like for you, when you think about that?’

“It’s a tough spot,” he continued, “because people never grieve or process at the same point at the same time. So the parents may be at a different spot than the kid and a different spot than the siblings.”

6. Support a child’s vision of God.

Even if a young patient views God as mean or vengeful, it is important to not confront it head-on with comments such as, “No, you’ve got it all wrong.” Statements like that, though instinctual, instantly nullify that child’s valid vision of God. Instead, Fr. Bauer advised to bring them along to seeing a warmer side of God by asking questions. You can ask them about a time when they had hope or they felt good. Then follow up with, ‘Where was God in that time?’ and you just stay in the moment.

“It’s really difficult for me to stay present when a child really believes God is punishing him or her,” he said. “And so you stay with that, and I would say most often, you can navigate around that because you’ve just let that child acknowledge what they’re feeling.”

7. Stand in the face of horror. Do not run.

“When I was a young chaplain,” reflected Fr. Bauer, “dealing with some horrific situations, I asked my mentor, ‘Why are we even here? What are we even doing?’ She looked at me and said, ‘Our role is to stand in the face of horror and not run.’”

“I see it a lot in ICUs when things are not going well,” he continued. “Everybody, and especially younger residents, fellows, and nurses, they’re all going out of the room. And the chaplain is running into the room because that’s what we do. So don’t be afraid of the horrors or feel like you have to fix anything. Just stay and be present.”

Part of the role of chaplaincy to young patients, is also caring for the family — however that’s defined. “Nowadays it can be father, mother, siblings, but also aunts or grandparents who are involved in primary caregiving,” he said. “We need to be sure that they feel supported, as well.”

Bonus tip: Devote yourself to self-care.

“I started chaplaincy in 1982 at San Francisco General, and that was when the AIDS crisis hit,” recalled Fr. Bauer. “My colleagues back then, many died from the virus, but many just burned out in those years — and that was adults. If you think you’re going to do this, especially crisis work, emergency department work, or hospice and palliative care work with children, you have to practice self-care.”

“You have to have a regular, and by regular, I mean daily — every day you do this — spiritual practice or you won’t last,” he emphasized. “Whether it’s praying the Rosary, meditative stretching, or walking in nature, you have to find what works for you to remember that what we do is bigger than just ourselves. Also find a person or group of people you regularly debrief with to talk it out. It could be a professional like a therapist or a good spiritual director, or it could be a strong group of colleagues. If you don’t do those things, it gets bizarre inside you, and you won’t last.”

Working with young people in a healthcare setting is a demanding role. While navigating the dynamic environment of a pediatric case might seem daunting, there is space for play and creative faith expression in the room, too. Adding these tips and insights to your ministry practice can help you continue to provide deep and meaningful spiritual care to your patients and their families.

Self-Care

Tunes as Tonic

Chaplains engage music in their ministry and their self-care.

By: Moira Bucciarelli BCC

It feels impossible to imagine a Catholic mass without music. From Latin Gregorian chants, classical requiems, Marty Haugen songs of the ‘70s and the African American hymnal “Lead

Me, Guide Me” of the late ‘80s, Catholic liturgy has always incorporated music into worship. It is a tradition that goes back to the Psalms David played upon the lyre.

Many of us were spiritually formed by liturgical music; it makes sense then that music forms a part of our self-care routines and ministry as Catholic chaplains.

Some of us may have a natural love of music and music-making like Margaret Alokun BCC (Board Certified Chaplain), who suspects that she was “singing from inside my mother’s womb when I was a baby.” Her father was a church musician and organist. As an adult and religious sister for 34 years, Alokun was a choir director and music liturgist. She pivoted to hospital chaplaincy in 2016.

At first, Alokun had concerns about what she might see in her new workplace, so different from her previous ones. “I was scared of being in the hospital.” She turned to music as a way to connect with God and ask for help. Especially on those late-night, on-call drives to the hospital, the music would give her strength; on the drive back, “the weight of people’s grief” would drift away as she let the music take over.

Louis Canter OEF believes that music has a power to heal and to help us process grief and other emotions at a subconscious level. “Music is beauty. And sometimes we need to touch beauty aurally. It brings us to a place of wholeness again. We need that after we have been with a family who lost a 6-month-old baby. That takes a lot of energy out of you.”

His master’s degree in organ performance and 47 years in parish music ministry leadership show that music has a special place in his self-care as well as in his ministry. If he has had a particularly difficult night, he may listen to a requiem by Faure or by Duruflé to honor the life and death of the person he was just with.

As a musician, a composer, and a chaplain, Canter sees God in music. “The One who has created all things sings back to us in music. Music hits to the deepest core of who we are. That’s where the balm is.”

Among NACC staff, music plays a special role in self-care. NACC Executive Director Erica Cohen Moore played piano and sang in church choirs growing up. An avid concertgoer, Cohen Moore’s taste ranges from classical symphonies to hard rock and her favorite, Pink Floyd. Pink Floyd’s appeal to her is that “it has a heavy social justice undercurrent.” For Cohen Moore, “Music is something that gives me energy.”

NACC staff member Anita Houghton is a trained violinist. As NACC’s Director of Pastoral Care and Certification, she does analytical work and program management. Turning to music “is an antidote to being on the screen and technology,” she said. “It engages a different part of the brain; it engages your heart.” Her theology of music is that “some people are attracted to God via beauty, others through mercy and service. I’m a beauty person. I’m attracted to God because God is beauty. When a human person creates a work that is beautiful, it has God in it.” She experiences an energizing synergy when playing in an

orchestra; it reminds her of 1 Corinthians 12, as each musician brings their individual voice to create the whole.

Senior Manager of Spiritual Care at Providence Mount Saint Vincent in Seattle, Paulina Alvarado BCC came to music later in life. It was a journey with God. Her family did not play music, and in high school, “I was kicked out of choir.” She didn’t give up. “I kept trying to sing, and praying to be able; it was a partnership with God. Then, after a year of singing songs, I said, ‘OK, Lord, you helped me to do something I couldn’t do, now I’m going to play guitar, with your grace.’” Twenty-five years later, Alvarado is invited to perform at memorial services in her ministry.

Music in chaplaincy care and self-care is a swinging gate. If music shows up in your personal life, it will likely show up in your chaplaincy work. When Alvarado meets someone for the first time, she asks if they have a favorite song. She incorporates it into her care for them. If the person eventually dies, she will play their song to herself as a way to honor them. “I believe music is sacramental. It is a tangible reality that points to the intangible. When I play the song, I connect — with the person, and I experience the person’s spirit and gifts, and God’s grace.” It is a final moment of pastoral care to the person.

One patient shared the song “I Can See Clearly.” Alvarado made a slower version of it for that patient and was able to play it when they died. A year later for a staff memorial she played it, and the family thanked her with tears in their eyes, as that had been their beloved’s favorite song. Alvarado felt a transcendent connection. “Music is a form of prayer that serves not just one person — it may be the whole family singing in heaven with me.”

Here are some of the “go-to” songs from the people interviewed for this article when they need a moment of restoration or uplift

Margaret Alokun BCC

[“I’m Acknowledging You” by Dansaki](#)

Margaret Alokun BCC

[“Tobechukwu - He Has Done it For Me” by Nathaniel Bassey feat. Mercy Chinwo Blessed](#)

Erica Cohen Moore

[“On The Turning Away” by Pink Floyd](#)

Paulina Alvarado BCC

[“I Can See Clearly Now the Rain Has Gone” by Johnny Nash](#)

Paulina Alvarado BCC

[Her own version of “I Can See Clearly Now the Rain Has Gone” by Johnny Nash](#)

Louis Canter OEF

[“The Storm is Passing Over” as sung by the Detroit Mass Choir](#)

Louis Canter OEF

[“Requiem Op. 9” by Maurice Durufle](#)

Louis Canter OEF

[“All Creatures of Our God and King”](#)

Anita Houghton

[Tchaikovsky - Violin Concerto in D major, Op 35, performed by Joshua Bell](#)

What’s your favorite? How do you relate to music spiritually or theologically? We’d love to hear from you! Email us at info@NACC.org and share your go-to self-care music.

Pastoral Ministry

A Palette of Care

Chaplains with advanced certification in end-of-life care make all the difference.

By: Richard Hadley BCC

Diane Brunts RN knows the challenges of palliative care. When she retires in January, over a decade of her nursing experience will have been leading palliative and hospice teams. “I’ve seen a lot of amazing things over the years,” she said. “And also plenty of challenges. One of the places I think the healthcare system can improve palliative and hospice care resides in the administrative offices.”

She’s not advocating for more administrators, but instead a paradigm shift to a more robust staffing model with palliative-care-savvy physicians and dedicated chaplains for palliative spiritual care assessments and delivery. “Palliative and hospice care situations are complex,” explained Brunts. “And goals of care have several layers that get complicated by our just being human living with other humans. And then you add in that spiritual piece. I don’t know that administrators fully understand and appreciate the impact chaplains make on families — and especially patients. I think chaplains are underappreciated.”

While palliative care and hospice care are often used interchangeably in conversation, it’s an important distinction that palliative care is focused on relieving physical, emotional, and spiritual suffering stemming from a life-threatening illness or other medical situation. Palliative care can occur at any point in a medical course of treatment, whereas hospice care is specifically focused on improving the end of a person’s life. Hospice care can, and usually does, include palliative care measures.

Papal and procedural direction

To be or not to be — a chaplain with advanced certification in palliative care and hospice — that is the question. If it helps, both the Pope and hospital policy manuals focus on the importance of a well-trained pastoral presence for palliative care patients. Pope Benedict

XVI said palliative care was "... offering the sick the human assistance and spiritual accompaniment they need."

The process section of a Medically Inappropriate Interventions policy inks the page with a long list. Among the many, many dot points, the policy document stipulates that "Spiritual Care services should be offered as appropriate to patients who face decisions about the use of life-prolonging treatments."

The following section is a litany of decisions to be made for how a patient or family envisions their experience. "The process of setting a palliative care plan for patients is often confusing and exhausting for patients, caregivers, and staff," said Brunts. "This is where a well-trained chaplain can provide so much care and support. People are essentially laying out the plan for how they will pass. It's heavy stuff."

Palliative patients are globally underserved

The World Health Organization estimates that 56.8 million people need palliative care each year, but only about 14% receive it. It has been estimated that 67% of hospitals with 50 or more beds have a palliative care program. But this doesn't mean that they are being utilized to full effectiveness or that the programs have full transdisciplinary teams staffing their efforts.

There is no readily available data on how many palliative teams have a dedicated chaplain assigned to them and of those, how many have the benefit of advanced certification. At present, the certifying bodies that provide advanced certification, such as the NACC, are not seeing a significant number of chaplains enrolling or graduating with advanced certification, officially termed Palliative Care and Hospice Advanced Certification (PCHAC) to meet that growing demand.

A rigorous, satisfying journey to advanced certification

The process to achieve PCHAC looks daunting, and aspiring chaplains may rightly wonder if the investment will be worth it. Sedona Montelongo BCC-PCHAC is a palliative care chaplain who did not discern her way into this work. "I was 'volun-told' by my management to take on a palliative care role years ago," she recalled. "But I can't imagine doing anything else now.

"Working as a palliative care chaplain draws on the full range of professional competencies," she added. "So even though the certification process may seem daunting, it is very reflective of the work we do every day. If it's a path that calls to you, I'd definitely recommend connecting with a mentor chaplain who has successfully completed the process."

Montelongo envisions a palliative care paradigm shift from "interdisciplinary" to "transdisciplinary" work environments that matches Brunts' from the clinical perspective. "Palliative care is relationship building," Montelongo said. "When the atmosphere changes so each of the disciplines not only work together but are also learning from one another,

we create an ability to provide team wellness, particularly by being cognizant of religious differences on the clinical team for check-ins and to help guide them in patient care.

“Our pastoral care role can provide a clear and resounding voice. We can get into the room and slow down the train,” she explained. “It is important that, although aggressive treatments may have been recommended, we make sure the patient and family explore and understand the full scope of that recommendation. Part of our mission is to assist patients and family in making an informed decision that aligns the palliative care plan with the patient’s values.”

At the end, the specialty is rewarding

When you consider that pastorally accompanying patients in palliative care invariably ends with that patient passing, you may think it’s a grim job. “I’m not in the dying business,” explained Montelongo. “I’m in the living business. I’m helping people achieve the best quality of life.” That’s the human assistance and spiritual accompaniment Pope Benedict meant. Palliative care chaplains help people answer: What is important to you right now; why is this important to you; and how can we help you get there?

“During COVID in 2020, chaplains were our entire support system,” Brunts recalled. “We worked frequently together — and that hit my heart — the chaplains’ ability to connect with kindness and love, provide spiritual care to patients and staff alike, be present when families couldn’t, and still hold it together for themselves. That amazed me. Palliative care chaplains are just amazing.”

At the end of our conversation, Brunts picked up a picture from her desk. It is a child’s hand-drawn picture of an artist’s palette, colorful with bold, wobbly lines. The handwritten caption reads: “a palette of care.” Her young palliative care patient had misunderstood the phrase palliative care, or maybe he didn’t.

Pastoral Ministry

Serving Those Who Are Serving

Prison chaplains live out Matthew 25 with spiritual care and compassion.

By: Richard Hadley BCC

Not all sickness is physical, and healing the heart can come through finding new family in unexpected places, even behind prison walls. That profound realization changed Deacon Gene Mattler’s life trajectory into ministry. Dn. Mattler is a chaplain at the Eastern Reception, Diagnostic, and Correctional Center in Bonne Terre, Missouri. While his chosen ministry space scares many of the individuals he invites to accompany him to learn more about prison ministry, he is quick to note that the idea of serving patients in traditional healthcare settings frightens him even more.

His journey to chaplaincy began as a last-minute fill-in for a table leader at a three-day Residents Encounter Christ (REC) retreat. On that intimidating first day, he met a 33-year-old man who had been incarcerated for 20 years. And sitting next to this resident was his younger brother, a man he had met for the first time while in prison. The two men were not aware of one another but met when their father, a drug dealer, passed away. Two years later, Dn. Mattler is a prison chaplain visiting his “second family” every Tuesday and two Saturdays each month.

Dn. Mattler knows that concerns around mental health and emotional wellness are impacting residents. “So many are here because of their circumstances,” he explained. “They never had a father figure! They never had a chance for a normal life. I have also heard and seen the effects that addictions have had on some of these guys.”

During his visits to the prison, Dn. Mattler says he can see the residents’ humanity in clear view. “When I am there with these guys, I honestly say to myself, ‘What are they doing in here?’, as they are some of the kindest, holiest guys I know. Even though they have their time to serve, I can see God working in them.”

From prison medical center to the ambo

Dn. Mattler shares the same story with the congregation. His ministry as a deacon prompts him to make an appeal to local parishes, sharing prisoners’ stories and experiences that abound with healing grace, ranging from social bias to familial wounds. It is grace that touches everyone involved — resident and minister alike.

When he speaks to parishioners from the ambo, he doesn’t lose an ounce of passion for his call to prison ministry. His words and his energy remind listeners that Jesus was quite intentional when he blended two works of mercy as if they were one singular act: “I was sick, and you took care of me; I was in prison, and you visited me.” (Matthew 25:36 NRSVCE)

Serving San Quentin

Prison chaplain Reverend George Williams SJ can attest to the spiritual interconnectedness of serving the sick and imprisoned. It has been Fr. Williams’ vocation to serve as pastor and priest to institutional residents for 30 years. A vocational location doesn’t get more aptly named than being the chaplain at the San Quentin Rehabilitation Center in San Francisco. Saint Quentin, after all, is the patron saint of locksmiths and chaplains, and he is particularly venerated as the patron against coughs, reflecting his intercessory role for those suffering from respiratory ailments.

In Fr. Williams’ words, he could spend his entire day attending to the high number of sick individuals in residence. He goes where the sacramental care needs call him, but the volume and acuity of the residents needing the institution’s healthcare services remains significant. Many of the nearly 3,500 residents arrived suffering from the effects of poor access to healthcare.

"It's the hardest thing," he said. "I see these guys have all kinds of medical issues, and many already represent the underserved." Fr. Williams went on to explain that, although the residents are getting access to medical treatment, this isn't all they need for wholeness and healing.

His pastoral spirit shines through as Fr. Williams explained that most of the residents "have experienced trauma, and this trauma creates an acute spiritual and emotional care need."

In his ministry serving the sick in prison, he has witnessed firsthand the impact of the correctional system also delivering mental healthcare for residents. As an advocate for the humane treatment of prisoners, he laments that too few are aware of the crisis of care for those serving the sick in prison.

"Awareness is growing," he noted. "And efforts are being made to shift the primary function from incarceration to rehabilitation. I have seen a greater emphasis is being placed on not only physical health concerns, but also mental and emotional wholeness."

Delivering spiritual care for staff, too

This needful holistic plan of care can suffer if medical personnel disconnect or burn out, generally to protect themselves from mental fatigue. The care connection that is necessary to foster healing can be lost. This exacerbates the conditions on a healthcare system that is already straining.

Fr. Williams is compassionately cautious as he makes an important point, careful not to diminish the long hours and dedicated work medical staff provide there. "But the sheer volume of patients to medical staff does contribute to compassion fatigue, what some might negatively label 'institutional indifference.'"

With greater attention turning toward underserved mental and physical health needs in prisons, an appreciation for holistic health is emerging. Both the Eastern Reception, Diagnostic, and Correctional Center and San Quentin are being transformed from traditional holding facilities into rehabilitation centers. Through these efforts, residents find new family in unexpected places, cultivating ongoing healing for body, mind, and spirit.

The World Day of the Sick underscores the importance of fostering a caring, inclusive environment for those in need, especially incarcerated individuals. A community that cares enough to foster that environment is strong medicine.

As Fr. Williams pondered all of this, he shared a disciple's question and Jesus' response: "And when was it that we saw you sick or in prison and visited you? ...Truly I tell you, just as you did it to one of the least of these who are the members of my family, you did it to me." (Matthew 25:39-40 NRSVCE)

Al servicio de los que sirven

Los capellanes penitenciarios viven el mensaje de Mateo 25 prestando atención espiritual y compasión.

Por Richard Hadley BCC

Traducido por Make Gallitelli

No toda dolencia es física; y la sanación del corazón puede surgir al encontrar una nueva familia en algún lugar inesperado, incluso dentro de una prisión. Esta profunda experiencia cambió el rumbo de la vida del diácono Gene Mattler hacia el ministerio. Actualmente, el diácono Mattler se desempeña como capellán en el Centro de Recepción, Diagnóstico y Correccional del Este en Bonne Terre, Missouri. Aunque el lugar que eligió para ejercer su ministerio intimida a muchas de las personas a las que invita a acompañarle para aprender más sobre el ministerio penitenciario, él no duda en señalar que la idea de atender a pacientes en entornos sanitarios tradicionales le asusta aún más.

Su camino hacia la capellanía comenzó de forma inesperada, cuando fue llamado para reemplazar, a último momento, al coordinador grupal de un retiro de tres días de los Residentes al Encuentro de Cristo (REC, por sus siglas en inglés). Aquel intimidante primer día conoció a un hombre de 33 años que llevaba ya 20 años encarcelado. Junto a él estaba su hermano menor, a quien recién conoció estando en prisión y tras la muerte de su padre, un traficante de drogas. Dos años más tarde, el diácono Mattler asumió el rol de capellán de esa prisión y desde entonces visita a estos dos hombres, su «segunda familia», todos los martes y dos sábados al mes.

El diácono Mattler sabe que las preocupaciones sobre la salud mental y el bienestar emocional están afectando a los internos. «Muchos están aquí por sus circunstancias», explicó. «¡Nunca tuvieron una figura paterna! Nunca tuvieron la oportunidad de llevar una vida normal. También he oído y visto los efectos que las adicciones han tenido en algunos de ellos».

Durante sus visitas a la prisión, el diácono Mattler afirma que puede ver claramente la humanidad de los internos. «Cuando estoy con ellos, sinceramente me pregunto: “¿cómo es posible que estén aquí?”, porque son de los hombres más bondadosos y santos que conozco. A pesar de que aún les queda tiempo por cumplir de su condena, veo cómo Dios está obrando en ellos».

Del centro médico penitenciario al ambón

El diácono Mattler comparte también con la congregación esa misma conmovedora historia. Su ministerio como diácono le impulsa a hacer un llamado a las parroquias locales, invitándoles a conocer las historias y experiencias de los presos, donde abunda la gracia sanadora de Dios; gracia que abarca desde la superación de los prejuicios sociales

que enfrentan los presos, hasta la sanación de heridas emocionales y familiares que han sufrido a lo largo de sus vidas. Es una gracia que alcanza a todos los involucrados, residentes y ministros por igual.

Cuando habla a los feligreses desde el ambón, no pierde ni una pizca de pasión por su llamado al ministerio penitenciario. Sus palabras y su energía recuerdan a los oyentes que Jesús combinó intencionalmente dos obras de misericordia como si fueran un acto singular: «desnudo, y me vistieron; enfermo, y me visitaron, preso, y me vinieron a ver» (Mateo 25, 36).

Al servicio de San Quintín

El capellán de la penitenciaría, el reverendo George Williams SJ, puede dar testimonio de la profunda interconexión espiritual de servir a los enfermos y encarcelados. Durante 30 años, ha sido su vocación la de servir como párroco y sacerdote a los internos en instituciones penitenciarias. Un puesto vocacional no podría estar mejor nombrado que el de capellán en el Centro de Rehabilitación de San Quintín en San Francisco. San Quintín, al fin y al cabo, es el patrón de los cerrajeros y capellanes, y se le venera especialmente como patrón contra la tos, reflejando su rol de intercesor para quienes sufren dolencias respiratorias.

En palabras del padre Williams; él podría pasarse todo el día atendiendo al gran número de internos enfermos del centro. Acude allí donde le llaman las necesidades de atención sacramental, pero el volumen y la gravedad de los internos que requieren los servicios sanitarios de la institución siguen siendo significativos. Muchos de los casi 3.500 internos llegaron a la institución sufriendo ya los efectos de un acceso deficiente de atención sanitaria.

«Es lo más difícil», dice. «Veo que estos hombres enfrentan todo tipo de problemas médicos y muchos ya representan a los desatendidos». El padre Williams continúa explicando que, aunque los residentes están accediendo a tratamiento médico, no es lo único que necesitan para alcanzar la plenitud y la sanación.

Su espíritu pastoral brilla cuando el Padre Williams menciona que la mayoría de los residentes «han experimentado traumas que generan una necesidad urgente de atención espiritual y emocional».

En su ministerio al servicio de los enfermos en prisión, ha sido testigo directo del impacto que el sistema penitenciario tiene en la atención a la salud mental de los internos. Como defensor del trato humano hacia los reclusos, lamenta que muy pocos sean conscientes de la crisis en la atención a quienes sirven a los enfermos en prisión.

«La concienciación es cada vez mayor», señaló. «Y se están haciendo esfuerzos para transformar la función principal del encarcelamiento orientándola hacia la rehabilitación. He visto que se está dando mayor énfasis no sólo a los problemas de salud física, sino también a la integridad mental y emocional».

Ofrecer apoyo espiritual al personal igualmente

Este necesario plan de atención integral puede verse afectado si el personal médico se desconecta de su labor o sufre agotamiento laboral, generalmente como mecanismo de protección frente al desgaste mental. Como resultado, se pierde la conexión asistencial esencial para fomentar la sanación, lo que agrava aún más las condiciones de un sistema sanitario ya de por sí al límite.

El padre Williams se muestra cauteloso pero compasivo al abordar una cuestión importante, procurando no restar importancia a las largas horas de trabajo y la dedicación del personal médico. «Pero el elevado número de pacientes en relación con el personal médico sí contribuye a la fatiga por compasión, lo que algunos podrían calificar negativamente de “indiferencia institucional”».

Con un creciente enfoque en las necesidades de la salud mental y física no cubiertas en las cárceles, está ganando importancia la apreciación por un enfoque integral de la salud. En respuesta a esta necesidad, tanto el Centro de Recepción, Diagnóstico y Correccional del Este como El San Quintín, están siendo transformados de ser centros tradicionales de detención a centros de rehabilitación. A través de estos esfuerzos, los residentes encuentran nuevas familias en lugares inesperados, cultivando un proceso constante de sanación para el cuerpo, la mente y el espíritu.

La Jornada Mundial del Enfermo subraya la importancia de fomentar un entorno solidario e inclusivo para aquellos que más lo necesitan, especialmente las personas privadas de libertad. Una comunidad que se preocupa lo suficiente como para promover ese ambiente, se convierte en una medicina poderosa.

Al reflexionar sobre todo esto, el padre Williams compartió la pregunta de los discípulos y la respuesta de Jesús: ¿Y cuándo te vimos enfermo, o preso, y fuimos a verte?... Les aseguro que cada vez que lo hicieron con el más pequeño de mis hermanos, lo hicieron conmigo» (Mateo 25,39-40).

NACC News

NACC to Certify Chaplains in Spring 2025

Spring is certification season at the NACC! Applicants will be submitting their materials by February 15, 2025, and preparing for certification interviews, which will be held in April and May of 2025. The NACC received a record number of certification applications last fall, and we eagerly wait to welcome the next group of Applicants into the process.

The NACC offers two certification levels: Board Certified Chaplain (BCC) and Certified Associate Chaplain (CAC). BCC is the highest level of certification in chaplaincy and is required for most full-time chaplaincy positions. Board Certified Chaplains are recognized as leaders in the field, demonstrating advanced competence in spiritual care.

CAC is encouraged for those working per diem, part-time, or as on-call healthcare chaplains. It is also encouraged for full-time ministry/chaplaincy in areas such as correction ministry or port ministry. Most ordained permanent deacons meet the educational prerequisites to apply for CAC certification based on their diaconal formation program. The NACC is currently developing a new Associate-level certification for Law Enforcement Chaplains, which should be available in the fall of 2025.

Certification is more than a credential — it's a call to bring hope, compassion, and healing into the lives of those in need. [To learn more about the certification process, visit the NACC website.](#)

Congratulations to the 2024 Award Recipients

The NACC community just announced its annual award recipients. Congratulations to the following awardees!

[Distinguished Service Award: Reverend Richard Bartoszek BCC](#)

[Emergent Leader Award: Mary Tracy BCC](#)

[Outstanding Colleague Award: Archdiocese of Milwaukee](#)

Read more about the awards and the recipients on our website by clicking on their names above.

In Gratitude to 4 Cornerstones Foundation

NACC was blessed with a large gift from the 4 Cornerstones Foundation to produce *Works of Hope*. The private foundation supports select projects and organizations that align with, and advance, its four values: Faith, Family, Education, and Health & Fitness.

Through this gift, we can bring you *Works of Hope*. Our goals for the fledgling magazine are:

Share the work of our partners, who regularly bring chaplaincy and pastoral care ministry to life.

Tell the stories of chaplains and pastoral care ministers who attend to the Corporal and Spiritual Works of Mercy every day.

Provide opportunities for continuing education and formation.

Increase the visibility of chaplaincy and pastoral care ministry, inspiring others to join us in the vineyard.

Promote Missionary Discipleship, which draws us to the margins, elevates human dignity, and provides hope to the hopeless.

NACC Participates at CHRISTUS Health System Event

CHRISTUS Health System held a significant gathering of chaplains, Mission Integration staff, and CPE educators on November 13-14, 2024, in Dallas, Texas, for their first Spiritual Care

Council meeting in nearly five years, following the COVID-19 pandemic. The event was led by NACC Board of Directors member Fr. Lawrence Chellaian BCC, Senior Vice President of Mission Integration for CHRISTUS Health, who facilitated discussions on the system's strategic goals, including how to measure the impact of spiritual care, enhance holistic care partnerships, and expand spiritual care in Latin America, including the development of an e-chaplaincy program.

The gathering offered a valuable opportunity for staff to reconnect, sharing moments of prayer, conversation, food, and formation. Highlights of the meeting included presentations by Pedro Bustos and Alejandra Elizondo, who shared insights from their efforts to grow Latin American Spiritual Care initiatives. Additional speakers included Mary Davis BCC-E (CPE educator), NACC Executive Director Erica Cohen Moore, NACC Board member Antonina M.M. Olszewski MSQ, and CHRISTUS Executive Vice President and Chief Mission Integration Officer Steve Kazanjian, who all contributed to discussions on the evolving role of spiritual care in healthcare settings.

CHRISTUS Health System was founded in 1866 by Claude Marie Dubuis, a French priest who later became a bishop. The system's origins trace back to St. Mary's Infirmary in Galveston, which holds the distinction of being the first Catholic and first private hospital in Texas. Today, CHRISTUS Health has grown to serve over 60 cities, continuing its mission: "Elevating our ministry: Nurturing wholeness in spirit, body, and mind through compassion and innovation." This mission underscores the organization's commitment to providing compassionate, comprehensive care that fosters healing and well-being in every aspect of life.

Bishops Gathered in Baltimore

At the United States Conference of Catholic Bishops' (USCCB) fall gathering in Baltimore, Auxiliary Bishop Jeffrey Haines of Milwaukee, (who also serves as the Episcopal Liaison for the NACC), hosted a meeting with the Episcopal Advisory Council, the NACC Executive Director, the NACC Board Chair, and members from the Secretariat of Laity, Marriage, Family Life, and Youth. The productive meeting addressed NACC initiatives and events while also exploring ways that the NACC community can better support and engage bishops on issues related to chaplaincy and pastoral care.

During the broader bishops' gathering, the voting body approved a proposal to proceed with drafting a document that will guide lay ecclesial ministry. This document will serve as a follow-up to the bishops' 2005 statement, *Co-workers in the Vineyard of the Lord*.

David Lichter CPE Scholarship Fund

NACC established the David Lichter CPE Scholarship Fund in 2022 to support individuals who are actively pursuing certification as a chaplain. The scholarship fund has proudly made many awards to very worthy students. If you would like to see the scholarship program expand to invest in more future chaplains, please show your commitment by

supporting the fund. NACC can accept your [one-time contribution through our website](#), or staff can [set up a continuing monthly or annual contribution via email at info@nacc.org](#).

NACC Regional Recap

North Central Prairie Chaplain Conference

In September, 70 chaplains gathered for the 2024 North Central Prairie Chaplain Conference. This hybrid format conference hosted chaplains in person at the Episcopal House of Prayer in Collegetown, Minnesota, and welcomed many chaplains who attended virtually.

This annual conference, planned and coordinated by a dedicated group of NACC chaplains, offers the opportunity for chaplains to come together for prayer, educational enrichment, and fellowship. Sister Barbara Reid OP shared with participants on the theme, Women of the Gospels: Healed Healers and Midwives of New Life. Participants shared their gratitude for the time spent together in person and also the ability to attend the conference in a virtual format.

Wisconsin & Illinois Regional Retreat

Chaplains from Wisconsin and Illinois gathered in September at the Redemptorist Retreat Center in Oconomowoc, Wisconsin, for prayer, formation, and fellowship. The theme was Coming Together, Celebrating Holy Moments.

Members of the retreat discerned and shared their call to chaplaincy, their role in community, and fostering self-care. Antonina M.M. Olszewski MSQ, Vice President of Spiritual Care and Mission Integration at Ascension Wisconsin, led a session on Chaplaincy and the Future of Healthcare.

New Jersey Member Gathering

The New Jersey chapter of NACC met in October at Saint James Church in Red Bank. The meeting, organized by Deacon Mark Degenhart, enjoyed about a dozen of the state's 40 members attending, with a few through the Zoom option. The agenda included, Mass; a national NACC update from Caterina Mako ThM, DMin, BCC, NACC Board of Directors; a discussion on the NJ MAID (Medical Aid in Dying) Annual Report 2022; and related Catholic documents and videos. The get-together ended with Betty Warner BCC leading a discussion about Share a Prayer, sharing best practices for prayers, books, ideas, and materials.

Future plans for NJ NACC member gatherings are for three Zooms and one in-person meeting per year.

Michigan & Ohio Regional Gathering

In November, Catholic chaplains from across Michigan and Ohio gathered at Saint Hugo Church in Bloomfield Hills, Michigan, for a spiritually enriching event titled “Music for the Soul.”

This daylong event, hosted by the NACC and sponsored by Catholic Funeral and Cemetery Services, featured keynote talks from Kirsten Kyle BCC, a palliative care chaplain and certified music therapist, and Bishop John Quinn. Chaplains gained a deeper understanding of the healing power of music, how to use music in chaplaincy settings, and how to draw on the healing power of music for their own self-care. The day concluded with a Mass and blessing of chaplains with the bishop.

Calendar of Events

February

8–9 Jubilee of Armed Forces, Police and Security Personnel

11 World Day of the Sick – Our Lady of Lourdes

15 [World Day of the Sick Gathering](#) in St. Louis, Missouri (CHA/NACC) Free to attend!

20 [NACC Webinar](#) – Soul Injury (OpusPeace – Angie Snyder)

21–23 Jubilee of Deacons

March

5 Ash Wednesday

8–9 Jubilee of the World of Volunteering

20 [NACC Webinar](#) – Spiritual Pains: Current Research & Assessment Models (Caterina Mako)

April

5–6 Jubilee of the Sick and Health Care Workers

5 Jubilee of the Sick and Health Care Workers Retreat with Most Reverend Frank Schuster

5 Jubilee of the Sick and Health Care Workers Virtual Mass

10 [NACC Webinar](#) – The Way of the Cross for People Living with Chronic Pain and Caregivers (Maureen Pratt)

17 Holy Thursday – Blessed Triduum

20 Easter Sunday

22 Earth Day

27 Divine Mercy Sunday

28–30 Jubilee of People with Disabilities

May

1–31 Month of Mary

1 Feast Day of St. Joseph the Worker

1–4 Jubilee of Workers

11 Mother’s Day

15 Feast of St. Dymphna

16–19 [NACC Annual Conference](#) in Buffalo, New York

29 Ascension

NACC History

Living la Vida Local

A look at how the NACC got back to its personal relationship roots using technology.

By: Wade West

When previous Executive Director David Lichter joined the NACC in 2007, his predecessor Reverend Joe Driscoll and the Board of Directors had just adopted a fresh 5-year plan. “I really felt that it was an opportunity to become involved with the implementation of the plan, and learn how to engage staff, the board, and members in the plan,” recalled Lichter. His first step: reengaging members.

Reinvigorating the regions

Up until around 2001 and into 2002, Lichter explained, the NACC was a very regionally structured entity. “They all had their own education and certification programs. And because of that, they enjoyed tremendous local leadership and a tremendous ability to gather and to find an identity as regions, and to support those within the region itself.”

When the NACC shifted to a more centralized, national focus with an annual national conference as its primary get-together, the regional gatherings and educational events faded away. “Only the Minnesota and Dakotas region really found a way to keep meeting every year without the help from central, if you will,” he recalled. “So it was a grace for me to be able to go to their event up at the Mayo Clinic when I came on in 2007 and gather with 40 or 50 members and witness the passion and joy that was part of that entity, to understand both their challenges and the inspiration they are and were for each other.”

After that event, Lichter recognized that members needed to have both the national structure and a sense of local community. “Early on, we took it to the streets, so to speak,” he reflected. “We set up local gatherings throughout the country, and those first three or four years, we had a chance to meet with chaplains throughout the regions. It had been several years since that had occurred, so the enthusiasm, the passion, and the desire to meet was very high. As we began to build local groups, we tried to make sure they would continue.”

Emerging technology shrinks the map

“Some of the local groups were really good at self-sustaining after a year, and for some, it was tougher. We wanted to continue to find ways to have them meet.”

One solution to do that was by using the technology available at the time. “Of course, in 2007 it was really just emails and phone calls,” he said. “We had email addresses for all of our members, so we’d use that to send information about an event coming up in their area.

“As we began to have local events again, Cindy Bridges in our office was really the support person. She was great at helping us with the logistical work.”

With local events picking up and serving the need for in-person community, Lichter and the leadership team began looking at how to serve members’ continuing educational needs.

“About a year and a half into the plan,” he explained, “we began to do conference calls for educational purposes. Those were the predecessors of our webinars now.

“We would have presenters come onto the speakerphone, and we’d have 80 or 90 people on their phones and listening in. Our presentations would be done in that process. We set up six or eight a year to begin to provide education for members.”

Coping with COVID as a community

“One of the most indelible memories of the NACC for me was the time from March 2020 to the time I left at the end of 2021, and you know what that time was. It was the beginning of COVID.”

“We were just getting up to be able to work virtually or remotely as staff in the months prior to that,” Lichter explained. “So, we were fortunate to be able to work remotely and be on team calls regularly and catching up. But, as good as that was for our office staff, it created the listening opportunities for our members to hold each other up, to learn from each other, to care for each other. That was the real gift.

“Those Zoom calls left an indelible mark on me. Just seeing the reporting, watching tears flow — just the care for each other. That was critical, really. Because, again, already being an isolating ministry, this was even more isolating.

“It was humbling to hear about all the risks that our members took to go into settings to provide spiritual care. All the creativity our members came up with to be able to do pastoral care virtually. And hearing those stories among our members, one to another, and

having those three or four times a week initially, just to make sure we do it in the evenings, do it in the mornings, do it in the afternoons, just to be able to have members to come in when they needed each other. Ours is such a powerful community of care for one another that was exhibited.”

A legacy of living the community of chaplains

Lichter guided the NACC through a major transition in his 14 years at the helm, reconnecting chaplains locally and nationally by using the best technology available at the time.

“Those first four or five years of being with members in their local gatherings was so important,” he said. “Starting the educational offerings through the initial conference calls and growing to the webinars that we had — the engagement with each other and the education and support of one another, to me that was the greatest of satisfactions in my efforts for the NACC.”

That legacy continues through the interpersonal connections forged among members at state and regional events as well as the many online networking and operational video calls. It’s the life and energy of the NACC.

The Bishop’s Column

Go Forth

Chaplains live out Pope Saint John Paul II’s vision.

Tuesday the 11th of February 2025 marks the celebration of XXXIII World Day of the Sick. This world day of prayer was instituted by Pope Saint John Paul II as an annual commemoration of Our Lady of Lourdes to serve as “a special time of prayer and sharing, of offering one’s suffering for the good of the Church and of reminding everyone to see in our sick brother or sister the face of Christ” (*Letter Instituting the World Day of the Sick, 13 May 1992*).

When I was a parish priest, the observation of the World Day of the Sick always included an invitation to the frail and infirm members of the congregation to receive the healing balm of the Sacrament of the Anointing of the Sick followed by a reception and a meal. This not only provided an opportunity for the parish to extend care and concern but also for our beloved ailing to generously offer to the community their holy witness of courage, faith, trust, and perseverance.

When I was called from the parish to serve as a bishop, I lamented what I thought would be the loss of the powerful inspiration of the grace of the annual celebration of the World Day of the Sick. However, the magnanimity of God has surprising ways to manifest itself, and my appointment as the Episcopal Liaison of the United States Conference of Catholic

Bishops provided me with new ways to experience the beneficence of this sacred commemoration.

As I now enter my third year as the Episcopal Liaison, I have been blessed with the privilege of encountering so many of the members of the National Association of Catholic Chaplains who live the spirit of the World Day of the Sick each and every day of the year in their pastoral care.

As I come to know these dedicated ministers of the Church more and more, my heart is moved with admiration and even awe at their ability to fulfill so many of the hopes that Pope Saint John Paul II expressed when he envisioned the purpose of this day. It was his dream that the World Day of the Sick would inspire the Church to engage in the work of illuminating hope in the midst of pain and suffering, humanizing healthcare, embracing the marginalized in compassionate solidarity, prophetically advocating for more expansive medical care for the poor, and proclaiming boldly the Gospel of Life in the midst of a culture of death.

What a gift it is for me to be among so many Catholic chaplains who celebrate the World Day of the Sick not just by observance but by the renewal of their ministerial commitment!

Most Reverend Jeffrey R. Haines

Auxiliary Bishop, Archdiocese of Milwaukee

Episcopal Liaison of the United States Conference of Catholic Bishops

Columna del obispo

Avanza

Capellanes viven la visión del Papa San Juan Pablo II.

El martes 11 de febrero de 2025 es la fecha establecida para la conmemoración de la XXXIII Jornada Mundial del Enfermo. Esta jornada mundial de oración fue instituida por el Papa San Juan Pablo II como una conmemoración anual de Nuestra Señora de Lourdes, con el propósito de servir como «un tiempo especial de oración, de compartir y de ofrecer el propio sufrimiento por el bien de la Iglesia; y de recordar a todos a reconocer, en nuestros hermanos y hermanas enfermos, el santo rostro de Cristo» (*Carta por la que se instituye la Jornada mundial del enfermo, 13 de mayo de 1992*).

Durante mi servicio como párroco, la observancia de la Jornada Mundial del Enfermo incluía siempre una invitación, a los miembros enfermos y debilitados de la congregación, para recibir el bálsamo sanador del Sacramento de la Unción de los Enfermos. Este acto era seguido de una recepción y una comida, lo cual no solo brindaba a la parroquia la oportunidad de extender su cuidado y demostrar su preocupación, sino que también

permitía a nuestros amados hermanos enfermos compartir generosamente con la comunidad su santo testimonio de fe, confianza, valentía, y perseverancia.

Cuando recibí la llamada de la parroquia para servir como obispo, lamenté — lo que pensé sería — la pérdida de la poderosa inspiración que brinda la gracia de la celebración anual de la Jornada Mundial del Enfermo. Sin embargo, la magnanimidad de Dios tiene formas sorprendentes de manifestarse, y mi nombramiento como Enlace Episcopal de la Conferencia Episcopal de los Estados Unidos me proporcionaría nuevas formas de experimentar la beneficencia de esta conmemoración sagrada.

Ahora, al iniciar mi tercer año como Enlace Episcopal, me siento bendecido por el privilegio de haber conocido a tantos miembros de la Asociación Nacional de Capellanes Católicos, quienes viven el espíritu de la Jornada Mundial del Enfermo en su cuidado pastoral todos y cada uno de los días del año.

A medida que conozco más a estos dedicados ministros de la Iglesia, mi corazón se conmueve de admiración e incluso de asombro por su capacidad de cumplir tantas de las esperanzas que el Papa San Juan Pablo II expresó cuando visionó el propósito de este Día. Su sueño era que la Jornada Mundial del Enfermo inspirara a la Iglesia a implicarse en la obra de irradiar la esperanza en medio del dolor y el sufrimiento: humanizando la atención médica; abrazando a los marginados en solidaridad compasiva; abogando proféticamente por una atención médica más amplia para los pobres y proclamando con valentía el Evangelio de Vida en medio de una cultura de muerte.

¡Que regalo es para mí estar entre tantos capellanes católicos que celebran la Jornada Mundial del Enfermo no sólo como el cumplimiento de una conmemoración, sino con la renovación de su compromiso ministerial!

Reverendísimo Jeffrey R. Haines

Obispo Auxiliar, Arquidiócesis de Milwaukee

Enlace Episcopal de la Conferencia Episcopal de los Estados Unidos

Traducido por Make Gallitelli