Works of Hope

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Works of Hope

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The Director's Column

Cabrini Corner

As we approach the holy season of Lent, I find myself reflecting deeply on life, death, and resurrection, and what these sacred movements mean not only for us personally, but also for our organizations and ministries more broadly.

For many years, I had the privilege of walking with parish communities, staff, councils, and parishioners as they discerned how to move through seasons of life, death, and resurrection. These are not abstract theological ideas; they are lived realities. Lent invites us to pause and ask honest questions: What is being brought to life? What may need to die? And where is God calling forth resurrection?

Ministry itself is an act of life. It is creative, generative, and responsive. We bring life into the world when we imagine new programs, ways of serving, and ways of being present to God's people. What does not yet exist in the Church's pastoral landscape? Where are the unmet needs, and how are we being invited to respond with courage and imagination?

This magazine itself is one expression of new life — a renewed voice and tangible sign of growth. The creation of the NACC Ministry Institute and the Pastoral Care Foundations Course is another. These initiatives emerged from careful listening to chaplains in the field, bishops, organization leaders, and communities seeking formation in pastoral care, where resources are limited. We asked chaplains and pastoral care ministers how they can

continue to serve more faithfully, more skillfully, and more compassionately. In response, something new was brought to life.

Yet Lent also calls us to confront the reality of death — not as failure, but as transformation. There may be programs or processes we love deeply that may have served powerfully at another time, but may no longer meet the needs of the communities we serve today. Some may require reimagining rather than release. Resurrection does not always mean returning to what was; it often means allowing something to be reshaped into what the Holy Spirit wants it to become.

This Lent season, I invite each of us to enter prayerfully into this cycle of life, death, and resurrection. May we ask where God is inviting new life, what may need to be released, and how we are being called forward.

May God bless you and your ministry with hope, courage, and renewed life during this sacred season of Lent and Easter.

Erica Cohen Moore

Executive Director

Columna de la directora

Rincón Cabrini

Al acercarnos a la temporada sagrada de la Cuaresma, me encuentro reflexionando profundamente sobre la vida, la muerte, y la resurrección, y sobre lo que estos aspectos sagrados significan no solo para cada uno de nosotros en lo personal, sino también para nuestras organizaciones y ministerios en un sentido más amplio.

Durante muchos años, tuve el privilegio de acompañar a comunidades parroquiales, al personal, consejos, y feligreses mientras discernían cómo avanzar en las distintas etapas de la vida, la muerte, y la resurrección. Estas no son ideas teológicas abstractas; sino realidades vividas. En este contexto, la Cuaresma nos invita a hacer una pausa y plantearnos preguntas sinceras: ¿Qué está cobrando vida? ¿Qué es necesario que muera? ¿Y dónde llama Dios a la resurrección?

El ministerio en sí mismo es un acto de vida: es creativo, generativo, y receptivo. Traemos vida al mundo cuando creamos nuevos programas, formas de servir, y formas de estar presentes ante el pueblo de Dios. ¿Qué sigue faltando en el panorama pastoral de la Iglesia? ¿Dónde hay necesidades aun no satisfechas? ¿Y de qué manera se nos invita a responder con valentía y creatividad?

Esta revista es, en sí misma, una expresión de vida nueva — una voz renovada y un signo concreto de crecimiento. La creación del Instituto Ministerial de la NACC y el nuevo Curso de Fundamentos de la Atención Pastoral es también otra. Estas iniciativas surgieron tras escuchar atentamente a capellanes que sirven directamente en terreno, obispos, líderes de organizaciones, y comunidades que requieren formación en atención pastoral en contextos de recursos limitados. Preguntamos a capellanes y ministros de cuidado pastoral cómo podrían seguir sirviendo más fielmente, más hábilmente, y más compasivamente. Como respuesta, algo nuevo cobró vida.

Sin embargo, la Cuaresma también nos llama a afrontar la realidad de la muerte, no como fracaso, sino como transformación. Puede haber programas o procesos que amamos profundamente, y aunque fueron muy útiles en su momento, ya no responden a las necesidades actuales de las comunidades a las que servimos. Algunos, en vez de ser abandonados, pueden requerir una reinvención creativa. La resurrección no siempre significa volver a lo que era, sino permitir que algo sea transformado por el Espíritu Santo en lo que está llamado a ser.

En esta Cuaresma, invito a cada uno de nosotros a adentrarnos en oración en este ciclo de vida, muerte, y resurrección. Que podamos preguntarnos: ¿Dónde está Dios invitando a una nueva vida? ¿A qué estamos llamados a renunciar? ¿Y cómo nos llama Dios a avanzar?

Que Dios lo bendiga a usted y a su ministerio con esperanza, valor, y vida renovada en esta sagrada temporada de Cuaresma y Pascua.

Erica Cohen Moore

Directora Ejecutiva

Traducido por Make Gallitelli

Best Practices

Bring Peace and Mindfulness

Best practices for Buddhist care recipients.

By: Richard Hadley BCC

When someone enters a hospital, hospice, or long-term-care setting, their spiritual needs often become as pressing as their physical ones. For Buddhist patients, these needs can be deeply rooted in centuries-old traditions emphasizing mindfulness, compassion, and the impermanence of life. Spiritual care providers — especially chaplains — play a vital role in honoring these beliefs while offering comfort and support.

Best practice when caring for Buddhist care recipients draws first from the core principles of spiritual care: it starts with listening, respect, and a willingness to learn. “The most important thing across all traditions of Buddhism,” according to Buddhist Chaplain and CPE Educator Dr. Elaine Yuen, “is simply to wish for the well-being of that person.”

Understanding the heart of Buddhist spirituality

Buddhism isn’t monolithic. It spans diverse traditions — *Theravāda, Mahāyāna, Vajrayāna* — each with unique rituals and teachings. Yet, common threads run through them: the Four Noble Truths, the Noble Eightfold Path, and the concept of impermanence. “Most Buddhists believe in reincarnation,” said Dr. Yuen, “so it’s important to have a peaceful group.” She noted that it does happen near the time of a patient’s passing that a family member may be prone to cry, and this is detrimental to the peaceful environment that is desirable at the time of passing. She also explained that various traditions will approach death differently. Some will want incense and others silence; some will chant, and others meditate on the image of the Buddha.

For chaplains, this means that while there are common principles, it is best to avoid assumptions. Not every Buddhist meditates daily or chants mantras. Dr. Yuen noted that Asian Buddhists practice differently than Western-trained Buddhists. And throughout all the traditions, some may be deeply devout; others identify culturally but not religiously. Asking open-ended questions like “What brings you peace?” or “Are there practices you’d like to continue here?” can open doors to meaningful care.

“Buddhism is based on the principle that all of life has some aspect of suffering in it,” Dr. Yuen continued. “This was the first thing the Buddha taught: the analogy being of a wheel not properly in the axle.” The wheel is not broken, but it is out of alignment and creates a bumpy and unsatisfactory ride.

Best practice #1: Active listening

The first rule is to simply be present. “Silence is a major component for Buddhists,” said Dr. Dre Concepcion, a Buddhist hospital chaplain. “To support a Buddhist patient compassionately would be to incorporate mindful silence at the bedside. Silence can bring presence.”

Avoid rushing into prayer or ritual unless invited. Instead, create space for the patient to share their story. This approach aligns with the Buddhist emphasis on mindfulness — being fully present in the moment without judgment.

Best practice #2: Respecting rituals and symbols

For many Buddhists, rituals provide comfort during illness or at life’s end. These may include:

Chanting or reciting *sutras* (sacred texts).

“A declining Buddhist patient may ask for last rites, which would be performed by a priest or monk,” said Dr. Concepcion. “This can be done at the bedside. This can serve as part of a pre-death service known as a “pillow sutra” (in Japanese Buddhism). It includes recitation, chanting, meditation, offerings, bathing, and dressing the deceased. It requires a calm atmosphere for the patient to transition. But there are many variations — this is just one example.”

Placing images of the Buddha nearby or even on the body of the patient.

Dr. Yuen described how she would place picture cards of the Pure Land Buddha much like Catholics might place a prayer card of the Virgin Mary or a Saint. The Pure Land Buddha is the most universally recognized and prayed-to Buddha among the traditions.

Maintaining a calm environment for meditation.

Small gestures — such as ensuring a Buddha statue faces the patient — can make a big difference.

Offering incense, candles, or flowers.

If hospital policy restricts incense or candles, suggest alternatives like electric candles or digital chanting apps.

Best practice #3: Support meditation and mindfulness

Meditation is central to many Buddhist practices. Patients may want time for silent reflection or guided breathing exercises. Chaplains can facilitate this by:

- Providing a quiet space
- Offering mindfulness scripts (if requested)
- Coordinating with staff to minimize interruptions

Research shows mindfulness can reduce anxiety and improve pain management — benefits that resonate in healthcare settings.

Best practice #4: Navigate end-of-life care with sensitivity

Death holds profound spiritual significance in Buddhism. Many traditions emphasize maintaining a peaceful mind at the moment of death, believing it influences rebirth.

Dr. Concepcion offered the following tips:

- Avoid unnecessary disturbance during the dying process.
- Honor requests for chanting or prayer — sometimes for hours after death.
- Be mindful of body handling. Some Buddhists prefer the body remain untouched for a period after death to allow the spirit to depart peacefully.
- Collaborate with nursing staff to accommodate these needs whenever possible. If limitations exist, explain them gently and seek creative solutions.

Best practice #5: Language matters

Words carry weight. Phrases like “I’m sorry for your loss” may not resonate with Buddhist beliefs. Instead, focus on themes of peace, compassion, and presence.

Dr. Concepcion suggested the following alternative phrases:

- “May he/she travel well to the next life.”
- “May he/she find a fortunate rebirth.”
- “May the merit of his/her life benefit all living things.”

Chaplains present themselves as compassionate companions, and this is one context where that holds tremendous significance for the care recipient.

Best practice #6: Educate yourself and your team

Cultural humility is key. Chaplains should seek ongoing training in Buddhist traditions and collaborate with local temples or *sanghas* (communities). Invite Buddhist clergy for consultations when appropriate.

“My own quick tip for chaplains,” said Dr. Concepcion, “is a simple three-part assessment tool called the Triple Gem.”

1. Buddha: What School/Sect do you belong to? What tradition?
2. Sutra: What are your favorite *dharma* teachings of the Buddha? What do these mean to you?
3. Sangha: What community do you belong to? What activities do you perform together? How do these support you?

Challenges and opportunities

Serving Buddhist patients isn’t without challenges. Language barriers, diverse traditions, and institutional policies can complicate care. Yet, these challenges offer opportunities for growth.

“There is only 3 to 6 percent of the population of the US who are Buddhist,” said Dr. Yuen. “But there are many more people who study mindfulness, and this muddies the water a bit. They may not be Buddhist, but they have a meditation tradition or practice. They may not have all the Buddhist values, but they practice the mindfulness and the silence as their coping mechanism.”

What your Buddhist patient wishes you knew

“Many of the Buddhist patients I’m familiar with are not English-speaking,” explained Dr. Yuen. “In order to navigate this, the care team may try to use the translation phone, but for Chinese particularly, there are simply too many dialects.

“However,” she continued, “there is only one dialect of smiles. Showing the most human contact — that is what they want you to know they need. Practice giving smiles. Care for them as human beings. Kindness is universal.”

Faith in Action

Living out *Dilexi te*

Pope Leo XIV's first apostolic exhortation on love for the poor.

By: Erin Tribble BCC

On October 4, 2025, Pope Leo XIV issued his first apostolic exhortation, *Dilexi te*. "Dilexi te" is Latin for "I have loved you" (Rev 3:8-9) and forms the opening sentence of the document. In releasing it on the Feast of St. Francis of Assisi, Leo nods not only to this great saint of the poor, but also to Pope Francis, who was preparing *Dilexi te* at the time of his death. In the document's opening paragraphs, Pope Leo declares: "I am happy to make this document my own — adding some reflections — and to issue it at the beginning of my pontificate, as I share the desire of my beloved predecessor that all Christians come to appreciate Christ's love and his summons to care for the poor."

Dilexi te is a moving, inspiring, and challenging meditation on what this summons demands of those who desire to follow and imitate Jesus. Using numerous examples from Scripture, the early Church, religious communities, saints, and Catholic Social Teaching, Leo makes it clear that the love we are called to share is not mere kindness, occasional philanthropic endeavors, or even social work, but a commitment to encounter and accompany others in their weakness, infirmity, and lack. Such poverty takes many forms: material, social, moral, spiritual, and cultural. As chaplains who work in various settings and who encounter many faces of poverty, what wisdom can we draw from this exhortation, and what unique role do we play in loving the poor?

It begins with the heart

When we think about caring for the poor, we may think primarily of actions and works of mercy. *Dilexi te* makes clear that concrete actions that help others are signs of authentic faith and worship and that their absence points to a dead faith (James 2:14-17) and a lack of true love for God (1 John 3:17). Love is the root of faith and everything that flows from it, and this love begins in the heart.

Dilexi te is a companion to Pope Francis' fourth and final encyclical, *Dilexit nos* ("He loved us"), in which he explores the human and divine love of the heart of Christ. Here Francis invites us to contemplate Christ's self-giving love, his identification with "the lowest ranks of society," and his affirmation of the inherent dignity of each person, especially those who have no value in the eyes of the dominant culture. For Francis, contemplating Christ's heart heightens our awareness of others' suffering, impels us to be attentive to their needs, and directs our efforts to "share his work of liberation."

As pastoral care ministers, our care for the poor takes place primarily in this "heart space," drawing on our own relationship with God to be truly present with others. We are privileged to have a role that calls us to be, more than do. Throughout *Dilexi te*, Leo emphasizes how essential this attitude of attentiveness is to effectively seeking the other's good. "Loving attentiveness … entails appreciating the poor in their goodness, in their experience of life, in their culture, in their way of living the faith. True love is always contemplative and permits us to serve the other … because he or she is beautiful above and beyond mere appearance."

As chaplains and pastoral care ministers, such loving attentiveness is our special gift and counters what Pope Leo — quoting Francis's *Evangelii Gaudium* — calls "the worst discrimination which the poor suffer: the lack of spiritual care." This quote goes on to say, "Our preferential option for the poor must mainly translate into a privileged and preferential religious care."

To love the poor is to be evangelized by them

In our encounters with those who struggle with some form of poverty — whether of illness, lack of material resources, or some kind of frailty or social marginalization — how often do we walk away feeling we have received so much more than we gave? How often are we humbled by their depth of faith and hope in the face of adversity? How often do such encounters expose our own poverty of spirit and fear of "the precariousness of our own existence"?

In *Dilexi te*, Leo reminds us that "the poorest are not objects of our compassion, but teachers of the Gospel." Their often-silent witness to the reality of our human fragility ideally awakens within us "a rightful spirit of humility" that disposes us to learn from them and to encounter the Lord in them. Lest we be tempted, as helping professionals, to offer "gestures from above," Leo clarifies that our role is "not 'bringing' God to [the poor], but of encountering him among them" as equals.

How do we bring this humility, mutuality, and vulnerability into our ministry as chaplains? We must, in our own way, discover how we can live in what Leo calls "evangelical fraternity" with the poor. For many saints, such as Saint Francis and Saint Clare of Assisi, Saint Dominic de Guzman, Saint Frances Xavier Cabrini, and Saint Teresa of Calcutta, this deep solidarity entailed a radical choice to become and live among the poor, seeing in them "living images of the Lord" and discovering that "they do not need our pity and sympathy" but our understanding, love, and respect. While such radical renunciation may not be our particular path to loving the poor, we are called to regard them as "family," as "one of us." In our role as pastoral care givers and chaplains, we are not simply engaging in "another ecclesial activity," but devoting time, attention, genuine interest, and solidarity in times of difficulty. We are brothers and sisters.

Social sin: Challenging unjust structures

So much of what we do as chaplains is unseen. Many of our encounters take place one-to-one in private spaces. The inner being is our domain. And yet, there is a social aspect of poverty we are called to address as members of Christ's body. In the fourth chapter of *Dilexi te*, Leo presents examples of the Church's social doctrine and conferences of the Latin American bishops to talk about the economic and social structures of injustice that create poverty and inequality, a state of social sin to which we must all commit to resolve.

As pastoral ministers, how do we engage these broader, structural factors? Each of us has — or can find — our own way to address and advocate for the needs of our brothers and sisters in our ministerial settings and communities. For example, we may feel drawn to partner with popular movements that, in various ways, confront lack of work, land, housing, human rights, and environmental conservation.

Nevertheless, the greatest challenge and opportunity for us is an evangelical one, which is to say, we must strive to transform a culture that equates happiness with a comfortable life and favors the strong at the expense of the weak. As chaplains, may we never underestimate the prophetic witness of our love for the poor among us.

Chaplain Profile

Called From Sales to Souls

Deacon Dan Waters answered a dual call to ministry.

By: Jean Parietti

After shadowing chaplains at an Ohio hospital as part of his deacon formation program, Deacon Dan Waters BCC was sent out solo to meet with patients.

He felt confident. He had learned from the team the importance of listening in a nonjudgmental way, "creating a sacred space for a while, giving another person space to tell their story, what's on their mind and their heart," Dn. Dan said recently.

Besides, during more than two decades working in food industry sales, he met new people every day and honed the listening skills needed to serve his clients well.

But serving people going through health challenges was a life-changing experience.

"I was amazed at the deeply personal things that people would share with me," Dn. Dan said. "They were trusting me with a very sacred part of their life … just because I went in and said, 'I'm a chaplain; tell me about your day and tell me about how things are going now.' They would be holding back tears, weeping sometimes."

"I realize now at a deeper level, how sacred that was," Dn. Dan added.

And the ministry connected tangibly with his faith.

“To visit the sick and the homebound is straight out of Matthew’s Gospel,” he said.

The winding road of faith

A lifelong Catholic, Dn. Dan grew up attending Our Lady of Perpetual Help Parish in Toledo, Ohio. He went to a Jesuit high school and considered a vocation to the priesthood. After deciding that wasn’t his calling, he stopped attending Mass.

“I never actually left the Catholic Church,” he said, but he “wandered around,” trying an Assembly of God church, a Baptist church, and not going to church at all. “There was probably a year I didn’t go to church,” he said. “That didn’t work for me.”

It was the late 1970s when he returned to Mass on Palm Sunday and realized the Catholic Church was his home. “This is where I’m being called,” he said.

He began living his faith in earnest. He joined Our Lady of Perpetual Help’s liturgy committee and served as a lector and extraordinary minister of holy Communion. He got married; 10 months later, he and his wife Brenda welcomed their first child. After the arrival of twins and two more babies, the couple had five children under the age of five. (They now have five grandchildren.)

He worked as a food services sales manager, later joining another company as a territory sales manager. He was offered promotions and moves but thought they weren’t in the best interest of his marriage and family. He decided to stay in Toledo “and things started moving forward.”

He entered the Diocese of Toledo’s permanent diaconate program in the fall of 1996, encouraged by conversations with his pastor and two of the parish’s deacons, as well as a Jesuit teacher from his high school days. Changes in the program meant some delays; he was ordained a deacon in spring 2006.

Answering the call to chaplaincy

Practical ministry experiences are part of deacon formation, and for Dn. Dan they included the several months he spent with the chaplaincy program at St. Charles Hospital in Oregon, Ohio, part of the Mercy Health system.

Besides visiting patients, there was time afterward to talk with the chaplaincy staff about the experiences and “what you might have done better,” Dn. Dan said. There also was some theological reflection, contemplating questions such as, “Where’s God in all this, within me, within them,” he explained.

At the conclusion of his field experience, the director told him to hang onto his facility key and ID badge. “We’ll pay you if you keep coming back. We need help,” Dn. Dan was told. So he continued chaplaincy work as a contractor.

After ordination, Dn. Dan was asked to serve on his diocese's RCIA committee. Although he stepped away from chaplaincy work then, he realized he was being called to that ministry. He began pursuing professional chaplaincy, completing Clinical Pastoral Education while still working his sales job, and earning a master's degree in theology.

He thought he might focus on chaplaincy after retiring from his business career. "Instead, the call was that I actually left that career, took a pay cut, and became a full-time chaplain" in 2011, he said.

His first full-time job at Mercy Health was Spiritual Care coordinator/certified staff chaplain. (He became a Board Certified Chaplain in 2013.) From 2018-2024, he served in various positions with the hospital system: Mission and Spiritual Care manager, Spiritual Care director, and Mission director for St. Charles Hospital.

Although these management roles took him away from the daily hands-on work as a chaplain, he used those skills in other ways. He helped support 800 hospital staffers, particularly when tragedy struck. For instance, after an emergency room nurse took his own life, Dn. Dan led a service at the hospital for the staff.

"Even as an administrator, I found I could be chaplain to my colleagues; I could be a chaplain to the director of the hospital," he said.

He also volunteered on the NACC Editorial Advisory Panel and served as an NACC State Liaison for Ohio. "I found that very rewarding," Dn. Dan said.

Relying on prayer; recharging with nature, music

Although he retired from Mercy Health in 2024, Dn. Dan continues using his chaplain skills.

Recently assigned as the deacon for a pair of parishes in Toledo, he is leading a grief support group for parishioners. He chairs the advisory board for Helping Hands of St. Louis, a Catholic Charities program that includes a soup kitchen and food bank.

And he assists his diocese with deacon formation and continuing education, speaking about pastoral care, visiting people in healthcare settings, and sharing his experiences.

"I've met people on their worst day. It's hard work," he said.

Before meeting someone in need, Dn. Dan always turns to prayer.

"Absolutely. Even just to take a few minutes to kind of quiet my heart, take a deep breath, ask for God's presence, and trust in that," he said.

He prays the Church's morning and evening prayers, which he calls "daily lifeblood stuff."

Dn. Dan recharges by being in nature, where he feels close to God. He also turns to music. "I'm kind of a jazz nut," he said. "That's what kind of lifts up my soul."

As a deacon, he pronounces the dismissal at Mass, calling Catholics to live the Gospel in the world.

It's also a call for him to go forth to serve others, Dn. Dan said.

"If I can make a small difference in one person's life," he said, "I think that's where I'm being called in my Catholic faith."

Best Practices

Restoring Women to Dignity

Living, working, learning, and healing.

By: Maryann P. Hobbie BCC

Sexual exploitation is not new. Throughout time, women's physical safety has been violated, their reputations sullied, and their dignity defiled and erased. Some, like St. Mary Magdalene, were once erroneously labeled prostitutes. In centuries past, orders of religious sisters have devoted their ministries to accompanying women as they reclaim their dignity and as they develop new skills to support themselves and their families. This tradition continues today. As we look at works of hope in action, the St. Bakhita Catholic Worker House in Milwaukee and The Well in Baltimore represent two powerful and effective pastoral ministry programs at their finest.

In response to community needs

Since her early 20s, Anne Haines has been enthralled by the Catholic Worker movement and its co-founder, Dorothy Day. While raising six children as a single mom, she taught high school theology and earned a master's degree in religious studies. Not surprisingly, her thesis was titled, "The Prophetic Voice of Dorothy Day in Contemporary Catholic Social Justice Teaching."

Following her education, Haines took on the role of Executive Director/Episcopal Representative for the Archdiocese's Urban Initiative Milwaukee. Her work exposed her to the community's social needs and resources and ultimately inspired her to found the St. Bakhita Catholic Worker House.

"Our primary call is hospitality for women survivors of sexual exploitation, which can be human trafficking, street prostitution, or exploitation within the family or within alleged partnerships," explained Haines. "This is why we are called the St. Bakhita House, named after the patron saint of slavery and human trafficking.

"We are a member house of the Alliance to End Human Trafficking," Haines continued. The group was formerly known as the United States Catholic Sisters Against Human Trafficking. Two years ago, they renamed themselves to better reflect their changing demographics.

On the East Coast, The Well is another active pastoral ministry that utilizes community resources to support women who have survived exploitation in one of Baltimore's roughest communities. Mandy Memmel, a former nurse, has worked with women who have been exploited or trafficked and who are homeless and in need of resources, for almost 23 years.

"Initially," said Memmel, "The Well provides clothing, food, casework, and shower services in hopes that we will be able to build relationships and transition these women to recovery and mental health facilities."

Working, learning, and healing in community

"Women who are in recovery and mentally stable are able to come into our intensive life development program at The Well," said Memmel. This lasts for about two years or longer, if necessary.

Memmel further explained that during their stay, each woman "works with her caseworker, who provides accountability and helps her build her own life plan. She also has trauma group therapy as she learns to live within a safe, healing community. Further, we're working with women who have been traumatized, and we see trauma as the common denominator of addiction, of exploitation, of abuse, generational poverty, etc.

"We are working with women who have been trafficked," said Memmel, "but most importantly, we are providing preventative measures so that women don't have to become prey." Weekly workshops cover the gamut from communication, relationships, and mental health, women's physical health, to social health and addiction.

Similarly, five women reside in the Worker House in Milwaukee, Haines said, with two more expected soon. "The hope is for eleven to fill the house to capacity by May 1, the Feast of St. Joseph and the patron saint of Catholic workers."

The women are buoyed with an array of community services, "with the hopes that they will be surrounded with the necessary resources that they need when they leave," Anne reflects and adds. "Seeing women come into their God-given dignity is a gift beyond measure."

Plans are to bring aboard a house manager in the coming months, freeing Haines to provide more of the needed direct services as well as donor development. She currently resides on the top floor of the house, where five additional Catholic Worker volunteers live. Haines also hosts visiting groups throughout the year, to give a day of service and to experience what a Catholic Worker Home can look like.

Focus on work experience

Residents at the Worker House in Milwaukee live very full lives during their two years of healing. The women in residence hold down full-time employment and are required to save 30% of their earnings to help sustain them after they leave St. Bakhita's, explained Haines.

“One of the women currently in residence is enrolled in a local college, hoping to become a counselor.”

The Well operates a purpose-driven business to give its participants real-world job experience and built-in career growth. Hon’s Honey features raw, Baltimore-area honey and an endless array of honey-based self-care products and gifts.

Hon’s Honey hires women who have never held a traditional job and allows them to learn basic economic and workforce skills, from showing up, to how to dress and communicate effectively. “Our women start at minimum wage, and can advance up to five levels,” explained Memmel. “Hon’s Honey is a working enterprise where women can gain financial sustainability. It’s a beautiful picture of helping a woman to survive, helping her to thrive, and then sustain herself and her family, so that she can help the next woman walking through the door.”

No church ID required

“We are faith-inspired, but not faith-required,” said Memmel. “The reason faith is not required and that our language is so light is because we have had women who have been traumatized in the church or through a church leader, and we need to be sensitive to that.

“When people are searching for Jesus,” she continued, “they go to church and find life. The women we work with are searching for life, and sometimes they find Jesus. We are not church-affiliated, as we are all the body of Christ. And that also helps us to be friends with lots of different church partners in our community and their families.”

Haines, who is deeply grounded in the Eucharist and living the Beatitudes, noted that “whether or not they come from any religious background, the women who come to the St. Bakhita Catholic Workers House are deeply spiritual and spiritually hungry.”

The house has also become a location for an ongoing deep-dive book study focused on Dorothy Day’s works. “Three years in, our book group’s membership is young people, on fire for the church, the Mass, and the Eucharist,” said Haines.

Moving beyond

The goal of both programs is to support and accompany women who have survived exploitation and “to raise a woman up so that she can be fully who she was created to be,” said Memmel.

“Women finish their time at The Well when a woman shows us that she is becoming sustained, understanding her value, identity, and purpose, and able to take care of herself without the help of the financial resources of The Well, without our benevolence or scholarship.”

Emergency Baptism

Your guide to performing this sacrament when every second counts.

By: Moira Bucciarelli BCC

"In case of necessity, anyone, even a non-baptized person, with the required intention, can baptize, by using the Trinitarian baptismal formula. The intention required is to will to do what the Church does when she baptizes. The Church finds the reason for this possibility in the universal saving will of God and the necessity of Baptism for salvation" (CCC 1256).

Jesus was clear on the importance of baptism. In the Gospel of John, he teaches, "Amen, amen, I say to you, no one can enter the kingdom of God without being born of water and Spirit" (John 3:5).

On most occasions, baptism is a happy new beginning, a joyful welcoming into the Church community. We celebrate new life and new beginnings with splashes of water, candles, fancy baby gowns, and adoring guests. But that's not every baptism. Sometimes baptisms are needed on a moment's notice, and there's no time to prepare and gather family.

When a baptism is urgent, it implies that death is close, and quick sacramental action is needed. The reality becomes urgently somber. In these situations, the Catechism of the Catholic Church allows any person, Catholic or otherwise, to offer the sacrament with pure intention and proper form. We believe in the action and presence of the Holy Spirit in that moment.

Fast action

Things move fast in hospitals, especially in the Neonatal Intensive Care Unit (NICU). For example, a mother gave birth to triplets, and one of them was declining quickly in the NICU and likely to die. The NICU chaplain did some research on the "what" and the "how" of Catholic emergency baptisms and was prepared to minister the sacrament. Until they had a better idea: what if the father (the mother was incarcerated) were to offer the baptism?

However, the father was at work, and his main concern was for his dying child to be baptized. Fortunately, they found an available and kind Melkite Catholic priest who traveled across town. He set up a little altar on a bedside table, including an icon and an open Bible. As he chanted a prayer, he reached his enrobed arms into the isolette with holy water and performed a somber baptism on this precious baby. Everyone in the room felt the heaviness and the sacredness of that moment.

Be ready with supplies

West Virginia Medicine Staff Chaplain Moira Reilly BCC has done a handful of emergency baptisms in her time covering pediatrics. Two of those happened in the operating room.

She poignantly recalled a Catholic couple who had experienced prior pregnancy losses. With this pregnancy, the medical team informed them the infant had "anomalies inconsistent with life." "The mother was taken to the OR," recalled Reilly. "I went to the OR to baptize the infant after delivery. The mother said to me, 'His life is so short; we want to give him everything we can. Our faith is something we can share with him, even in his very short life here.'

"I asked an RN for sterile water," Reilly continued. "I poured the water into a bowl handmade by a chaplain colleague and used a shell to scoop the water." She used a simple liturgy that included a blessing over the water, and a Scripture reading (see end of article). After, she printed out a baptismal certificate for the parents and gave them the shell as a keepsake. "Having something tangible to take home was meaningful for them," she added.

Use what's available when you have to

Sometimes there is less time to plan and acquire holy water, as in Reilly's case. A newborn was once baptized by her mother at a hospital water fountain when her life was in peril. It's not unheard of that a priest will bless a cup of water and perform an emergency baptism for an adult in the trauma department.

Adult end-of-life baptism presents an additional consideration: consent. If the patient is unable to request the sacrament, which is likely to be the case in an emergency baptism scenario, you will need to gain consent from their representative.

Always do the paperwork

Proper documentation of the baptism afterward includes a form that most hospital chaplaincy departments will have. If the family does not have a parish, contact the local Catholic parish within the territory of where the baptism occurred, whether that is a hospital, correctional facility, or other location.

Submitting the form will be helpful in any future event where the question may arise regarding prior baptism.

Baptism is only for the living

You may, as a pastoral care minister, receive requests to baptize a deceased infant. The sacraments of the Catholic Church are for the living, so a postmortem baptism is not appropriate. What chaplain Reilly does instead is to offer a blessing over the deceased child.

Baptism is one and done

If you find yourself in a situation that is urgent and it is unclear to you if the person has already been baptized, it is permissible to do a baptism that has the same intent and form, with the understanding that if later it is discovered the person has been previously baptized, that the second baptism has no effect. This is known as a "conditional baptism."

Once done, a baptism does not need to be repeated. According to canon law 845 §1: “Since the sacraments of baptism, confirmation, and orders imprint a character, they cannot be repeated.”

In addition, if a baptized Catholic were later to convert to another faith, there is usually no need to re-baptize. In 2010 the USCCB signed an agreement with three churches to recognize each other’s baptisms. Those are the Presbyterian church, the United Church of Christ, and the Christian Reformed Church.

Simple Baptism Liturgy

The Bible tells us when Jesus was baptized, “Heaven was opened, and he saw the Spirit of God descending like a dove and alighting on him. And a voice from heaven said, ‘This is my Son, whom I love; with him I am well pleased.’” (You can use child instead of Son to be more inclusive, if needed.)

I share this story to remind us that [First Name of Child] will always be your [son, daughter, child] and will always be a beloved child of God.

[Full Name of Child],

(The following four lines are the Trinitarian baptismal formula that MUST be said in its entirety.)

I baptize you in the name of

the Father (sprinkle water from the shell)

the Son (sprinkle water from the shell)

and the Holy Spirit (sprinkle water from the shell)

And now if you will join me in prayer:

Dear Lord, we thank you for [First Name of Child] and [his, her, their] parents. We ask you to wrap your loving arms around this family and hold them in your grace. Fill them with your peace, comfort, and love. In your holy name, we pray, Amen.

Courtesy of Moira Reilly BCC

Formación litúrgica

Bautismo de emergencia

Guía para celebrar este sacramento cuando cada segundo cuenta.

Por Moira Bucciarelli BCC

Traducido por Make Gallitelli

«En caso de necesidad, cualquier persona, incluso no bautizada, puede bautizar si tiene la intención requerida y utiliza la fórmula bautismal trinitaria. La intención requerida consiste en querer hacer lo que hace la Iglesia al bautizar. La Iglesia ve la razón de esta posibilidad en la voluntad salvífica universal de Dios y en la necesidad del Bautismo para la salvación» (CIC 1256).

Jesús fue claro sobre la importancia del bautismo. En el Evangelio de Juan, él enseña: «Te aseguro que el que no nace del agua y del Espíritu no puede entrar en el Reino de Dios» (Juan 3, 5).

En la mayoría de los casos, el bautismo es un comienzo gozoso, una alegre bienvenida a la comunidad de la Iglesia. Celebramos la nueva vida y los nuevos comienzos con aspersiones de agua, velas, elegantes vestidos de bebé, y la presencia de invitados distinguidos. Pero no todos los bautismos son así. A veces, los bautismos deben celebrarse de un momento a otro y no hay tiempo para preparativos o para reunir a la familia.

Cuando un bautismo es urgente, implica que la muerte está cerca y se requiere una acción sacramental inmediata. La realidad se vuelve sombría y apremiante. En estas situaciones, el Catecismo de la Iglesia Católica permite que cualquier persona, católica o no, ofrezca el sacramento con intención pura y siguiendo la forma adecuada. Creemos en la acción y la presencia del Espíritu Santo en ese momento.

Acción rápida

En los hospitales, y especialmente en la Unidad de Cuidados Intensivos Neonatales (NICU, siglas en inglés), el tiempo apremia. En una ocasión, por ejemplo, una madre dio a luz a trillizos, pero uno de ellos comenzó a empeorar con rapidez en la NICU y probablemente moriría. El capellán del servicio, tras indagar sobre el «qué» y el «cómo» de los bautismos católicos de emergencia, se disponía a administrar el sacramento … cuando se les ocurrió una mejor idea: ¿Y si fuera el padre — la madre se encontraba en prisión — quien oficiara el bautismo?

Pero el padre se encontraba en el trabajo y su principal preocupación era que su hijito moribundo recibiera el bautismo. Afortunadamente, lograron encontrar a un amable sacerdote católico melquita disponible que cruzó toda la ciudad para acudir. Allí preparó un pequeño altar en la mesita junto a la cama, con un ícono y una Biblia abierta. Mientras recitaba una oración, metió los brazos, envueltos en su sotana, dentro de la incubadora, y con agua bendita realizó un solemne bautismo a este precioso bebé. Todos los presentes en la habitación sintieron la solemnidad y la sacralidad de ese momento.

Prepárese con materiales

La capellana del personal de West Virginia Medicine, Moira Reilly BCC, ha realizado varios bautismos de emergencia durante su tiempo en pediatría. Dos de ellos ocurrieron en el quirófano. Con emoción, ella recuerda a una pareja católica que había sufrido pérdidas gestacionales anteriormente. En este embarazo, el equipo médico les informó que el bebé presentaba «anomalías incompatibles con la vida». «Llevaron a la madre al quirófano», recuerda Reilly. «Fui al quirófano para bautizar al bebé después del parto. La madre me dijo: "Su vida es tan corta; queremos darle todo lo que podamos. Nuestra fe es algo que podemos compartir con él, incluso en su tan corta vida aquí"».

«Le pedí agua esterilizada a una enfermera certificada», continuó Reilly. «Vertí el agua en un recipiente hecho a mano por un colega capellán y usé una cuchara para recoger el agua». Utilizó una liturgia sencilla que incluía una bendición sobre el agua y una lectura bíblica (véase la barra lateral). Después, imprimió un certificado de bautismo para los padres y les dio la cuchara como recuerdo. «Tener algo tangible que llevarse a casa fue muy significativo para ellos», añadió.

Utiliza lo que tengas en caso de necesidad

A veces hay menos tiempo para planificar y conseguir agua bendita, como en el caso de Reilly. Una vez, una madre bautizó a su recién nacido en un bebedero del hospital cuando su vida corría peligro. Igualmente, no es raro que un sacerdote bendiga un vaso de agua y realice un bautismo de emergencia a un adulto en el servicio de urgencias.

El bautismo de adultos al final de la vida presenta una consideración adicional: el consentimiento. Si el paciente no puede solicitar el sacramento, lo que probablemente ocurra en una situación de bautismo de emergencia, será necesario obtener el consentimiento de su representante.

Realice siempre la documentación

La documentación adecuada del bautismo incluye un formulario que suelen tener la mayoría de los departamentos de capellanía hospitalaria. Si la familia no pertenece a ninguna parroquia, póngase en contacto con la parroquia católica local correspondiente a la jurisdicción donde se celebró el bautismo, ya sea un hospital, un centro penitenciario o cualquier otro lugar.

La entrega de este formulario será de utilidad como respaldo ante cualquier situación futura en la que pueda cuestionarse si la persona ya había sido bautizada.

El bautismo es solo para los vivos

Como ministro de atención pastoral, podría recibir solicitudes para bautizar a un infante fallecido. Sin embargo, los sacramentos de la Iglesia católica están destinados a los vivos, por lo que un bautismo post mortem no es apropiado. En estos casos, la capellana Reilly opta por ofrecer una bendición sobre el niño difunto.

El bautismo es único e irrevocable

Ante una situación urgente donde se desconoce si la persona ya ha sido bautizada, está permitido realizar un bautismo con la misma intención y forma. Entendiendo que si posteriormente se verifica que la persona ya había recibido el sacramento, el segundo bautismo queda sin efecto. Esto se conoce como «bautismo condicional».

Una vez realizado, el bautismo no debe repetirse. Según el canon 845 §1 del Derecho Canónico: «Los sacramentos del bautismo, de la confirmación y del orden imprimen carácter, no pueden reiterarse».

Además, en caso de que un católico bautizado se convierta posteriormente a otra fe, normalmente no sería necesario un nuevo bautismo. En 2010, la Conferencia de Obispos Católicos de los Estados Unidos (USCCB) firmó un acuerdo, con tres iglesias, para el reconocimiento mutuo de sus bautismos: la Iglesia Presbiteriana, la Iglesia Unida de Cristo y la Iglesia Cristiana Reformada.

Liturgia de Bautismo Simple

La Biblia dice que, cuando Jesús fue bautizado, «Se abrieron los cielos, y vio al Espíritu de Dios descender como una paloma y dirigirse hacia él. Y se oyó una voz del cielo que decía: "Este es mi Hijo bien amado, en quien tengo toda mi recompensa"». (Si necesita un lenguaje más inclusivo, puede usar «niño» en vez de «Hijo».)

Comparto esta historia para recordarnos que [Nombe del niño] siempre será su [hijo/a] y siempre será un/a [hijo/a] amado/a de Dios.

[Nombre completo del niño,]

(Las siguientes cuatro líneas constituyen la formula bautismal trinitaria que DEBE ser dicha en su totalidad.)

Yo te bautizo en el nombre

del Padre (derramar agua de la concha bautismal)

y del Hijo (derramar agua de la concha bautismal)

y del Espíritu Santo (derramar agua de la concha bautismal)

Y ahora, los invito a orar conmigo:

Querido Señor, te damos gracias por [Nombre del niño] y por sus padres. Te pedimos que envuelvas a esta familia con tus brazos amorosos y los sostengas en tu gracia. Llénalos de tu paz, consuelo y amor. En tu santo nombre, te lo pedimos, Amén.

Cortesía de Moira Reilly BCC

Best Practices

The Measure of the Spirit

The Church has a tradition of research. Keep up the good work!

By: Rev. Jay Fuller BCC

Nicholas of Cusa, a 15th century cardinal and mystic, meditated on the relationship between God and the measurable. In his mystical mathematical theology, he concluded that God was beyond all things numbered because God is the Absolute Maximum and free from all comparison of measurable things. We can only understand God through a mystical method of Learned Ignorance.

Nicholas may be unique in his mathematizing of mystical contemplations, but the idea that God is beyond the measurable is a deeply held understanding about God. So, it's no wonder that many balk at the idea of doing scientific research in the vocational ministry of hospital chaplaincy.

What you mean by research

"The beauty of research is how our critical, rational thinking gives a deeper analysis of what is happening," said Mercy Medical Center's Director of Professional Practice, Dina A. Krenzischek PhD.

Hard scientific research involving the construction of mathematical models (think Newtonian Mechanics) to predict and perhaps even control the application of Spirit in the hospital probably is a ridiculous concept akin to trying to put God in a box (or IV bag). However, "there is more to research than this," explained Ryan MacDonald PhD, a biostatistician at Mercy Medical Center in Baltimore.

"Research in chaplaincy is a new thing, and it's an old thing," he continued. "Most famous scientists were religious. And people in the church have been doing science for a long time, questioning how things are and how they work to better understand what we know about the world."

Theology as a kind of science

The archaic meaning of the word science is knowledge of any kind, and all scientific research is born from our need to understand the world entirely. Even St. Anselm defined the process of his theological reflections as "faith seeking understanding." In other words, St. Anselm transforms theology into a rational science of faith — albeit, not an empirical science but a rational one just the same.

"In medicine, things need evidence, and this runs through all departments, including chaplaincy," said MacDonald. "No one should be left out of research." That said, you may be

wondering what that means and, what modes of understanding about spiritual caregiving in the hospital should be researched with rigor, and how?

How you turn the corner

Traditionally, pastoral caregivers rely on powers of feeling, intuition, and empathy to establish meaningful and life-giving relationships with patients in a hospital. You may feel it in your gut, but how do you really know it's working?

Generally, the answer has been to treat each patient encounter as a case study to reflect on and work to identify some deeper understanding. However, one chaplain judging one singular patient encounter on personal feelings and intuitions alone doesn't tell the whole story. One data point really only tells the story of that patient, in their particular medical position, spiritual situation, and chaplain encounter. How can you start to determine what spiritual interventions from the chaplain work best, according to evidence?

MacDonald went on to posit, "Can the chaplain engage to determine if the process is in concert or conjunction with the chaplain's intuition?"

Adopt an anthropologist's mindset

He encouraged the use of qualitative research methods for chaplains. "Instead of reflecting on the perceived results of a chaplain's interventions as in a singular case," he explained, "the chaplain might engage with patients in the way an anthropologist would encounter a new culture, with curiosity and open-mindedness. The patient speaks and emotes, thus contributing important data for the chaplain to consider.

"After visiting with 5 to 10 patients," MacDonald continued, "patterns begin to emerge: mothers whose babies are in the NICU consistently describe separation anxiety. Orthopedic patients fear falling as they face discharge to home."

Once chaplains know what they are dealing with in general, they can creatively plan spiritual interventions accordingly. The next step then would be to subject the interventions to rigorous quantitative research to determine how many people experienced improvement in their spirit, in part from the chaplain's intervention used.

Research organizations are growing

Whether you agree or not that research is viable and perhaps increasingly necessary in chaplaincy, it seems to be gaining ground in the broader pastoral care world. Some professional boards require chaplains to complete a certain number of continuing education credits in chaplaincy research annually, and organizations dedicated to making chaplaincy a more evidence-based clinical practice are gaining traction.

The Chaplaincy Innovation Lab (The Lab) is one such organization. Dr. Michael Skaggs from The Lab works in tandem with other groups such as Transforming Chaplaincy to expand knowledge and understanding of pastoral care ministry's efficacy. Dr. Skaggs said,

“Transforming Chaplaincy focuses on the ‘harder’ research that speaks meaningfully to chaplain assessment models and interventions.

“The research that The Lab engages in is to locate an expressed need for chaplains,” he continued. “We examine the place of chaplaincy and spirituality in American life in general, identifying where chaplains are not, but could be — such as the gym, community center, and public library. We also ask how a chaplain can benefit a person instead of a social worker or therapist.”

What we may be overlooking thus far is how a pastoral care minister, trained in research, enhances the value of spiritual leadership on the hospital’s interdisciplinary team of which the chaplain is a part. Chaplains rely on who they are as much as what they know. As part of their formation, chaplains must reflect on their pastoral identity and sense of authority, and according to Krenzischek, research can contribute greatly to one’s sense of authority. “Research commands respect and trust. There is value in what is being said.”

Pastoral Ministry

How to Die Well

The Church has many resources to help patients plan ahead.

By: Jean Parietti

Like most people, Bonnie Blachly MN BSN RN CEOLD put off end-of-life planning — until she was in her 50s — despite years working as a registered nurse and then an administrator in long-term-care facilities.

She admits “the strangest reasons” for the delay, such as, “I’ve got these four little boys to raise, and if I do it, something might happen,” said Blachly, now 77, president of the National Association of Catholic Nurses, USA, who also is a certified end-of-life doula.

Today, Blachly has a well-considered document, following Catholic teaching, that states how she wants to approach the end of her life, including medical situations that could occur. She has discussed her wishes with her loved ones and designated two of her sons, one a firefighter, to be her healthcare agents or proxies. They will be responsible for following Blachly’s wishes in case she is unable to make decisions herself.

Blachly says everyone over 18, especially people of faith, should make similar plans for their journey from this life to eternal life.

“People need to prepare while they’re healthy, not while they’re in a crisis situation,” she said. That’s when decisions are difficult and “it’s really hard not to just follow what the

doctors and nurses are telling you to do. This is when I think people get swayed into doing things that are against their faith," Blachly added.

It's not OK to spread ashes

So what does the Catholic Church teach about end-of-life issues? Does a Catholic have to use every measure possible to preserve their life? Can a Catholic have their ashes spread?

To help Catholics understand these and other issues and make faithful decisions for dying well, Blachly co-teaches a class, "Memento Mori: Birthing Your Soul into Eternal Life," at her parish in Everett, Washington. (*Memento mori* is a Latin phrase meaning "remember death.")

"If you're Catholic, most people want to stay within the Church teaching," Blachly said.

Her class focuses on explaining Church teaching, learning about advance healthcare directives, and otherwise preparing people physically, emotionally, and spiritually for their inevitable death.

"I can't tell you how many Catholics think it's OK to spread ashes," Blachly said. People also hear about trends touted as environmentally friendly — like aquamation (turning the body to liquid) or terramation (human composting) — but those definitely don't align with Catholic teaching on the sacredness of the human body.

Blachly's class uses a guide published by Washington state's bishops on end-of-life decisions, as well as the United States Conference of Catholic Bishops' *Ethical and Religious Directives for Catholic Health Care Services*, commonly referred to as the ERDs.

The ERDs exist to assist

In directives, the bishops define the official moral guidelines for Catholic patients, healthcare systems, and professionals to make decisions according to Catholic teaching. For example, Directive 33 explains the distinction between ordinary and extraordinary measures in healthcare:

"While every person is obliged to use ordinary/proportionate means to preserve his or her health, no person is obliged to submit to a health care intervention whose expected benefits — in the free and informed judgment of the person (or the person's surrogate) — are not proportionate to the risks, burdens, or expense imposed on the person, the family, or the community."

"There has to be this balance of understanding what's the burden. Is the burden worth the benefit?" said Indu Spugnardi, Senior Director of Community Health & Eldercare for the Catholic Health Association (CHA). "I think that's a very important thing for Catholics to understand. Some people want to try everything, and that's not wrong," Spugnardi added.

Blachly said end-of-life plans should be updated periodically, because "what you might have decided to do in your 30s, is going to change over time."

Caring for the whole person

Dioceses and state Catholic conferences around the country offer end-of-life guides and other resources to help Catholics learn and navigate this and other Church teachings as they assist family members or make their own end-of-life decisions.

In California, the Caring for the Whole Person initiative — a collaboration of the California Catholic bishops and Catholic health systems in the state — grew out of the state's "death with dignity" law passed about a decade ago, said Rebecca Freeman BCC, Pastoral Care Ministry Director for the Diocese of Orange's Office of Family Life.

"What was unearthed during that time was people didn't really have much formation at all in this area," she said. "People who didn't have the understanding … tried to do the best they could" when faced with end-of-life decisions for loved ones, Freeman said.

Today, several parishes in Freeman's diocese are implementing Caring for the Whole Person, which includes education about Church teaching, healthcare directives, and (in partnership with CHA) the differences between hospice and palliative care, Freeman explained.

Spugnardi, of CHA, noted that many people aren't familiar with palliative care, which involves a multidisciplinary team providing supportive care after a patient receives a serious diagnosis. By contrast, hospice care is for those diagnosed with six months or less to live, who choose to relinquish curative care, Spugnardi said.

Caring for the Whole Person also provides training for parish-based volunteers and a spiritual piece that includes continuum of care for those who are grieving, said Freeman, a certified child life specialist who served as a palliative care chaplain for adults and then in pediatrics.

Conversations about end of life shouldn't be feared by Catholics. They are "already built into our liturgical life, our prayer life," Freeman said. "Liturgically, we're constantly being reminded of life, death, and resurrection."

She quoted from a popular hymn: "'Be not afraid; I go before you always.' I think that's the ultimate hope of what we're trying to do here," Freeman said, "is that people aren't afraid."

Six steps toward dying well

- Learn what the Catholic Church teaches about end-of-life issues
- Specify what treatments you do/don't want
- Name a healthcare proxy to make decisions when you can't
- Think about the people and things you want near in your last days
- Plan for a Catholic funeral
- Update your wishes as you go through different stages of life

Catholic end-of-life resources

- *Ethical and Religious Directives for Catholic Health Care Services*
  United States Conference of Catholic Bishops

- Caring for the Whole Person
  Catholic moral teaching; advance care planning; spiritual, emotional, and physical care information; caregiver and parish resources

- Memento Mori: Birthing Your Soul into Eternal Life
  Four-week virtual class begins in late January. Email mementomorimin@yahoo.com for details.

- *Catholic Guide to Making Good Decisions for End of Life*
  Booklet in PDF form, online fillable forms for durable power of attorney for healthcare, directives to physicians (living will), and funeral arrangements

- Catholic Health Association
  Various publications and articles on end-of-life ethics and care

- *Finishing Life Faithfully: A Guide for Catholics on End-of-Life Care*
  A companion to the *Five Wishes* advance directive

Pastoral Ministry

Always a Chaplain

Professional retirement doesn't mean an end to ministry.

By: Maryann P. Hobbie BCC

Retirement. For some, that's a very distant point on the horizon; for others, it's coming sooner than you'd think. Contemplating hanging up the ID badge can conjure up visions of days with no deadlines to meet, no traffic to contend with, and nothing to chart! However, it's simultaneously slightly scary; chaplaincy has been what grounds you and shapes your identity: What will become of you?

Two retired Board Certified Chaplains have two different post-career paths. But their similarities shouldn't surprise anyone with half an ounce of pastoral care energy in their veins. Because, really, who ever stops being a chaplain?

Familial connections, travel, continued volunteerism

Hugo Gonzalez BCC is new to the retiree world. He served as the Spanish-speaking staff chaplain at Lucile Packard Children's Hospital in San Francisco for 14 years, and prior to that, he was a hospice chaplain.

Since retiring, he has been able to vacation with individual siblings, as well as explore San Francisco, where there is so much to see and do. He looks forward to more travels abroad with his partner.

In spite of his vision of leisurely adventures, Gonzalez is still actively in ministry. He provides relief work every few weeks for one or two days at Lucile Packard. He is also a Disaster Care Chaplain with the American Red Cross, working virtually with one or two cases a week. In addition, Gonzalez said he has maintained a connection with nearby funeral homes. "I provide services at chapels and burial sites," he said. After he connects with families on the phone to get to know their own faith practices, preferences, or lack thereof, and those of the deceased, he said he "spends a day or two in prayer before delivering the requested services. I try to always be very meaningful for the families."

Discovering a new sense of self

On the opposite coast, Mary T. O'Neill BCC spent over three decades training ministry students for national board certification through both the NACC and ACPE. Retired now for more than nine years, O'Neill has had time to grow into her new lifestyle. "Learning a new identity for myself," she reflected, "was a big, big adjustment. For so many years of my life, my identity was what I did. And now I have time to get to know myself in a different way."

Pastoral landscapes

Today, O'Neill resides in Maryland, far away from the city bustle of the Bronx and Long Island traffic jams that were her reality while she worked 18 years as a healthcare administrator in a palliative care hospital and another 13 years as a VP for spiritual care and pastoral education. Instead of the urban cityscape, O'Neill said she can look out on the woods and farms, as she once did as a girl in her native Ireland.

The beginning informs the journey

O'Neill said she can pinpoint the beginning of her journey with chaplaincy and pastoral ministry back to a two-week summer commitment in Calcutta. She spent those 14 days ministering to Mother Teresa's lepers. After the two weeks, her soul "collapsed under the enormous poverty and destitution of that place," she recalled. She found herself wandering around and found "a very poor bookstore with just a few penny novels in English," and then her eyes landed on a small book with a man riding a donkey on its cover. The book was Richard Wurmbrand's book, *If That Were Christ, Would You Have Given Him Your Blanket?* In a single glance, those words, O'Neill recalled, "cracked open everything for me. I asked myself, how would Christ in me treat this person?"

The next day in the home for the dying she saw people differently. "I had energy for them," she said, "and I didn't need to do anything to make them better; I just needed to love them.

Sometimes it was just rubbing liniment on a poor guy's knees, where it was just bare bone and very little flesh over them, or giving somebody water. Holding a cup while they tried to drink." O'Neill stayed in Calcutta for two more months.

This change of mind became the guiding force in her life. Today she volunteers as a driver with Partners Who Care, for the elderly who can't get themselves to medical appointments. And of course, a chaplain is always a chaplain. "People like it when I drive them. They feel heard, respected, loved, and cared for," she added.

Still active with the NACC

Both retirees maintain active connections to the NACC, which not only keeps them connected to their ministries, but also to their friendships across the country.

Gonzalez joined NACC in 2008. He had left the priesthood after 17 years, started hospice chaplaincy, and heard about certification. He then came to the Bay Area to do residency for a year. NACC helped him make the transition from pastoral care ministry to chaplaincy ministry. "When I found NACC, it became my spiritual home. I felt very supported by them."

O'Neill maintains contact with her friends and colleagues made through many years of belonging to the NACC. In fact, she leads colleagues through the Purposeful Retirement networking group.

In June 2024, O'Neill received the NACC Distinguished Service Award for her many years of active involvement in growing the NACC through her service work on committees, commissions, and the Board of Directors.

Spiritual retirement

Gonzalez said he recently heard the term "spiritual retirement," and it resonated for him. The concept has inspired him to take a "spiritual dive deeper into relationship with God." Before retirement, Gonzalez had a treasured morning prayer ritual for his days off; that has now evolved into a daily practice.

Always a morning person, he likes to get up and watch his place "fill with sunlight. It's an hour to an hour and a half of quiet time, sometimes sitting and reflecting, listening to a spiritual app or Morning Office. After that, I walk two blocks up the road to partake in the Eucharist."

Like his working years, Gonzalez says retirement is a "constant challenge to go deeper in our calling to love God and neighbor."

The adventure doesn't end at retirement

Gonzalez and O'Neill are great examples that spiritual exploration, personal growth, and collegial connections can still be an integral part of your life in retirement. Whether you're close to your next chapter in life, or just starting on your professional ministry journey,

retirement is certainly not the end of the road. After all, who could ever stop being a chaplain?

Self-Care

Are you there, Margaret? It's me, God.

Spiritual direction can be amazing self-care.

By: Moira Bucciarelli BCC

Spiritual direction blossomed in 4th century Egypt, Palestine, and Syria. Christian contemplative mystics known fondly as the Desert Fathers and Mothers became spiritual guides to those who sought them out in their desert caves. They were known for their spiritual wisdom and rich inner life.

One of these Desert Mothers, Amma Theodora, wrote of the ideal job qualifications in a spiritual director: "One should not be able to fool them by flattery, nor blind them by gifts, nor conquer them by the stomach, nor dominate them by anger; but they should be patient, gentle, and humble as far as possible; they must be tested and without partisanship, full of concern, and a lover of souls."

Consider the following: "There's a mystery to unfold — who is God to me, and who am I to God?" Many pastoral care ministers have a good grip on the first half of the mystery but may not have a response for the second half. A good spiritual director can help you step back to look and listen for the ways that God is active in your life; he or she can provide a means to understand yourself and God in new ways.

Each spiritual director is unique

Different spiritual directors help us grow spiritually in different ways. Just as there is no one way to be a chaplain, a similar diversity exists in directors. And like finding a good therapist, it is all about finding the right match for you. Speaking with a potential director by phone is often a good first step in your discernment. Asking about their fees and if they offer a sliding scale may also guide your decision.

Every spiritual director brings his or her own beliefs and experiences to the engagement. For example, on retreat at a Benedictine monastery, your monk-teacher might emphasize that while prayer includes talking to God, we have to learn to LISTEN. Like an elementary school substitute teacher, he might exhort the group — "shush and listen!" As a Cistercian monastic, this monk emphasizes the importance of quiet and silence as a way to listen.

Other spiritual directors will have different strategies on how else one might listen to God. One director might encourage you to pay close attention to dreams. Another may

encourage you to see Christ in other people, such as the bony-handed gentleman dying of cancer who calls you "baby." Yet another may encourage you to embrace the Jesuit-inspired prayer, the Examen, as a way to look (and listen) for God in your day.

Spiritual direction is formative and evolutionary

After years of spiritual direction, your image of God will likely change, your old theologies will have been challenged, and your ability to keep working as a chaplain will have been affirmed and renewed though trustworthy spiritual companioning. Take full advantage of these hours of intimate and honest spiritual reflection every month. It will become a form of renewing care that reminds you of "who you are and whose you are."

Even spiritual directors seek spiritual directors

Virginia Day, an RN, chaplain, and spiritual director, has sought out spiritual direction as she held exciting and challenging roles. She learned about spiritual direction on a retreat, before beginning a job as VP of Patient Care. A religious sister was recommended to her as a director. "Her gifts of gentle companionship led to suggestions of how to pray in the midst of enormous daily challenges and responsibility," Day recalled.

"For example, when I was too stressed in the weekday for sufficient quiet time due to early morning meetings, she suggested I commit to a Sunday sabbath. My director also asked about therapy when I presented conflicts and dynamics that arose in the work setting related to earlier unresolved issues. Her gentle suggestion led to very important and salvific influences on my leadership style and ability to forgive myself of my own humanity."

In later years, when Day took on another leadership position, as VP for Mission, she chose a director who was trained in focusing. "This enabled me to be in touch with and identify the 'felt sense' I was experiencing in my body and to practice the steps that led to greater freedom. The method became part of my prayer practice."

Spiritual direction as professional development

Participating in spiritual direction aligns with the NACC board certification competencies of PIC 3.1 ("Articulate a spirituality grounded in a relationship with God, self, and others") and PIC 3.2 ("Demonstrate one's commitment to ongoing faith development and spiritual growth").

Beyond that, good spiritual direction helps people in ministries of service an opportunity to renew the spiritual source from which they give. If you think of your relationship with God as living water, spiritual direction helps you return to the well for a refreshing drink. Of course, spiritual direction is not the only way to go to the well, but it can be an important way.

Insights for first-timers

"I would encourage seeking a director through a well-known center," advised Day. "For example, the Office of Ignatian Spirituality Directory, or a similar service associated with

Franciscan spirituality, have carefully vetted the directors' credentials and provide ongoing supervision." She encouraged a first interview and asking about the director's training or ongoing supervision.

Boundaries are always a consideration. "Choosing a spiritual director in one's parish where anonymity is difficult is a concern." Day recalled a time when she had to "make a difficult decision as a director after several sessions" when she learned that the directee's former husband was singing in the same parish choir in which Day sang. "As the director, I felt I could not hold the sacredness of her story and know I would encounter her former husband each week." Day's final advice is that ending or exiting a spiritual direction relationship is warranted if it is not a good fit. "The director should make it clear that after a few sessions, both the directee and the director will address 'goodness of fit.' Lucy Tucker, a well-respected educator of spiritual direction supervisors, recommends addressing the goodness of fit annually."

If any of this sounds appealing to you, you can find a spiritual director and meet on a regular basis to hone your ability to listen (and look) for the actions of the Trinity in your life. Look for someone who feels helpful and compatible for who you are spiritually, knowing that your director-companion can be from a different faith tradition. For people who work in ministry or service work, spiritual direction is recommended as a way to stay centered in yourself, in your call, and in God.

Pastoral Ministry

From Dream to Formation

Launching a new era of Catholic pastoral care.

By: Wade West

Erica Cohen Moore came to NACC in 2020 with a dream she had been nurturing in the back of her mind for many years. That dream will come to life on March 1, 2026, as enrollment opens for the NACC Ministry Institute's Pastoral Care Foundations Course.

"When I worked for the Archdiocese of Seattle, I started to think about what kinds of opportunities the Church has to form people who want to go out into their community and do ministry," she recalled. "It just cooked slowly in the back of my mind, and every once in a while, it would come to the fore and I'd get a little bit of clarity for what it might be."

Cohen Moore hired Anita Houghton as NACC's Director of Pastoral Care and Certification in 2023 to elevate the pastoral care aspect of the organization. "It was when Anita came on board that we really started to dream up how we could bring this little concept of a program to life," Cohen Moore continued.

Filling a gap

“If you look at Catholic formation across the board, it tends to be theological,” explained Cohen Moore. “It tends to focus on the teachings of the church theology, Scripture, ecclesiology, Christology, all those things. Even for pastoral care, you’d get a theological view of what pastoral care should be. While many programs address the theory of pastoral care, very few teach the actual practice, unless you go take a unit of Clinical Pastoral Education, which is what’s required of certified chaplains.”

The Pastoral Care Foundations Course starts with foundational courses in Catholic theology but then moves on to the actual skills a minister needs to know to be successful. For students to finish the course and earn their Pastoral Care Certificate, they will need to complete a practicum and work with a mentor to reflect on their experience and hone their skills over 20 hours of real-world ministry in the field.

Elevating prior efforts

The Ministry Institute project, and the Pastoral Care Foundations Course specifically, are the next steps in a decade-long initiative. “The Ministry Institute is rooted in the whole Partners in Pastoral Care initiative,” explained Cohen Moore. The NACC received a grant and gathered pastoral care experts from across the country in different spaces to establish competencies for pastoral care. They tapped into hospital volunteerism, elder care, and criminal justice, to name a few, and what they did was to develop several sets of competencies for each of those areas.

“What we wanted to do is to look at all of those core competencies and identify what are the foundational skills and understandings that someone would need, regardless of where they are going to minister, and find a way to equip people with them,” Cohen Moore continued. “And that is the genesis of the Pastoral Care Foundations Course.”

“I think it’s also important to step back further and note that all of those competencies and the whole formation program itself flow from the directives in *Co-Workers in the Vineyard of the Lord*,” added Houghton. “That is the document the United States Conference of Catholic Bishops (USCCB) published, which outlines formation requirements for Catholic laity.”

Working toward a national standard

Pastoral care can look very different to people in the same community, much less across the country. “I think we were able to create a program that meets the needs of a pastoral care minister from the Northeast to the Southwest,” said Cohen Moore. “We’re creating a consistent way of forming ministers and creating ministry that serves everybody.”

“I don’t believe there is a program out there that is aimed at a very entry-level person,” said Houghton. “Our certificate program assumes a student has no prior theological formation, no prior pastoral ministry skills formation. It just starts at the very beginning, and it equips them in a way that other programs don't. And I think that's what makes me the most

excited about this program. When people come to us, they're going to get something they're not going to get anywhere else."

In addition to the 15 modules that comprise the asynchronous online classroom work, the Pastoral Care Foundations Course requires students to complete a practicum under the guidance of a Board Certified Chaplain mentor. "Having a dedicated mentor to guide students as they enter the ministry space is going to give our students such a boost of confidence and insight into their abilities," said Houghton. "And our chaplains are excited to share their experiences and insights as mentors. It's such a win-win part of the program."

Looking forward

As the Ministry Institute is preparing its first certificate program for launch, Cohen Moore and Houghton are looking ahead to future course offerings.

"The Bishops recently updated the Ethical and Religious Directives (ERD) document. Course development is already underway for a comprehensive ERD course to prepare our chaplains for certification and to provide continuing education for chaplains who are already certified," said Houghton. "So, that is the next set of courses for us."

"We need to have our courses available in Spanish," added Cohen Moore. "And not just machine translations or subtitles, but produced intentionally in Spanish, delivered by native speakers and with attention to the nuances of Hispanic Catholic communities and traditions."

Houghton foresees the Ministry Institute as the leader in pastoral care formation. "I pray that within five years, there will be a recognition that the NACC Ministry Institute is the place to go for pastoral care formation at all levels. I think dioceses will know us, parish priests will know us, and large Catholic organizations will know us. That's my goal."

The first steps of the journey are behind them, following a 14-month production season. Houghton led a team of curriculum writers to produce the initial offering. A broad group of lay and clergy presented the material in-studio to create the courses, and the technical teams have produced the classes in a very user-friendly platform.

"Now we get to go out into the world and let them know that if they are looking for core Catholic theological formation and pastoral care skills training, we have their solution," said Cohen Moore. "We are so excited to help form exceptional ministers to answer their baptismal call to go forth into their communities and share God's healing ministry."

NACC News

Welcome Preston A. Becker MDiv BCC to the NACC Board of Directors

The NACC Board is excited to welcome our newest Board member, Preston Becker, who has joined the Board by appointment. Preston was certified by the NACC in 2021 and has served in a variety of spiritual care roles over the past eight years, including as a chaplain in the PACE program, as a chaplain in multiple inpatient hospital settings, and in leadership positions.

Within the NACC, Preston has been deeply engaged in the life of the organization. He has served on the Communications and Editorial Committee and the Nominations Committee, was an interviewer for certification, presented workshops at conferences, and mentored several individuals through the certification process.

Preston is passionate about supporting the continued growth of the NACC and strengthening the systems that support the work, spirituality, and sense of belonging of our members, as our circle of spiritual caregivers continues to widen.

We are grateful that Preston has accepted this position, and we invite you to join us in warmly welcoming him to the NACC Board.

A Regional Gathering of Reflection and Renewal

Chaplains from the Baltimore, Washington, DC, and West Virginia region came together in November for a regional gathering to welcome guest speaker Beth Hewett PhD CT CCISM, who offered a powerful reflection on grief through the lens of the Road to Emmaus. It was a rich and meaningful presentation.

Beth guided participants through meaningful reflection, inviting chaplains to deepen their understanding of their own grief, how it shapes their chaplaincy, and the ways it impacts both their personal lives and their ministry. The gathering offered space for growth, connection, and renewal.

The event was thoughtfully coordinated by NACC members Erin Tribble MA BCC and Moira Reilly BCC and included time for formation, prayer, and Mass. There is strong hope and enthusiasm to continue this regional gathering on a regular basis.

For those interested in hosting a state, local, or regional gathering, please reach out to the NACC for more information on how we can support and assist with these types of events.

Engagement with the USCCB and Updates to the Ethical and Religious Directives

The NACC was honored to send Board Chair Austine Duru to Baltimore to attend the November 2025 Plenary Assembly of the United States Conference of Catholic Bishops (USCCB). A significant outcome of this gathering was the bishops' overwhelming approval of major revisions to the *Ethical and Religious Directives for Catholic Health Care Services*, marking the release of the seventh edition of the ERDs.

In response, the NACC is developing a new course on the updated ERDs, which will be available to members and others in late winter.

During the assembly, NACC leadership also shared time with several bishops who are strong supporters of our work, engaging in meaningful conversations about issues impacting chaplaincy and how we can better support the bishops in ministry.

We are grateful for the opportunity to serve as observers and for the continued support of our USCCB representative, Paul Jarzembowski, and our Episcopal Liaison, Bishop Jeffrey Haines.

Calendar of Events

Month of February

	Black History Month
February 7	World Day of the Sick Gathering & Mass — Convivir: Spiritual Care and the Call to Love of Neighbor, A Day of Renewal & Enrichment (Keynote: Sr. Teresa Maya CCVI PhD; Mass celebrant: Most Reverend Gustavo García-Siller MSpS)
February 8	International Day of Prayer & Awareness Against Human Trafficking
February 11	World Day of the Sick
February 17	Lunar New Year
February 18	Ash Wednesday
February 19	NACC Professional Webinar Series — Strategies for Decreasing Burnout in Pastoral Settings (Stephen T. Carroll PhD LCPC)

Month of March

	Women's History Month
	Irish-American Heritage Month
March 1	Launch of Pastoral Care Foundations Course
March 19	NACC Professional Webinar Series — An Introduction to Stacked-Up First Responder Grief (Beth L. Hewett PhD CT CCISM)
March 29	Palm Sunday

Month of April

	Arab American Heritage Month
April 2–4	Holy Triduum
April 5	Easter
April 16	NACC Professional Webinar Series — Posthumanism vs. Transhumanism (Noreen Herzfeld PhD MA MS)

Month of May

	Asian American and Pacific Islander Heritage Month
May 21	NACC Professional Webinar Series

Month of June

	Caribbean American Heritage Month
June 18	NACC Professional Webinar Series — Stewards of Hope: Chaplaincy at the Crossroads of AI and Human Dignity (Terra Tindle Williams, Sr. Clinical Research Scientist for Spiritual Health, and Theresa Vithayathil Edmonson, Vice President of Spiritual Health, Providence)

The Bishop's Column

Go Forth

Wednesday the 11th of February, 2026, marks the celebration of XXXIV World Day of the Sick. The theme that the Holy Father, Pope Leo XIV, chose for the commemoration on the Feast of Our Lady of Lourdes is "The Compassion of the Samaritan: Loving by Bearing the Pain of the Other."

According to the Dicastery for Promoting Integral Human Development, the organization that sponsors this annual event, the theme is "centered on the Gospel figure of the Samaritan (Luke 10:29-37), who manifests love by taking care of the suffering man who has fallen into the hands of thieves." It "is intended to emphasize this aspect of love for one's neighbor: love needs concrete gestures of closeness, through which we take on the suffering of others, especially those who are ill, often in a context of fragility due to poverty, isolation, and loneliness."

This year, a special element will be added to the commemoration, as the Holy Father has appointed His Eminence Cardinal Michael Czerny SJ the Prefect of the aforementioned

Dicastery, to lead the solemn celebration at the Shrine of Nuestra Señora de la Paz in Chiclayo, Peru. Chiclayo is the See of the Diocese where the former Monsignor Roberto Prevost served as Bishop from 2015-2023.

The former president of Peru, Dina Boluarte, emphasized how Pope Leo embraced a sense of closeness and solidarity in his relationship with the people: "He chose to be one of us, to live among us, and to carry in his heart the faith, culture, and dreams of this nation," recalling that he chose to become a Peruvian citizen "as an expression of his profound love …"

Some of the ways in which Bishop Prevost illustrated his willingness in "Bearing the Pain of the Other" was manifested in concrete gestures during tragic times. Lambayeque is the region in the northern portion of Peru where the city of Chiclayo is located. This region was one of the most impacted areas in South America after the outbreak of COVID-19, resulting in the death of more than 217,000 in the country. Bishop Prevost never left the side of his faithful. He often was seen in the midst of the pandemic, accompanied by his priests, walking on the streets of Chiclayo with the monstrance in his hands, praying in front of the houses of his people. He later braved the contagion, entering into discussions with authorities that ultimately led to the purchase of two oxygen production plants, which provided cylinders for the poor to help those struggling with respiratory diseases caused by the infection of the virus.

In the years of 2022 and 2023, this segment of Peru suffered intense rainstorms, which especially affected the rural villages along the La Leche River, flooding and isolating the residences of the poor. Bishop Prevost often was seen driving a van filled with supplies to help the impoverished, and when the roads were impassable, he was not afraid to wade into the mud to bring assistance to those in need of rescue. One of the priests of the Diocese of Chiclayo offered this observation: "That's why the people here don't forget him. In the worst times of their lives, he was with them."

It is the hope of the Dicastery for Promoting Integral Human Development that this year's focus on the theme of the World Day of the Sick will inspire many in the Christian community to reflect upon the example of the Good Samaritan, who bent down to help the injured man along the road, and will encourage them to become evangelical witnesses of closeness and service to the sick and most vulnerable.

As the Episcopal Liaison of the USCCB to the National Association of Catholic Chaplains, I would like to express my sincere and heartfelt gratitude to the members of our Association who are profound examples of the "evangelical witnesses of closeness." In your radical generosity of spirit, you are ever-willing to draw close to the sick and wounded, readily responsive in helping to lift their pain with the strength of your love and compassion. And, especially, THANK YOU for not just observing this commemoration annually but living the World Day of the Sick each and every day!

Most Reverend Jeffrey R. Haines

Auxiliary Bishop, Archdiocese of Milwaukee

Episcopal Liaison of the United States Conference of Catholic Bishops

Columna del obispo

Avanza

El miércoles 11 de febrero de 2026 se celebrará la XXXIV Jornada Mundial del Enfermo. El tema que el Santo Padre, el papa León XIV, ha elegido para la conmemoración de la fiesta de Nuestra Señora de Lourdes es «La compasión del Samaritano: Amar asumiendo el dolor del otro».

Según el Dicasterio para la Promoción del Desarrollo Humano Integral, organización que patrocina este evento anual, el tema «se centra en la figura evangélica del Samaritano (Lucas 10, 29-37), quien demuestra su amor cuidando al hombre sufriente que ha caído en manos de ladrones». Con ello, «se pretende enfatizar este aspecto del amor al prójimo: el amor implica gestos concretos de cercanía, mediante los cuales asumimos el sufrimiento de los demás, especialmente de aquellos que están enfermos, y a menudo se encuentran en un contexto de fragilidad debido a la pobreza, el aislamiento, y la soledad».

Este año, un elemento especial se sumará a la conmemoración, ya que el Santo Padre ha nombrado a Su Eminencia el cardenal Michael Czerny SJ prefecto del mencionado Dicasterio, para dirigir la solemne celebración en el Santuario de Nuestra Señora de la Paz en Chiclayo, Perú, ciudad que además es sede de la diócesis donde el entonces monseñor Roberto Prevost ejerció como obispo entre 2015 y 2023.

La expresidenta de Perú, la señora Dina Boluarte, destacó cómo el papa León abrazó un sentido de cercanía y solidaridad en su relación con el pueblo: «Eligió ser uno de nosotros, vivir entre nosotros y llevar en su corazón la fe, la cultura, y los sueños de esta nación», y resaltó la elección que él hizo de convertirse en ciudadano peruano «como expresión de su profundo amor ...».

Algunas de las formas en que el obispo Prevost mostró su disposición a «asumir el dolor del otro» se hicieron visibles a través de gestos concretos durante tiempos trágicos, como ocurrió en Lambayeque. Esta es la región del norte de Perú donde se encuentra la ciudad de Chiclayo, y fue una de las más afectadas de Sudamérica tras el brote de COVID-19, que causó la muerte de más de 217,000 personas en el país. A lo largo de la pandemia, el obispo Prevost nunca se apartó de sus fieles. Con frecuencia se le veía acompañado de sus sacerdotes, caminando por las calles de Chiclayo con la custodia en las manos, rezando frente a las casas de su gente. Más tarde, desafió el riesgo de contagio al entablar conversaciones con autoridades, lo que finalmente condujo a la compra de dos plantas de producción de oxígeno. Estas plantas fueron las que proporcionaron cilindros para los más

pobres, brindando alivio a quienes luchaban contra enfermedades respiratorias causadas por la infección del virus.

En los años 2022 y 2023, esta zona del Perú sufrió intensas tormentas, que afectaron especialmente a las comunidades rurales situadas a lo largo del río La Leche, inundando y aislando las viviendas de los pobres. Durante este periodo, a menudo se veía al obispo Prevost conduciendo una camioneta llena de provisiones para auxiliar a los más necesitados y, cuando los caminos se volvían intransitables, no dudaba en adentrarse en el barro para llevar ayuda a quienes necesitaban ser rescatados. Uno de los sacerdotes de la diócesis de Chiclayo hizo la siguiente observación: «Por eso la gente de aquí no lo olvida. En los peores momentos de sus vidas, él estuvo con ellos».

Es la esperanza del Dicasterio para la Promoción del Desarrollo Humano Integral que el enfoque de este año en el tema del Día Mundial del Enfermo inspire a muchos en la comunidad cristiana a reflexionar sobre el ejemplo del Buen Samaritano, que se inclinó para ayudar al hombre herido en el camino, y los motive a convertirse en testigos evangélicos de cercanía y ayuda a los enfermos y más vulnerables.

Como enlace episcopal de la USCCB ante la Asociación Nacional de Capellanes Católicos, deseo expresar mi más sincera y profunda gratitud a los miembros de nuestra Asociación, verdaderos ejemplos de «testigos evangélicos de cercanía». Con su generosidad de espíritu, se acercan siempre a los enfermos y heridos, respondiendo con prontitud para aliviar su dolor con la fuerza de su amor y compasión. Y, sobre todo, ¡GRACIAS por no limitarse a conmemorar este día una vez al año, sino por vivir el Día Mundial del Enfermo todos y cada uno de los días!

Reverendísimo Jeffrey R. Haines

Obispo Auxiliar, Arquidiócesis de Milwaukee

Enlace Episcopal de la Conferencia Episcopal de los Estados Unidos

Traducido por Make Gallitelli