

Chaplains

Continued from page 1 The plan, to be implemented over a five-year period, stands to bring some badly needed support in the way that pastoral ministry is conducted in health-care facilities, Father Holland said.

"If these recommendations get activated, I think it'll be a huge shift in allocation of resources," he remarked.

Change on the horizon

The plan focuses on seven critical issues: education, volunteers, diocesan policy, spiritual care, finance, communication of information and end-of-life support. Among its more significant findings, the health-ministry team concluded that most nursing homes do not have spiritual-care programs; that hospitals are downsizing pastoral care departments "in response to budget shortfalls"; and that parishes have difficulty in tracking Catholics who have been admitted to nursing homes, hospitals and hospices.

The biggest financial commitment in the team's recommendations would be for a full-time diocesan coordinator of health-care ministry. Olsen, who handles that responsibility as part of human-resources, said the coordinator position is not written into the diocese's 2000-2001 budget, which goes into effect July 1, but it may start within the year nonetheless.

"Initiatives of this type involve some cost, but they'll be justified if the church is committed to people in need," Olsen commented.

Along with the diocesan coordinator, the plan calls for designating pastoral-care liaisons for parishes and/or planning groups in Monroe County. In fact, Father Holland said, these liaisons could become commonplace much in the same way that religious-education coordinators and youth ministers have evolved at the parish level.

"Thirty-five years ago, nobody had ever

heard of a religious-education coordinator," Father Holland remarked.

Parish volunteers also are expected to play a greater part in health-care ministry. "Lay involvement is going to be dramatically increased," Olsen said.

In addition, the plan calls for Bishop Clark to write a pastoral letter addressing some of the recommendations, for the diocese to offer extensive training and communications materials to the community, and implores health-care institutions to upgrade their pastoral-ministry programs and methods of referrals.

For the time being, the team's recommendations will target Monroe County only. Mullin-DiProsa noted that the diocese is too vast "to ensure that we would come out with an effective product" if the team had included all 12 counties in one study.

However, Olsen emphasized, many facets of the five-year plan will eventually be applied in other parts of the diocese. "We're looking at this as a model from which to work," Olsen said.

In addition to Mullin-DiProsa and Olsen, other members of the health ministry team are Father Holland, Shady and Sister Hollis along with Sandy Grocki, diocesan clergy-services coordinator; Deacon Bill Coffey, St. Mary's Church, Rochester; Father Donald J. Curtiss, former chaplain, Strong Memorial Hospital; Sister Betsy MacKinnon, DC, pastoral care director, Unity Health System, Rochester (St. Mary's and Park Ridge hospitals); Father George Norton, pastoral care director, Genesee Hospital, Rochester; Barbara Swiecki, pastoral associate, Church of the Transfiguration, Pittsford; and William Pickett, diocesan director of planning.

Filling in the gaps

The plan's recommendations would free up clergy — both chaplains and parish priests — to focus more specifically on sacramental care. Priests' presence is vital because they alone can give the anointing



Catherine Smith, a patient at Monroe Community Hospital, talks with lay chaplain Sue Shady on April 17.

of the sick and the sacrament of penance.

When a priest chaplain is not on-site at a health-care facility, sacraments are generally provided by a parish priest in the geographic area. Father Holland noted, for example, that St. Theodore's and six other parishes rotate their sacramental coverage at Park Ridge Hospital.

Grocki added that a handful of priests in Monroe County offer themselves in emergency situations even when a patient is not a parishioner.

"There is a small list that every nurse's station has, that if nobody else comes, they will," she said.

The team's plan calls for four full-time diocesan priest chaplains — three at hospitals and one at St. Ann's Community — to serve Monroe County over the next five years. This reflects little change from the current numbers: the only full-time priest chaplains are Father Norton, Father Kip Corriveau at Strong Memorial Hospital, Father Peter Bayer at St. Ann's Community, and Father William Endres at Rochester General Hospital.

Several times recently, however, a Rochester diocesan priest has left a chaplaincy post and not been replaced by another one, illustrating that local priest representation in chaplaincies has declined:

- Father Rick Farrell left St. Joseph's Hospital in early 1997 for a pastorate in Elmira. The current full-time Catholic chaplain at St. Joseph's is Father Joseph Brodnick, a priest from the Cleveland Diocese.

- Father Jeremiah Moynihan left his part-time chaplaincy at Mercy Health in Hornell when he took a pastorate in Elmira in 1998. Sister Hollis is now Mercy Health's full-time Catholic chaplain.

- The late Father Desmond O'Neill, who died March 31, had left his full-time position at Monroe Community Hospital in 1999 to become a pastor in Livingston County. The chaplaincy is now staffed by Shady and Father George Okoth, an African priest. Both Shady and Father Okoth work part time.

- The late Father James Cosgrove, who had served part-time at Unity Health System while in retirement, died in November 1999. Although Sister MacKinnon has continued as Unity Health's pastoral care director, no priest is currently on staff at either St. Mary's or Park Ridge hospital.

- Father Thomas Hocht retired March 29 from his full-time chaplaincy at Rochester Psychiatric Center, and Father Paul Freemesser is due to retire from his part-time chaplaincy at Mercy Health and Rehabilitation Center in Auburn later this year. Grocki said that no priest replacement is planned for either position, although Father Hocht will continue at Rochester Psychiatric Center in a limited part-time role.

Chaplains are normally paid by the health-care institutions they serve. But Olsen noted that if a diocesan priest is

needed for other duty, Bishop Clark reserves the right to reassign him.

Grocki said the priest shortage should not affect the administration of sacraments — provided that priests are not tied up with ministry that could also be done by lay chaplains.

"People have to understand that there are things that do not require a priest," Grocki emphasized.

Selling the public

In order to become a Catholic chaplain, ordained and non-ordained ministers must take clinical pastoral education courses and also meet standards set by the health-care facility in question. These standards may require accreditation through the Association of Professional Chaplains or National Association of Catholic Chaplains.

Despite the influx of lay chaplains, Father Holland said, most patients and their families still request a priest when seeking pastoral care. And Shady acknowledged that she still faces obstacles to acceptance.

"Sometimes there's not an awareness of what my role is," she remarked.

Meanwhile, a 1997 Vatican directive warned: *It is unlawful for the non-ordained faithful to assume titles such as "pastor," "chaplain," "coordinator," "moderator" or other such similar titles which can confuse their role and that of the pastor, who is always a bishop or priest.*

But Archbishop Thomas C. Kelly, OP, of Louisville, Ky., noted in the February 1999 National Association of Catholic Chaplains newsletter that more than 80 percent of NACC chaplains are "non-ordained."

Archbishop Kelly, the NACC's episcopal liaison — and a native of Immaculate Conception Parish in Ithaca — also wrote that a national task force had concluded that use of the title "chaplain" is not deemed to be in conflict with the Vatican directive, as the title is not self-given.

Shady said that lay chaplains can "sort out what the needs are" and then decide whether a priest is needed. Sister Hollis noted that lay chaplains can visit with patients and also offer solace to families.

"Whenever you've met a family in a moment of crisis, there was a bond formed there. There was something that happened at that critical moment — the recognition that we had gone through something together," Sister Hollis said.

By and large, Shady and Sister Hollis said, patients and families are simply happy to see a chaplain. The Rev. Brian Diefenbacher, a Methodist minister who serves as a chaplain at Mercy Health in Hornell, said he has been accepted by Catholic patients as readily as if he were a priest.

"People don't draw many distinctions. They're just so hungry for attention and spiritual things," Rev. Diefenbacher said.

Deacon Joseph Federowicz, Catholic chaplain at Elmira Psychiatric Center, said that with the people he serves, "Whether I have a collar on or not, they're going to gravitate to a person in that position."

Deacon Federowicz offers worship services, Liturgy of the Word, Communion services and Bible study. A key component of his ministry, he said, is that a chaplain — ordained or lay — displays a regular commitment. "The ministry of presence is a very crucial aspect," he said.

Sister Hollis' ministry of presence was evident during a recent sharing session with residents of Mercycare, an adult residence in Hornell. In her weekly discussion group, she and approximately 15 residents talked about the meaning of Lent and reminisced about some of their Lenten traditions.

"I just love going to Sister Elaine's group," said resident Gladys Bush. "I was feeling mixed up and a little discouraged this morning, and Sister Elaine straightened me right out."

For her part, Sister Hollis said she finds chaplaincy challenging, but rewarding.

"If your heart was not in it, you wouldn't last," she said.

Added Shady: "I feel that what I do is a calling. It's a gift of the Holy Spirit that I am able to do this work. I feel so comfortable working with the sick and dying."

The Monthly Prayer Request For Priests

Will you pray for a priest each day?

THY KINGDOM COME!

Lord Jesus, as You once called the first disciples to make them fishers of men, let your sweet invitation continue to resound: Come, follow Me!

Give young men and women the grace of responding quickly to Your voice. Support our bishops, priests and consecrated people in their apostolic labor.

Grant perseverance to our seminarians and to all those who are carrying out the ideal of a life totally consecrated to Your service.

Awaken in our community a missionary eagerness.

Lord, SEND WORKERS TO YOUR HARVEST and do not allow humanity to be lost for the lack of pastors, missionaries, and people dedicated to the cause of the Gospel.

Mary, Mother of the Church, the model of every vocation, help us to say "Yes" to the Lord Who calls us to cooperate in the divine plan of salvation.

- Pope John Paul II

Prayer Suggestions: Mass, Rosary, Fasting, Day Offering, Eucharistic Adoration, Offering Sufferings, Divine Mercy Chaplet

May, 2000

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
Revs.	Paul M. Brennan	Joseph R. Catanise	William M. Barrett	Robert S. Bourcy	Joseph F. Brodnick	Bishop Matthew H. Clark
7	8	9	10	11	12	13
Pope John Paul II	Sabbatical Priests	Albert L. Delmonte	Joseph F. D'Aunzio	John A. DeSocio	Thomas F. Corbett	Richard T. Farrell
14	15	16	17	18	19	20
Jim Hewes	Brian E. Jeffers	George P. Heyman	Gerard Hafner	John A. Lynch	Stephen R. Kraus	Lawrence V. Murphy
21	22	23	24	25	26	27
Foster P. Rogers	Richard J. Shatzel	Gerald T. O'Connor	Paul J. Ryan	Paul J. Tomasso	Eugen R. Weis	Laurence C. Tracy
28	29	30	31	Look for the June MPRP Calendar in the May 25th Courier.		
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