President's Address Announcing the Formation of the Spiritual Care Association

Rev. Eric J. Hall, President & CEO, Spiritual Care Association at the Caring for the Human Spirit® Conference in San Diego, California on April 11, 2016

All of you gathered at this conference, whether in person or participating by webcast from around the world, have such a deep commitment to the spiritual care of the sick, their families, and their health care providers. My experience at HealthCare Chaplaincy Network (HCCN) has fostered a sincere respect and appreciation for all you do, but most importantly for all that you are. Today, I'd like to share with you a vision for the future of spiritual care and for chaplaincy.

There is always a story behind every significant moment whether in the life of a person or the life of an organization. Nothing just happens for the sake of itself. The journey prepares the path so that the opportunity can be captured.

If you were to look at my background, you would see a resume filled with experiences with the poor and the homeless, the sick and the dying, care recipients and care givers.

Most meaningfully, I had the privilege of founding and leading the Alzheimer's Foundation of America (AFA). At AFA, there was a real opportunity to make a difference; to change the way things were. What followed was an extensive range of care-related programs, services and initiatives to improve quality of life as we waited for the cure. We gathered first dozens, then hundreds, and then thousands of organizations across the nation to speak with one voice for the needs of people living with Alzheimer's disease and related illnesses, and their families. This collective voice led to advocacy that got things done. AFA made a difference – and continues to do so today – by addressing the gaps, and doing what no one else felt compelled to do.

At the heart of my passion to care for people is a life of religious ministry, first marked by my entering the Capuchin Franciscan Friars and studying for ordination as a Roman Catholic Priest; and then being welcomed by the Presbyterian Church and becoming the Teaching Elder or Pastor of Eastchester Presbyterian Church in Eastchester, New York. I have served there these past 15 years. I cannot adequately express how deeply I have experienced my life as being guided by a divine hand.

Coming to HealthCare Chaplaincy Network three years ago seems now a natural progression. As the interview process for the CEO position began at HCCN, questions rang in my head: What would be the opportunities — the lives to be touched at HCCN? How does HCCN make a difference? How could I make a difference? What is the status of spiritual care nationally, and what are those areas — the gaps — that are most necessary and compelling to address?

I never had a doubt that I understood the profession of chaplaincy — the power and passion behind each encounter with a patient, a family member, a co-worker. As a friar, I spent many, many nights at Montefiore Hospital in the Bronx, New York. The hospital staff knew the friars were always available. At the Montefiore Einstein Center for Cancer Care, I frequently covered for the chaplain when he was on vacation. Yes, I had experience providing spiritual care as a clergy member, but chaplaincy was more personal to me. I have only told this story once before, and you will understand in a moment why it is so difficult for me.

My father was 62 and had to have his aorta replaced at St. Michael's Medical Center in Newark, New Jersey. Unknowingly, he was infused with blood that was tainted with hepatitis. In a matter of days, in spite of a successful procedure, my father went into cardiac arrest. No one knew why at the time. He was not feeling well a few days before, but it was dismissed due to the trauma his body had gone through with open heart surgery. My mother and I sat in the hallway as doctors came in and out of the room. More carts and doctors than I had ever seen or thought could ever fit in one room. Joseph approached us. He had a kind face. I honestly do not remember him saying much. He was just there. He positioned himself between my mother and me on the bench, and he held our hands. The doctors came out with the final news of my father's death, and Joseph held us as we emotionally erupted. He walked us to the car, and we began the most horrendous ride of our lives home without my father. Joseph was the chaplain at St. Michael's. To me, he represents all the compassion, the warmth, the skill you put into your provision of spiritual care each and every day. When I reflect on that experience, I can't even imagine what it would have been like without Joseph. HCCN had a mission close to my heart.

Meeting the board members of HCCN during the interviewing process affirmed for me that HCCN was the right fit. Chaplains need resources, deserve to be fought for; and

patients, families, and other healthcare professionals deserve and authentically need their care. HCCN's board was committed, engaged and desirous to keep HCCN moving forward. Most of all, they wanted to be sure that whatever we do translates into the actual manifestation of spiritual care for patients and their families. It is very much about caring for people.

As many of you are aware, HCCN has been a nonprofit organization in the spiritual care and chaplaincy space since 1961. Throughout our history, we have been committed to excellence in spiritual care through our direct clinical care, our clinical pastoral education and continuing education programs, and our extensive research and consensus statements. We have been an ongoing financial and resource provider to the field over the years. Clearly, HCCN has become a part of the fabric of spiritual care in America.

My arrival as HCCN's president and chief executive officer in 2013 brought me face to face with so many of you, people in our field, giving me the opportunity to listen to your concerns, your challenges, and your aspirations for the future. The HCCN staff educated me on our history. Thought leaders, chaplains, and other health care professionals challenged me to better integrate spiritual care into health care, to address the gaps, and to look to the future. Everyone I talked to and everything I read described caring for the human spirit as a meaningful and necessary component of health care.

However, the opinion of many was that the field was stagnant; it lacked clarity; education and certification of chaplains needed a fresh approach; and the full integration of spiritual care into health care was lacking. Everyone spoke of the heart of the field — the chaplains — as dedicated and stretched, hardworking and yet struggling to find their place, take their place at the table with other health care professionals in their institutions.

Everything I have read over the last two years has been very compelling and equally concerning. To quote a few experts in the field:

Regarding spiritual care in general, a white paper published late last year by The Beryl Institute, noted,

"Spirituality in health care and the positive impacts it can have cannot be left to chance. They can and should be supported by a chaplain, who helps people identify and draw upon their sources of spiritual strength regardless of religion or beliefs. Chaplains, specifically board certified chaplains who are trained to understand and most effectively operate in the health care environment, should be included as the spiritual care specialists on the health care team, much like doctors and nurses represent the experts present on caring for the body. Even with increasing awareness, a lack of consistency exists in how spiritual care programs are operated or implemented in health

care organizations today. We have an opportunity to ensure alignment on both purpose and role and expand and reinforce the dialogue of the outcomes a focus on spiritual care can drive." (1)

In the area of education, renowned sociology professor Wendy Cadge, in a 2012 address to the Association of Professional Chaplains (APC), said, "I don't think tweaking or revising the standards will work this time, and I want to encourage you to think about how you would design an educational program for chaplains if you were doing so from scratch. I'll be surprised if you come up with the model you have now." (2)

Further, in her 2012 book, Wendy Cadge presents this challenge:

"While chaplaincy leaders and educators in each of these areas could work together to imagine new, more interdisciplinary, and more integrated training models, change is not likely to be easy. Change is important, however, if chaplains are to become more than 'tinkering tradespersons' fulfilling needs seen as peripheral to their organization's main missions." (3)

And again regarding education, in a 2015 article in the Journal of Health Care Chaplaincy, George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordon and Paul E. Derrickson, raised this point: "A question for the chaplaincy profession is whether designing CPE residency curricula around the certification competencies is an effective way to educate people for professional chaplaincy or whether it is time for a fresh look at education for professional chaplaincy."(4)

And in discussing licensure, the same article noted, "The merit in investigating licensure for chaplaincy is that standards of professional competency, propositional knowledge, and objective outcome-oriented clinical practice could be identified and tested through methods currently employed by other professional licensures and the question of who may train chaplains and how they may train chaplains becomes tangential."(5)

Even my predecessor — who spent 22 years at HCCN — Rev. Walter Smith, has said, "The current system in professional chaplaincy is not sustainable, and we must develop and embrace a different mode … Without an empirical base that validates the outcomes of their professional work, chaplaincy as a profession will remain on the margin of health care, and not be able to justify further investment of limited health care dollars to support its professional endeavors …"(6)

And regarding the pressing need for some form of advocacy, Father Smith said, "Despite many good efforts, chaplaincy still lacks an organized, strong, united, proactive and representative national voice. Chaplaincy as a field is not a significant professional participant in the national health care policy debate, nor does it have an appropriate and sustained lobbying presence with those who are playing key roles in shaping the future of American health care. Chaplains have to be at the table and speaking persuasively if

their contributions are to be understood and included as the health care landscape is being re-engineered."(7)

And there was much more. The need for a structured path for research in the field of spiritual care, the need for reimbursement for chaplaincy, the need to closely define the landscape of spiritual care and chaplaincy, the need to objectively demonstrate clinical outcomes and competencies, the need to foster the profession — the vocation —of chaplaincy, and, most of all, the need to make it a profession that is strong, dignified and respected. You see from this how easy it is to conclude that meeting all of these needs would require significant work. More importantly, they would require a more proactive and more aggressive approach than currently utilized.

Informed and motivated by these voices - over the past year, Health Care Chaplaincy Network under my direction has taken the initiative to begin to address these demands.

With The Beryl Institute, a global leader in improving patient experience, we suggested and collaborated on a new white paper entitled, *The Critical Role of Spirituality in Patient Experience.* This paper identifies key practices for integrating spiritual care into health care and the impact professional health care chaplains have on excellent patient experience. It includes insights from eight experts in the field, including some who are here today.

HCCN has taken important first steps to meet the demand for advocacy. We have petitioned and communicated with members of the United States Congress about why and how professional health care chaplains cost-effectively improve patient and family experience and satisfaction with their health care. At the state level, in January, we met with the Associate Director for Policy for the State of California Department of Health Care Services about California Senate Bill 1004. That bill will mandate community-based palliative care services to the recipients of Medi-Cal, California's Medicaid health care program. The government official asked us to provide input on two key points: intake screening for spiritual issues and qualifications for spiritual care providers. We submitted our recommendations soon after the meeting.

Why is this so important? Because California is ahead of other states in recognizing the importance of community-based palliative care. With the incorporation of effective spiritual care in the delivery of palliative care in California, it's likely that other states will follow California's lead. If HCCN had not stepped in, delivery of spiritual care within palliative care was almost certain to have been swept aside.

Our advocacy over the last six months has embraced more than just a legislative agenda. We have begun outreach to reporters in major media and in the health care

sector. The response has been both enthusiastic and exciting. It turns out there is a significant hunger for information on developments in spiritual care. Thanks to our efforts, numerous articles have been published in prominent publications, including The Wall Street Journal, Los Angeles Times, Reuters, McKnight's Long Term Care News, KevinMD.com, and the American Journal of Nursing — just to name a few.

In addition, media sources have requested numerous other articles and information. HCCN has become their resource. An understanding of chaplaincy and its value is beginning to take hold. Through the media, we will continue to educate and inform the health care field and the consumer alike.

To move chaplaincy toward becoming an evidence-based profession, we recently convened two international panels of experts to develop evidence-based quality indicators and evidence-based scope of practice. We announced these new tools in February and March of this year, respectively. The expert panelists represent the fields of chaplaincy, medicine, nursing, psychotherapy, palliative care, social work, research and policy in the U.S. and overseas. The reaction from the field has been noteworthy. Administrators, gaining a deeper understanding of what chaplaincy could bring to their health care settings, have reached out to us for more information and guidance. Chaplains have applauded this important contribution to the field.

This email message from Mario DeLise, BCC, Director of Mission and Community Development at Sonora Regional Medical Center, in Sonora, California, is one example. Mario said, "Thank you to HCCN for your work. Since coming into hospital chaplaincy 10 years ago, I have been excited to be a hospital chaplain, feeling that it was a ripe time and that chaplaincy was 'coming of age'. I really appreciate all the work, research, money and effort HCCN puts into moving us down the road toward professionalism, best practices, and integration." Mario is not someone we know, and like the other numerous messages we have received, his was unsolicited and unexpected. All of the developments are significant in their respective contribution, but there is so much more to do.

Some may ask why we are not doing this work through the existing chaplaincy organizations, also referred to as cognate professional associations, as we have done in the past. To say that some of the thought leaders from these associations are not partnering with us in this work is untrue. Many have chosen to get involved. There is a clear and declared recognition that the organizations themselves have not yet taken the necessary steps to move the field forward. For myself, these last three years, this shows no signs of changing though I hope it will. For now, there has not been leadership in producing the evidence that chaplaincy training, chaplaincy certification, or health care chaplaincy itself contributes any value to the health care enterprise. Without this evidence

and advocacy based on it, professional chaplaincy is in real danger of further marginalization, rather than further integration.

This is still where we find ourselves after years of HCCN spearheading collaborative projects, and providing generous financial support and human resources to cognate group projects that we hoped would jump-start the field. These efforts included securing the funding and providing production support for the first white paper on professional chaplaincy, providing major financial and logistical support for the development of Common Standards, and developing the palliative care competencies for the first specialty certification in chaplaincy that we then gifted to APC. This does not include all the financial resources HCCN has provided annually to help support the operations of these associations. It is our strong belief that the welfare of this profession and the spiritual welfare of our patients demands that we can no longer wait to move forward.

The time for repeating discourses and merely hoping for change and a better future is over. Together, we can incorporate what we already know needs to get done. We must act on the guidance of the thought leadership and our experience in the field, and together tackle the challenge of building our profession, focusing on the clinical outcomes essential to our work, fostering further integration with the health care team, and ensuring chaplaincy's survival for the next generation. Now is the time to unite and fundamentally establish spiritual care in health care and to move chaplaincy down the road toward advanced professionalism, best practices, and greater integration.

Making spiritual care a priority is why today — on behalf of HCCN's board of directors, HCCN's staff, and our supporters — I am announcing the formation of the Spiritual Care Association.

The Spiritual Care Association is the first multidisciplinary, international professional membership association of this expanse and magnitude for all types of spiritual care providers. It establishes for the first time evidence-based quality indicators, scope of practice, and a knowledge base for spiritual care in health care.

As health care providers emphasize the delivery of positive patient experience, the Spiritual Care Association has been established to lead the way to educate, certify, credential and advocate. Our goal is for more people in need, regardless of religion, beliefs, or cultural identification, to receive effective spiritual care in all types of institutional and community settings in the U.S. and internationally.

The Spiritual Care Association is committed to serving its multidisciplinary membership and growing the chaplaincy profession. My team and I will depend on SCA membership for guidance, direction, knowledge, expertise and collaboration.

SCA is a nonprofit membership organization and an affiliate of the nonprofit HealthCare Chaplaincy Network. HCCN will continue to function and grow, following its original mission in providing clinical care, education and research.

The Spiritual Care Association goes well beyond what existing organizations are doing in the field— designing new educational programs and delivery methods that meet today's needs, by developing new processes for credentialing and certification to ensure that chaplains are better prepared with evidence-based knowledge and skills, by uniting all disciplines — *all of those* interested in spiritual care--to enhance education and advocacy, by responding to the needs in today's health system, and by filling the gaps so that we make certain that our profession is sustainable and growing, and our patients gain the comfort and meaning they deserve.

Membership in this multi-faceted cognate group – the Spiritual Care Association is open to all individuals and organizations committed to the provision of optimal spiritual care as a vital component of whole-person care and the overall patient experience. There are three categories of membership. The first is health care professionals, including but not limited to chaplains, physicians, nurses, social workers, patient advocates, administrators and volunteers. The second membership category is community clergy and religious leaders. The third is organizations and institutions.

For health care professionals, the Spiritual Care Association will be a vital resource. While professional chaplains are the spiritual care specialists on the interdisciplinary team, there is growing recognition that delivery of spiritual care requires the participation of the entire team. Present structures and associations that segregate chaplains or other health care professionals are not in the best interest of promoting the integration of spiritual care and the specialty of chaplaincy. All stakeholders in spiritual care — chaplains and other disciplines — need to unite together. Chaplains should not be marginalized. Chaplains should and will now gain the same respect as other health care professionals.

SCA will promote that all on the health care team understand the contribution of spiritual care, obtain basic knowledge of it, and value the importance of working hand in hand with chaplains.

Dr. Malcolm Marler, BCC, Director of Pastoral Care at the University of Alabama Birmingham, has said, "In the medical field we've got to teach people from all types of disciplines how to listen and engage people comfortably and care for them spiritually and emotionally." (8)

The Spiritual Care Association delivers for all health care professionals a unique and comprehensive combination of benefits: evidence-based education in our Learning

Center, Spiritual Care Grand Rounds webinars, the online resource and community of The Chaplain Connection, publications and updates, and more.

For community clergy and religious leaders, the Spiritual Care Association will be a vital resource. Community clergy and religious leaders are often unprepared and feel uncomfortable providing spiritual care to individuals with chronic disease and/or nearing the end of life. This training is largely missing from seminary education. There are more than 350,000 spiritual leaders and community clergy in the United States. The time is NOW to enlist their full participation in providing effective spiritual care — and increasing their comfort level in doing so.

We have already engaged major seminaries throughout the United States, and as a committee are reviewing the needs of clergy regarding their place in health care settings, so that SCA can develop the educational components determined to best prepare current and future clergy, and religious leaders to care for patients, families and health care professionals.

For organizations and institutions, the Spiritual Care Association also will be a vital resource. It complements or supports an organization's mission and objectives. It provides a venue to become part of the grassroots, national and global, multidisciplinary advocacy effort to advance the integration of spiritual care in health care.

We have already reached out and invited more than 140 non-chaplain organizations nationally to participate in a new advocacy agenda. This agenda will promote the value of spiritual care in health care, the important role of the chaplain, and the need to attain some level of reimbursement for hospital and health care institutions that provide spiritual care through professional chaplains. The response to our invitation has been robust. There is clearly an opportunity here to work across all professions, disease states, religious institutions, and community groups to achieve a new level of understanding and support for growing the spiritual care agenda.

We urge organizations from all disciplines — those for chaplains, social work, nursing, medicine, clergy, seminaries, faith groups, and others — to join the Spiritual Care Association. We urge them to become part of this interdisciplinary and unified voice for spiritual care. With the combined strength of individual and organizational members, the end result will be that more people will receive the spiritual care they so much want and need.

There are numerous components to this new membership organization which are at this moment operational. One of them is the SCA Learning Center for the initial and continuing education of chaplains and other spiritual care providers, and other health care disciplines. The Learning Center's online courses are authored by subject matter experts. They cover critical topics that professionals encounter regularly, and we will be adding

more courses over time. The center uses a state-of-the-art learning management system currently utilized by large online universities. With this system, you can take each course at your own pace, and earn a certificate of completion and continuing education hours for each course completed.

A few minutes ago I spoke about the linkage of evidence-based quality indicators, scope of practice, and knowledge base. The courses available in the Learning Center are the foundation for this essential knowledge base. In the current model of clinical pastoral education (CPE), each CPE unit differs widely from unit to unit, supervisor to supervisor, and center to center to the extent that it is impossible to know what a student has learned upon finishing a CPE unit. There is little standardization and much subjectivity in the process. You know better than I that this does not compare favorably to other health care professions. Through the SCA it is being redressed.

Another educational component of SCA is to provide clinical pastoral education through our new CPE-dot-org. CPE-dot-org consists of a virtual curriculum and didactics online and via video, combined with on-site clinical work at a hospital or other setting. The program is overseen by a CPE supervisor and follows Association for Clinical Pastoral Education standards. It is being offered through SCA by HCCN, an ACPE-accredited center. CPE-dot-org is for people interested in CPE, but whose work, personal or other responsibilities, or lack of a nearby on-site center, have prevented them from taking conventional CPE units. There's a strong need for clinical pastoral education that combines online and in-person training, and CPE-dot-org meets that need.

So far I've described three major components of the Spiritual Care Association — membership, advocacy and education. The fourth component is chaplain credentialing and board certification.

We all know that many people serve as chaplains without certification and some without any pastoral education or accountability. This has been a big drag on the progression of our field. But so many people working as chaplains with some clinical training who are doing good work particularly in small organizations, rural areas, and other settings, especially in hospice, are not recognized. Due to their geographical location and other factors, they are unable to meet the current requirements of other associations for board certification. Because of that, the profession has dismissed their experience and contribution to chaplaincy. That changes NOW. Anyone currently working as a chaplain who is not board certified but who meets the requirements that the Spiritual Care Association has set merits the title of Credentialed Chaplain.

The value of credentialing is two-fold. For chaplains, the title of Credentialed Chaplain will attest to their level of competence in the profession. For institutions, they can be assured that a Credentialed Chaplain has demonstrated the competencies to perform normal chaplaincy tasks. This level of chaplaincy will be challenging to obtain

and requires the candidate to pass an exam designed to objectively determine their grasp of evidence-based knowledge and clinical competency.

In addition to credentialing chaplains who meet our requirements, the Spiritual Care Association offers two paths to Board Certification.

In Path One, anyone who holds a current board certification or its equivalent from a recognized U.S. or international professional chaplaincy organization can become Board Certified through the Spiritual Care Association by providing the required documentation.

And because certification is currently too subjective and unnecessarily lengthy and laborious, SCA is introducing a new model to becoming a Board Certified Chaplain.

It is no secret that the way in which board certification is currently done is a subjective process that is not standardized. How candidates are interviewed and how their abilities are judged have not been consistent from one certifying committee to another. This stands to hurt all of us. Chaplaincy must move to an objective process where people are deemed competent based on meeting evidence-based quality indicators, scope of practice and competencies, and knowledge base. For chaplaincy to truly become a profession, we need to follow the lead of other disciplines — registered nurses, licensed social workers, physicians — who do not have a subjective certification process that lacks consistency, but rather one with objective and evidence-based national standards, education, testing and demonstration of knowledge and competency. The Spiritual Care Association creates exactly this much-needed degree of professionalism with the nine requirements to become board certified via Path 2. It includes a standardized patient exam much like those taken by medical professionals, but with the focus on our competencies. Also included is an exam designed to objectively test a chaplain's grasp of evidence-based knowledge.

I know this is a lot to digest. The coming months will unveil additional initiatives and opportunities as well. But, to summarize, the Spiritual Care Association engages chaplains and all health care professionals from multiple disciplines, community clergy and religious leaders, and organizations and institutions in common purpose. It looks at the real needs of providers, patients and their families, and the important role of spiritual care and of chaplaincy. It standardizes a fragmented profession, and makes education and preparedness a fundamental necessity. And it commits to raising a loud voice for the spiritual care agenda by providing the opportunity in the United States and across the globe to speak up and lead to change and transformation.

Our conversations to date with global spiritual care thought leaders have been well received. There is a consensus that under the umbrella of SCA a true level of

collaboration could be obtained, resources culled and coordinated, and goals and objectives achieved.

The cry for change and improvement, the hope that we can make the profession better and move it along resonates in our hearts. You know better than I that these value-added components of SCA that have been talked about for years must happen now for the good of the field, but most of all for the benefit of every person in need.

That is why in the same way that I stand here to personally present and explain the Spiritual Care Association to you, communications are going out as I speak to invite numerous chaplaincy associations and leaders to assist in whatever way they desire in the SCA initiative — to join together to strengthen the profession and work toward its future. We acknowledge and respect the services that the other associations have provided to their members for many years and for many years to come, and we welcome their participation in SCA, particularly in the area of advocacy for professional chaplaincy. I am requesting a call with each of these groups to personally discuss their involvement and collaboration. I will be sure to keep you informed of our work together.

It's time to make spiritual care a priority. This forward-looking SCA model modernizes the profession and maximizes the potential of spiritual care in whole-person care**.** Some will say this is impossible. Others may say we have never done it like this before, and so may deride the prospect. Still others may express concern, fearing that which is new, and preferring to remain in reinforced organizational and individual silos.

But isn't it time for spiritual care to be better accepted, respected and valued? Isn't it time to ensure that the whole person — body, mind and spirit — is cared for? Isn't it time to do everything we can to reduce the pain and suffering of those we serve? Isn't it time for more to be done, for more support and better guidance to be provided?

The Spiritual Care Association gives us all a significant opportunity to get involved, an opportunity to become empowered, an opportunity to make a difference. If not us, who? If the time is not now, when? If not for the good of every patient, caregiver, family member, and health care professional who truly needs someone to be present to them — to hold their hand — and remind them of and reflect for them that which is sacred, why?

No, I do not believe this is just a passionate vision: together the vision of the future begins today.

Sources:

(1) "The Critical Role of Spirituality in Patient Experience," The Beryl Institute and HealthCare Chaplaincy Network, 2015

(2) Wendy Cadge, June 24, 2012, Association for Professional Chaplains Annual Conference Talk, "Chaplaincy After Pluralism: Engaging the Big Professional Picture"

(3) Cadge, Wendy. Paging God: Religion in the Halls of Medicine. Chicago: University of Chicago Press, 2012

(4) George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordon & Paul E. Derrickson (2015) Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?, Journal of Health Care Chaplaincy, 21:4, 151-164, DOI: 10.1080/08854726.2015.1075343

(5) George Fitchett, Alexander Tartaglia, Kevin Massey, Beth Jackson-Jordon & Paul E. Derrickson (2015) Education for Professional Chaplains: Should Certification Competencies Shape Curriculum?, Journal of Health Care Chaplaincy, 21:4, 151-164, DOI: 10.1080/08854726.2015.1075343

(6) The Rev. Walter J. Smith, S.J., Ph.D., from his 2012 COMISS Network (The Network on Ministry in Specialized Settings) Forum Address upon receipt of the COMISS Medal, its highest recognition. At that time, Father Smith was HCC President and CEO, a position he held from 1991 to 2013.

(7) The Rev. Walter J. Smith, S.J., Ph.D., from his 2012 COMISS Network (The Network on Ministry in Specialized Settings) Forum Address upon receipt of the COMISS Medal, its highest recognition. At that time, Father Smith was HCC President and CEO, a position he held from 1991 to 2013.

(8) Dr. Malcolm Marler, BCC, Director of Pastoral Care at the University of Alabama Birmingham