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Introduction to this issue of The Deacon's Call

It is time to say goodbye to summer and hello to the fall schedule of faith formation classes, RCIA and a full liturgical calendar. In this issue we are blessed to hear from three women. Ellen Dumer gives us wonderful insights into the Day of Reflection for Wives. We asked for articles on ministry to the ill and dying and Mary Alice Mauser shares her experiences in the hospice setting. Debbie Czawlytko, parish nurse for St. Ignatius, Hickory, offers insights and advice for deacons in their ministry to the ill. Many thanks to these three women, and we look forward to hearing from them again. Deacon Monti gives us all some important wisdom on funerals and wake services. Thank you to all our writers. Also thanks to Kate Sullivan for her work in formatting the Call and resurrecting the Ordination dates and Necrology.

The theme for our next issue is ministry to the poor and disadvantaged. Please consider writing an article on your experiences in this area. I look forward to seeing you at the Day of Enrichment on October 4th.

— Lee Benson

2014 Day of Reflection for Wives of Deacons - Midwifing Our Spirituality — By Ellen Marie Dumer

May 17, 2014 - What better place to gather with other women than the beautiful St. Mary's Spiritual Center in Baltimore? Our host Reverend John C. Kemper, S.S. has the gifts of hospitality, humor, and deep spirituality and shared them humbly with us throughout the day from the opening to the Mass at the end of our day in the historic "Chappelle Basse" (lower chapel) of the historic Seminary. It is to this blessed space that the Oblate Sisters of Providence, founded by Mother Mary Lange, trace their roots. In addition, Elizabeth Bayley Seton took her vows here before Bishop John Carroll.



And what better way to take a break for ourselves than to be part of Dr. Pat Fosarelli's presentation on *Midwifing Our Spirituality*? If you couldn't attend we missed you, but here is a brief summary of the "course" she presented to us!

While midwifing is known to most of us as the care of a woman during pregnancy by a woman trained in the medical particulars of the process, it is a beautiful metaphor for our spiritual growth also. A truly personal experience, its sharing enriches all involved. It can be a formal or informal encounter. It is the informal that can provide the most riches when we are living in expectation of the gift. It is the chance to be with Christ at the most unexpected time... the grocery store line, a waiting room, even a parking lot. While we look forward to the joyous encounters, the suffering encounters also bring great transformation. Because Christ lives in each of us, the moment of birth is ever present and waiting for us to move through the labor pains of growth. *Continued on Page 2*

Dr. Fosarelli assured us there is no predictable or correct pattern or progression to spiritual growth. To illustrate this, our conversation was directed toward who in our own lives had possibly encouraged us in this growth and how we had done so for others. Important for our group was the fact that we have been a midwife to the spiritual lives of our husbands even before they heard the call to be a deacon. With Mary as a model for this role, she knew her real son, just as we know our real, human, yet specially blessed husbands.

In this special role, there are unexpected ways we may be called upon to support their hearts and souls as they serve. Just as in the birthing process, a midwife is not intrusive, but neither does she allow a disaster to happen. She understands what must be endured, when to refer, and when to encourage. As humans, we naturally reach out for assistance and comfort when life becomes painful and does not make sense. Those who know us as the wife of a deacon may feel more comfortable approaching us than our husbands. Or our husband may choose to use us as a source of help in such a problem.

Here are a few of Dr. Fosarelli's messages to remember in our role as wives of deacons and Catholic women:

1. Your presence is more important than your words. People in pain must be heard. Your best ministry is your ability to listen. Allow them to tell their story.
2. Don't give your opinion unless asked. Keep uppermost in your mind when ministering to others that we represent the Church.
3. Get used to handling ambiguity.
4. Become comfortable with hearing about suffering. We cannot take it away only help others to live through it with Christ guiding the way.
5. Don't become too fond of your own abilities! Whatever ministry you are serving in, we are servants of the Lord who wants the souls more than we do!
6. See Christ in everyone in every circumstance. If you can't see Christ in someone, they **must** be able to see Christ in you.
7. Stay close to Christ. Daily. All day. Ask Christ what to say or do. Then listen.

We hope that more of our wives can attend next year. And a very special "thank you" to Kathy Passauer for stepping in at the last minute and making the arrangements for this important gathering. †

Funerals and Wake Services by Deacon Monti

Most of the services I do are for non-practicing Catholics which is a great opportunity to catechize the family and the attending guests about Catholic teaching on death and the afterlife.

I love the reading from the Book of Wisdom 3:1-6, 9 which includes the line "They seemed in the view of the foolish, to be dead..." It gives me an opportunity to point out two misconceptions. The first is the materialistic view that there is no God or afterlife and what is important is how big the house is you live in, the expensive cars you drive and the fancy clothes you wear; because in the end, they will dig a hole and put you in it because that's all there is. The extreme opposite of the materialist is the person

who believes that God sits up in heaven with a big book and writes down all the bad things you do and He is going to "get you" when you die. They are the most fearful and unhappy people on the subject of what death is about.

However, the Catholic view is that death is a passing from this life to a new life. I then share a description of the suffering Jesus endured for us on Good Friday – the beatings, the abuse, the crowning of thorns, the carrying of the cross, falling three times, but never giving up and needing help to carry the heavy cross beam to his final destination at Calvary where he died for our sins. He must have been a powerfully strong man to endure such suffering for us. *Continued on Page 3*

Then I describe the risen Jesus meeting Mary in the garden. She didn't recognize Him until He called her by name as He calls each of us by name. He was no longer a crucified person, but a risen person. Jesus encounters the two disciples on their way out of Jerusalem for fear that the authorities were going to crucify his disciples. Jesus, whom they didn't recognize, goes on to explain why He had to be a suffering Messiah and how He understood what suffering was for each of us in our lives. However, it was at the breaking of the bread that evening when they recognized Him, which is one more reason why the Eucharist is so important in our Catholic Liturgies of the Mass and Eucharistic Adoration.

Finally, I describe what the risen Christ was able to do in the presence of his apostles. He could enter a locked room and sit down to eat and drink with them. Thomas could put his finger into the wounds in his hands and his fist into the hole in His side and proclaim those prophetic words "My Lord and my God." What a great comfort this should be for a loved one who was lost in a fire or drowned at sea or killed on a battlefield in an unmarked grave.

I leave the rest of the story of salvation to the Holy Spirit who speaks to them in the prayers and petitions in the funeral rite. I just try to provide the "key" to open the door of their hearts to Jesus in their lives. †

An Unexpected Calling by Mary Alice Mauser

I often hear stories of people who set out to achieve certain goals because they know from a very young age that this is right for them. Then, there are others who unwittingly find their lives unfolding in such a way that they are called to a certain path. My story is more like the latter.

In 2000, St. Louis of Clarksville began a program of outreach to the recently bereaving members of our parish. We had long hosted receptions on the day of the funeral but had nothing in place to support the bereaved in the lonely and sometimes confusing months following the funeral. The outreach program consists of writing a monthly note over the course of a year to the surviving parishioner with some helpful information about grieving. Anne Buening, our Pastoral Associate at that time, had compiled the grief materials and needed volunteers to write the accompanying personal notes. It appealed to me. So began a journey that would open my heart to a path I had never anticipated taking.

As I wrote my letters, I learned a great deal about the grief process and received very encouraging feedback about my skills.

Over the next several years, circumstances evolved to where I found myself at the bedsides of several friends and relatives in their dying days. I noticed that it was an extremely enriching and intimate experience to help someone at this very critical time. Those who are at peace with dying want only "presence" from those around them. Even those who are restless can be greatly comforted with a soft touch and soothing voice. I could do this.

While participating in a Bereavement Skills course in 2009, I took a tour of Dove House, a Hospice facility in Carroll County. I didn't expect anything but an interesting tour. However, something ignited in me during that half hour "on the floor" and I realized that helping people as they approach death was something I wanted to pursue.

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In 2011, I took a seven-week training course for Hospice Volunteers in Carroll County. I have been serving at Dove House as well as in private homes and institutions for the past three years. I also have twice participated in a Hospice-sponsored bereavement camp, Camp TR. Camp TR is a three-day residential experience for children who are grieving the death of a parent or close relative or friend. Children are paired with trained adults to help them process their grief in a variety of ways, individually and in group activities.

My work with Hospice continues to be broadening. Sometimes I feel a little uncertain. I can't always know just what to say or do. But I can be present. And I find strength in knowing that I will be given the grace to do what I am called to do. God is good! †

Ministry to the Ill and Dying is a Special Privilege (Part 1) by Debbie Czawlytko

Ministry to the ill and dying is a special privilege. Some interactions are brief and fleeting, while others develop into deeper relationships over the course of several months or even years. This is a ministry in which we walk through some of life's most difficult moments with our parishioners, and bear witness to physical, emotional, and spiritual distress. Working with the ill and dying requires us to deeply listen and to be truly present to those we serve. It can be exhausting, gut-wrenching, and painful; it can also be beautiful, peace filled, and holy.

Illness is a unique experience for each person. Some people are stoic, while some lament and wail. Some like to keep things private, while others are very open about sharing the details of their illnesses. None of these are correct or incorrect; they are just different. However, in all cases it is important that we maintain strict confidentiality unless given permission to share information by the individual to whom we are ministering. This includes putting names on a prayer list or even sharing that someone is hospitalized. People who are ill and debilitated often feel -- and may in fact be -- vulnerable. Maintaining confidentiality is part of building the trust that is such an important part of developing a positive relationship. Further, asking permission before sharing information reaffirms the individual's autonomy at a time when very few things may be within his/her control.

Perceptions about illness are unique and varied as well. Asking "why?" is a very common response to serious illness. However, those who

view every event as a purposeful part of God's plan may feel that questioning is forbidden. So, for many the questions remain but are pushed aside instead of being acknowledged and explored. Anxiety, confusion, and spiritual distress can be the result.

Illness as punishment is a common perception as well. In this case, people often feel hurt and confused, unable to understand why they are being so horribly punished after a lifetime of striving to do right. Feelings of bitterness and anger toward God can be a result, along with feelings of abandonment. Some may feel ashamed and heavily burdened because they

believe the punishment must be deserved as God does not make mistakes. Tremendous amounts of energy may be expended on trying to identify and atone for the sin that has wrought this punishment. Utter hopelessness can follow.

Another perception is that God sometimes allows illness or misfortune as a test of faith or to teach a lesson. These individuals may appear serene and accepting but may have inner turmoil as they struggle to understand how a loving

God could allow such suffering. They may be unwilling to admit this struggle lest they be seen as not passing the test or not accepting God's will.

Finally, there are those who view illness as simply part of the human condition or a rough patch of road on life's journey. There may still be mighty struggles as one tries to find meaning in suffering, but these folks seem to be the ones who most easily come to peace with their illnesses.

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Which is the “correct” perception is not our concern. The minister meets the ill person where he/she is and walks with him/her for a time. As we build trust and develop a positive relationship, we are able to support this person’s faith journey by reflecting and sharing God’s unconditional love. Those struggling with serious illness may need assurance that simply having questions and feelings is never wrong, and it’s okay to explore those questions and feelings. While it is possible to act on feelings in ways that are wrong, having feelings is an integral part of being human.

We must remember that anger, and especially anger at God, is a very frightening emotion for many people. However, God created us with emotions and experienced all of them, as we do, when he was here with us on earth. The pastoral minister can help those who are struggling with uncomfortable emotions to own those feelings and questions. Only then can they begin to work through them and eventually find peace.

Listening is an extremely important skill in ministry to the ill. People need to tell the story of their lives, have it heard, and know it matters to someone. By deeply listening and being fully present, we help to facilitate that need being met. Indeed, being given another’s story is a sacred gift that enriches our own life story!

This kind of self giving is not always easy, especially when we have an overly full schedule to keep. It requires active listening skills, such as reflection and clarification and an investment of time. Listening deeply and being fully present means that we open ourselves to the other person and put aside our desire to give unsolicited advice, tell of our own similar experiences, or spout platitudes. It means listening without judgment or reproach; it means waiting patiently without prompting as the story unfolds. Sometimes, it means just sitting in silence with someone.

That being said, let’s turn to some practical tips for visiting the ill and homebound. First and foremost, do not go if you are even a little under the weather. Chronically ill people do not need the added pleasure of your cold! People whose immune systems are already taxed cannot fight off cold viruses as easily as a healthy person can, and your case of the sniffles might develop into pneumonia in the homebound person. In the same vein, clean your hands before and after each visit especially if you are going room to room in a hospital or nursing home. If a sign on the hospital room door tells you don a gown, mask, and gloves, do it! This is usually for your protection and for the

protection of other patients. It’s also a good idea to try not to put a bag or briefcase on the floor or on the bed of a sickroom; this is a good way to carry germs home or to others you visit. It’s also wise to avoid sitting on the bed because aside from picking up germs, this can be uncomfortable for the patient. Touching can also be uncomfortable for a sick person. Ask before touching someone beyond a light pat on the shoulder, etc. Some people simply don’t like to be touched while others may be in too much pain.

As service-oriented people, our instinct is to help. However, we do well to remember that loss of health does not mean loss of autonomy. Therefore, before just doing something for those we visit, we need to ask. Saying, “Can I get that for you?” or “How can I best help?” puts the ill person in control of meeting his/her needs. A professor once reminded our class that Jesus did not just walk up to the blind man and restore his sight. Instead, Jesus first asked the blind man what he wanted done. Jesus respected the blind man as a person and asked before doing anything. How can we think it’s okay to do otherwise?

Our inclination toward service might also cause us to want to provide small comforts like a drink of water for those we visit in the hospital. Always ask first. The person may have to go for a certain period of time without food or fluids for a test or surgery, and your act of kindness could cause the procedure to be postponed. In other instances, there could be real bodily harm caused by giving food or fluids. If a patient does not have water at the bedside, it may be for a reason! We must also be very careful about administering Communion when a patient is not allowed to have anything by mouth. The medical abbreviation for this is NPO. If you see this written on a patient’s door or above the bed, it means they may not have food or fluids by mouth. Communion wafers are food. Families may sometimes be very insistent that their loved ones need to receive by mouth, despite the NPO order. Depending on the circumstance, it may be possible to break off a very minute piece of the host and allow it to dissolve on the patient’s tongue. The safest course of action, however, would be to pray with and for the patient and family, and assure them of God’s loving presence and spiritual communion. NEVER place anything in the mouth of an unconscious person!

Many of the ill and homebound are elderly and require some other special considerations. If the person is hard of hearing, *Continued on Page 6*

it's important to speak slowly, loud enough, and look directly at the person. It can be helpful to take a large-print version of the prayers you'll say together in order to help the hard-of-hearing person follow along. People who don't hear well often get tired of asking the speaker to repeat what was said. Therefore, take a few minutes to clarify that the person has understood you if you are not certain. Write down things like the day and time of your next visit to help avoid confusion. Finally, people who are of an advanced age or hard of hearing do not necessarily also have dementia.

All too often, elderly, and especially hearing-impaired elderly, are spoken to in patronizing tones and with more than a hint of impatience. (Admittedly, this is a personal pet peeve of the author who sees this behavior as profoundly disrespectful.)

Deacons as ministers to the homebound need to be aware that early morning visits may not be a possibility. It usually takes time for the ill elderly to get moving and complete the morning routine of washing, dressing, etc. If the person lives alone and you will be visiting regularly, try to get the name of an emergency contact. This way, if no one answers the door when you arrive at the appointed time, you'll be able to determine if there is a mix-up or an emergency. If conditions inside the home appear unhealthy or unsafe, it may be necessary to call Adult Protective Services. This is rare but something of which it is important to be aware

Sometimes, we need to refer the folks we are visiting to someone else. There are problems and situations that we are simply not qualified or able to handle. For example, we need to be sensitive to requests for Reconciliation or Sacrament of the Sick. The minister to the sick can do a little "spiritual triage" and probe a bit when comments like "I'd like to talk to Father, if he could come by" are made. This needs to be carefully handled, but questions such as Church teachings on end of life issues or how to pre-plan a funeral at the local parish could be easily answered by the deacon. With the average parish priest's time in such demand, this kind of triage could save him a house call. However, sometimes a request to "sit down with Father" is really a way of asking for the opportunity to go to confession or to discuss something the person feels only a priest can hear. We never want to block access to the Sacrament of the Sick or give the impression of having done so.

On occasion, we might find ourselves concerned about a deteriorating physical or mental health problem in someone we visit. The difficult truth here is that we cannot make another person do anything unless that person is a danger to himself or others or is incompetent. In an emergency situation, we should certainly call 911. This includes not only severe physical illness, but also a person who is threatening to harm himself. It's important to note that it is entirely appropriate to ask flat out, "Are you thinking of hurting/ killing yourself?" This question will not cause suicide in a person who does not already have that thought. It can, however, save a life!

In a mental health crisis, Baltimore and Harford Counties have Mobile Crisis Units available. These units are comprised of a mental health worker and a police officer who respond together in crisis situations. This is an emergency number worth keeping available in case this invaluable service would be needed. Visit your local government website to determine whether this type of service exists in your area.

If the person is lucid and no danger to himself or others, our only recourse is to respectfully state our concerns and try to facilitate the person getting help. Again, we must respect the person's autonomy and maintain confidentiality.

One final practical note: because we are by nature helpers, visitors to ill and lonely people can allow themselves to get drawn into doing too much for those they visit. Ministers to the ill need to set and maintain certain boundaries. We cannot be all things to everyone. It's wise not to encourage folks to call you at home. Likewise, it's best to limit extra favors or errands. This situation can quickly escalate and harm the pastoral relationship. † *Part 2 will appear in the next issue*

COMMITTEES

Deacon Personnel Board

Chair: George Sisson /Vice Chair: Jim Sullivan

Policy Committee

Chair: Jim Sullivan

Communications Committee

Chair: Lee Benson

Ongoing Formation Committee

Chair: Dave Page

Placement Committee

Chair: Paul Mann

The committees need members! Both deacons and wives are invited — just email the appropriate committee chair.

Current Emmaus Groups

St. Ephrem Fraternity
 2nd Tuesday of each month
 10 a.m. — Immaculate Conception
 Contact: Deacon John Gramling
 410-823-0694

Holy Trinity
 2nd Tuesday of each month
 6 p.m. — Holy Trinity, Glen Burnie
 Contact: Deacon Kevin Brown
 410-544-6330

St. Lawrence
 3rd Friday of each month
 8:30 a.m. — Location varies
 Contact: Deacon Mark Soloski
 410-664-4654

Urban Emmaus Group
 2nd Saturday of each month
 8 a.m. -- St. Peter Claver/St. Pius V
 1546 N. Fremont Ave., Baltimore
 Contact: Deacon Will Witherspoon
 410-599-8327

The Amen Corner
 Last Thursday of each month
 Noon — An Poitin Stil Irish Pub
 St. Vincent Fraternity
 Contact: Deacon Jack Ames

Deacon Families of Central
 Maryland (includes wives)
 Fourth Sunday (location changes)
 Contact: Deacon George Sisson
 301-473-4800

If you have started a new Emmaus Group, or if your group's information needs updating, please provide the pertinent information to *The Deacon's Call*.

DEACONS and WIVES ***Day of Enrichment*** ***October 4, 2014***

Cultural Diversity
Presenter:

Mrs. Mar Muñoz-Visoso



St. Louis Parish, Clarksville
12500 Clarksville Pike
Clarksville, MD 21029



The day will begin with
9:00am Mass in St. Louis' Church
Archbishop Lori presiding
with renewal of vows

10:15am gathering in St. Louis' Social
Hall for meeting with Archbishop Lori

11:30am buffet lunch in St. Louis'
Social Hall



Afternoon presentations by
Mrs. Mar-Munoz Visoso,
Executive Director/USCCB Secretariat
for Cultural Diversity in the Church

Special Dates

NECROLOGY	
John J. Patyraj	7/16/1983
George Marick	7/26/1986
Joseph A. Rafferty, Sr.	7/9/1988
Daniel P. Murphy	7/15/1995
Joseph Landers	7/11/1998
J. Kenneth Pivec	7/30/2012
Joseph M. Lurz	8/8/1989
George F. LeFevre	8/28/2000
Chester J. Jakowski	8/27/2001
Vincent J. Perticone	8/14/2003
John J. Codd, Sr.	8/04/2004
D. Vincent Provenza	8/12/2004
Richard Johe	8/14/2005
Francis X. Moritz	8/04/2006
Joseph L. Schultz	8/4/2014
Charles R. Kruger	9/27/1997
Melvin L. Baranoski	9/15/2000
Leo Nuedling	9/11/2001
Earl A. Smith	9/9/2007
Michael Flamini	9/24/2011
James C. Monaghan	9/14/2012
Richard F. Morris	9/20/2012

ORDINATION DATES	
Edward J. Stoops	9/23/1972
Samuel R. Perry	7/1/1973
Albert W. Chesnavage	8/4/1974
Eugene J. Miller	8/31/1974
Theodore C. Gross	9/23/1974
Francis L. Werner	8/7/1976
Robert L. Keeley	9/30/1978
Robert W. Oliver	7/5/1980
Francis G. O'Keefe	7/12/1980
Stanley L. Wise	7/18/1981
Daniel R. Kopczyk	9/17/1983
Nicholas E. Feurer	9/17/1983
Charles H. Hiebler	9/8/1984
Gary Lee Fulmer	9/29/1984
William L. Fallon	9/29/1984
George F. McAndrews	9/13/1986
J. Donald MacKnew	9/13/1986
J. Edward Bee	9/13/1986
John E. Coster	9/13/1986
Paul D. Shelton	9/13/1986
Richard J. Stine	9/13/1986
Robert O. Lynne	9/13/1986
George W. Walker	9/15/1986
Leroy S. Moore	7/9/1988
Robert L. Baker	9/6/1992
Nathaniel D. Cordova-Ferrer	9/17/1994
Jack Connor	9/7/1996
Peter Barbernitz	9/7/1996
Stephen H. Cooley	9/13/1997
Rodrigue Mortel	7/5/2001
Karl Bayhi	9/25/2004

The Deacon's Call

*Newsletter of the Baltimore Deacon Community
September 2014*

Issues are published quarterly, normally in March, May, August, and November. The deadline for articles is on the 15th of the month preceding publication. Your comments and ideas for future newsletters are welcome.

We need articles! Please consider writing a brief article on an aspect of your ministry or a review of a book you have read or a film you have seen.

Please email comments to any member of the Communications Committee.

Lee Benson, Chair