Although the 2005-2006 Clinical Pastoral Care Education (CPE) Residency program has five student chaplains, the group’s supervisor, Rabbi Bonita E. Taylor, says it sometimes feels like nine religions are in the room. “Most of my students have converted from other religions that are still influencing them, theologically and culturally.”

The Rev. Seung-jin Yun, a Korean-born CPE resident who converted from Buddhism to Christianity at the age of 28, reports benefiting from the group’s religious and cultural diversity in a very practical way. “Sometimes the small bits of information I pick up from my classmates help improve the quality of my work at the patient’s bed-
It is mid-morning as I enter the “surgical waiting area” of Beth Israel Medical Center. I am there to visit either with patients before they undergo surgery, or with family members awaiting news of their loved ones’ conditions.

As my eye scans the area, I notice a middle-aged gentleman sitting in the corner of the room looking somewhat forlorn. After introducing myself and asking permission to join him, we begin a conversation. I will refer to him only as NC to protect his privacy. NC’s wife, who I will call OC, was having both abdominal and back surgery.

NC shared with me his deep belief in Jesus and the Divine One, as well as his feeling that the “Good Lord” sent me to be with him at this difficult time. He was anxious, nervous, and worried about the surgical procedure. I was not quite sure how to proceed. I felt in my gut that if I prayed on behalf of OC, NC would want me to include Jesus in my devotions. As a Modern Orthodox rabbi, my faith tradition differs greatly from that of NC, and I would not be able to justify praying in such a fashion. In other situations with non-Jews, I would explain to the patient...
to the Roman Catholic Church. “We have seen throughout the majority of the American Jewish community a sea change in attitudes toward the Catholic Church, to the point where arguably no other religious community is viewed by U.S. Jewry as more important and empathic to its wellbeing,” said Rabbi Rosen. He used the metaphor of a garden surrounded by high walls to speak about Christian-Jewish relations, which he said “for the overwhelming majority of its history has been an ugly place covered with brambles, weeds, and full of lurking dangers.” As Rabbi Rosen optimistically concluded: “…the garden has been overwhelmingly transformed into an impressive place. It might not yet be the Garden of Eden and there are still areas of rocky terrain, but it is generally a good place to be.”

As The HealthCare Chaplaincy stands on the threshold of its 45th anniversary in 2006, we could say similar things about its progress in promoting interfaith collaboration. It is generally a good place to be. Many people still do not know about the Herculean efforts and achievements of The Chaplaincy’s clinicians, educators, researchers, and administrators. However, the countless patients, healthcare professionals, and students who have ventured inside the walls of our center on East 60th Street or have been cared for in our network of partner and affiliate healthcare facilities know how far the mission has advanced during the past four decades and a half.

As we prepare to begin a new year, we thank you for encouraging and helping us to be ever more responsive to our commitment to care for all persons in spirit, mind, and body. For you and those you love, may 2006 be filled with every grace and blessing.

The Rev. Dr. Walter J. Smith, S.J.
President & CEO

Theodox Rabbi

that I believe that prayer is universal, and that my words reflect our common belief in one God.

I told NC that, as a rabbi, I was not familiar with his prayer service and that it might be better if he offered the prayer. I would be more than happy to hold his hand during the recitation of his words and at its conclusion I would respond Amen, which means “Let it be the will of God.”

NC stood up and grabbed my hand. In turn, I stood up facing him. With tears in his eyes, he offered heart wrenching words of prayer that were emotionally very moving. As I suspected, he included Jesus in his prayer, and as he concluded, I kept my promise and answered Amen. NC gave me a bear hug, cried on my shoulder and kept thanking me in between his sobs for just being there with him.

How does such an experience work for me? While I do not share NC’s faith tradition, I have learned that when a person is facing difficult times, my job is to just be there and help him walk through his pain.

For me, this entire experience made me feel good about the commonality of religious practice and ritual that bind people of differing faith traditions together. This could also possibly be one of the meanings of the Hebrew idiomatic phrase Tikun Olam, helping fix even a small piece of the brokenness in the world.
Celebrating a Common Mission of Health and Wholeness

Chaplaincy trustee Maria T. Spears and her husband former board chairman and life trustee William G. Spears with Nadine M. and William W. McGuire, MD, chairman & CEO of UnitedHealth Group. Mr. Spears and the McGuires will be our 2006 honorees.

2005 Community honorees and longtime friends Kenneth G. Langone (left) and Edward D. Herlihy with their wives, Patty Herlihy (left) and Elaine Langone.

Chaplaincy COO Jeanne Lee (center) with Gladys and Carter Dinkeloo. Continuing the tradition of their late mother, former trustee Thelma Dinkeloo, Gladys and Carter faithfully attend the Wholeness of Life dinner each year.

Dinner co-chairman and financial industry leader Kenneth D. Lewis, chairman, CEO & president of Bank of America, alongside Chaplaincy president & CEO Father Walter J. Smith, S.J.

Taking one more step in a lifelong journey in philanthropy, Arlyn S. and Edward L. Gardner, president & CEO of Industrial Solvents Corporation, received The Chaplaincy’s 2005 Lifetime Achievement Award.

Health & Healing

The Science of Spiritual Care

“In the economic framework currently guiding health care expenditures, it is imperative that spiritual values be measured in economic terms, as well as human satisfaction.”

Since time immemorial human beings have benefited from the solace of spiritual care and sustenance. Those who are ill, or healthy but facing a complex and frightening medical procedure such as a hip transplant, very often turn to their spiritual as well as their medical advisors to support their passage through these vulnerable experiences. The HealthCare Chaplaincy is a unique and wonderful instrument to deliver this critically needed care.

Most of us know, instinctively, that this spiritual service to patients and their families is incredibly valuable. But there is precious little quantitative evidence of that value, and this poses a financial threat to the funding of these services. Hospital administrators have been focused in the past few years on cost cutting and expense reductions that will avoid deficits.

This movement toward paying for outcomes is fast becoming the accepted way of conducting health care business. Value is defined as achieving the best outcome for the least cost. This is always a complex measurement, but far easier with quantitative services, such as a hip replacement. If the patient can return to productive life, including a job, after such a transplant society benefits as well as the patient. The alternative to a $20,000 transplant is disability with all the costly attendant services: disability salary, home health aides, equipment, etc. It does not take long to recoup the $20,000 in such a scenario and make the hip replacement cost effective.

But how does one put an economic value on spiritual care? And if we cannot do that, will hospitals see the service as a cost with no benefit, and thereby cancel their subsidies for the service? The answer is a chilling “maybe.”

As a nurse working in hospitals, in home care and in primary care, I have witnessed the value of spiritual care. Patients and their families who have this service are far less likely to suffer from fear and anxiety, and are more likely to listen and follow advice to bring about a good outcome. They are also more likely to sleep well, refresh their own frail resources, and meet their challenges more effectively. Cost reductions like these have not been measured in the current debate.

The value of spiritual care is real, widely believed, but inadequately measured. In the economic framework currently guiding health care expenditures, it is imperative that spiritual value be measured in economic terms, as well as human satisfaction. If something “good” costs money, we have to prove the good benefit is economically feasible.

Suggested Reading

Chaplaincy researchers have conducted numerous studies to help define the role of chaplains in today’s healthcare institutions. These include a study of hospital executives entitled “A National Survey of Health Care Administrators’ Views on the Importance of Various Chaplain Roles,” which was published in The Journal of Pastoral Care and Counseling, and a subsequent national survey entitled “Department Directors’ Perceptions of the Roles and Functions of Hospital Chaplains,” published in Hospital Topics, a professional journal widely read by hospital administrators. This research represents an important step toward demonstrating the value of pastoral care to the healthcare economy. Please visit http://www.healthcarechaplaincy.org/research_05.html for a complete list of published Chaplaincy research articles, many of which can be directly downloaded from the website.
The Beacon

side,” she said. “For instance, studying alongside Daniel Coleman [a rabbinic student of English descent], I became aware of the Jewish New Year and the meaning it has for some of my patients. As a multifaith chaplain, it’s not necessarily my job to assist in any rituals or special prayers associated with the holiday, but I found that just being able to discuss it intelligently often helped get a pastoral conversation started.”

In an example of the ongoing cross-pollination of ideas typical for this CPE group, Coleman reports benefiting from insights gained from fellow resident George Teachey. Coleman explains, “I recently had a Baptist client who wanted to pray with me but was also reluctant because I am a Jew. He said that I didn’t believe in Jesus so there was no way I could pray with him. I remember being eager for our residency group to reconvene so I could consult with George [a member of the Eastern Baptist Association and a church deacon] so I could better understand where the client was coming from.”

Bridging the Cultural Divide

When these pastoral residents convene twice a week at The HealthCare Chaplaincy’s educational center on East 60th Street, they not only discuss religious differences in depth but also explore how differing cultural backgrounds might influence their pastoral care interventions. CPE resident Vimala Thomas said that, although she converted from Hinduism to Christianity almost 30 years ago, her social interactive style is still very much rooted in the South Indian culture she was raised in. “It’s common in many Asian cultures to ask a lot of personal questions, for instance inquiring right away if someone is married, who they are living with, and so on. I found that this is considered nosy by many Western patients, even though in my world this is actually a sign of interest and concern.”

Learning to negotiate cultural and religious nuances helps CPE students become “two-way ambassadors” for their communities of origin.

According to Rabbi Taylor, learning to negotiate these cultural and religious nuances helps pastoral education students become “two-way ambassadors” for their communities of origin. “On one hand, we help students become ambassadors to the [mainline American] culture they are operating in, demonstrating that they and others of their particular religious or cultural background can effectively offer care to the larger community. Conversely, they also serve as ambassadors from the larger society back to their own groups, creating a broader perspective on how other people view them.”

Diverse Professional Backgrounds

Before entering ministry, many of this year’s CPE residents were in occupations no less diverse than their religious and cultural backgrounds. The Rev. Dr. Edgar Miller was inspired to enter ministry after a long career as a chiropractic specialist. Dr. Miller said, “Like chaplains, doctors of chiropractic look at patients as integrated beings, influenced by emotional and environmental relationships as well as their physiological and biochemical aspects. An individual’s capacity for healing is increased when these interweaving relationships are acknowledged.”

George Teachey, the only American-born student in the group, served in the New York Department of Corrections for over two decades. “One of my assignments was the Communicable Disease Unit at Rikers Island,” said Teachey. “I spent seven years there and enjoyed working alongside healthcare staff.”

But this experience, Teachey says, was not what drove him first toward ministry and then toward the field of professional multifaith chaplaincy. “One day I began to reflect seriously on this great passion I have for people. I realized this was a form of ministry. When someone was down and needed to talk, I would usually be there. Part of chaplaincy is caring for those who have never been cared about before.”
Imam Yusuf H. Hasan was featured on *The Infinite Mind*, a weekly program broadcast on the Public Broadcasting Station. Imam Hasan was one of several expert speakers called upon to discuss the importance of spirituality and prayer.

*The Journal of Pastoral Care and Counseling* recently published two studies conducted by current and former staff of The Chaplaincy. The first, co-authored by the Rev. Jon Overvold (director of pastoral care and education, North Shore University Hospital) and Kevin Flannelly, PhD (HCC’s associate director of research), and Duke University’s Harold Koenig, M.D., is entitled “A Study of Religion, Ministry, and Meaning in Caregiving among Health Professionals in an Institutional Setting in New York City.” The second study, entitled “Correlates of Compassion Fatigue and Burnout in Chaplains and Other Clergy Who Responded to the September 11th Attacks in New York City,” is co-authored by Dr. Flannelly and former staff chaplain Rabbi Stephen Roberts. Copies of the articles can be downloaded from The Chaplaincy’s webpage.

*The Journal of Pastoral Care & Counseling* accepted for publication the article, “Spiritual Needs: Gender Difference among Professional Spiritual Care Providers.” The study was co-authored by Templeton Post-Doctoral Fellow Kathleen Galek, PhD, Kevin Flannelly, PhD, the Rev. Martha R. Jacobs (associate director, continuing and professional studies), and research assistant John Barone, MM.

Drs. Flannelly and Galek recently had an article accepted for publication in the *Journal of Religion & Health*, entitled “A Review of Research on Buddhism and Health: 1980-2003,” which will be published next year. Former Chaplaincy research director Andrew Weaver, PhD and former research librarian Adrienne Strock contributed to the paper.

*The Journal of Religion & Health* will also publish “Trends in the Scientific Study of Religion, Spirituality and Health: 1965 – 2000.” Kevin Flannelly, PhD, co-authored this study with Kenneth Pargament, PhD, of Bowling Green State University.

Several members of The Chaplaincy faculty played leadership roles at the 2005 annual conference of the Association for Clinical Pastoral Education. The Rev. Johnny Bush represented the Racial, Ethnic, Multi-Cultural Conference; Sr. Maureen Mitchell engaged four Certification Committee Candidates in interviews; the Rev. A. Meigs Ross was elected to the National Certification Committee; and Rabbi Bonita E. Taylor led the Spiritual Opening. Rabbi Taylor also introduced Hawaii’s Governor Linda Lingle, who welcomed ACPE attendees to the conference.

All in the Family

They say opposites attract, but in the case of 2005 *Wholeness of Life* honoree Robert Danvers Fletcher and his wife, Antoinette Mitchell-Fletcher, that cliché simply doesn’t hold up. Just three years ago, Toni was selected by her colleagues to receive the same *Wholeness of Life* award. Robert (or “Fletch” as his colleagues know him) and Toni are both occupational therapy assistants at St. Luke’s-Roosevelt Hospital Center, which is where they first met. “The most important thing that Fletch and Toni have in common is their deep sense of compassion towards others,” said the Rev. Peggy Muncie, a Chaplaincy clinician who serves at the hospital. “They’re both very involved with their church and hope to further their lives in service of ministry and mission once they retire.”
Introducing Margaret Touborg

The Chaplaincy’s New Director of Advancement

This past August, The HealthCare Chaplaincy was pleased to welcome Margaret Touborg as The Chaplaincy’s director of advancement. Beginning her fundraising career at Harvard-Radcliffe (her alma mater), Margaret later worked for the University of Cape Town (South Africa) as president of the University of Cape Town Fund. Margaret also served as special advisor to the director of the Frick Collection, and as senior consultant to a number of overseas organizations wishing to develop a presence in the United States, including the American Friends of the Louvre, Tiger Kloof School, the African Women’s Development Organization and The World Scout Fund.

Born in upstate New York, Margaret earned her B.A. (magna cum laude) in English literature at Radcliffe College-Harvard University and was elected to Phi Beta Kappa. Later she earned an Ed.M. in administration, planning, social policy and writing at Harvard’s Graduate School of Education.