As part of its strategic effort to reach out to medically underserved communities in the Greater New York area, The HealthCare Chaplaincy has formed a new partnership with North General Hospital, a 240-bed minority-operated teaching hospital that serves the Central and East Harlem community. This multifaceted collaboration includes a department of pastoral care, interdisciplinary pain medicine and palliative care services, and a community education program.

The department of pastoral care will be headed by the Rev. Carlos Alejandro, a resident in The Chaplaincy’s program for clinical pastoral education supervisors and an experienced chaplain in multicultural environments. A bilingual chaplain, he completed all his pastoral education preparation at The Chaplaincy. (For a profile of the Rev. Alejandro, see the accompanying article at left.)

Dr. Harold P. Freeman, the visionary president and CEO of North General Hospital, is a nationally recognized leader in health care. (continued on page 5)
Chaplaincy: Trusting the Questions

Often in spiritual care practice, stories abound about how chaplains provide a compassionate presence for patients and families, resulting in a perceived sense of wholeness not only for the ill and the bereaved, but for the chaplain as well. Donna Prince, a recent graduate of The HealthCare Chaplaincy’s residency program at New York-Presbyterian Hospital, Weill Cornell Medical Center, has her own story.

While on call one recent Saturday Donna was paged by a social worker at the hospital. Shortly after one o’clock in the morning, a woman in the seventh month of pregnancy delivered a still-born baby. The fetus had died, in utero, two days earlier. Debra and her husband, Josh, were in the ante-partum/gynecological unit, and they wanted to see a chaplain. An interfaith couple—she, Methodist and he, Jewish—both 35 years old, they had begun calling the baby Mark, after a sonogram several days earlier showed a seemingly strong and healthy male. It would have been their first child.

Ninety minutes after getting the call, Donna introduced herself at the door to their hospital room. Debra inhaled deeply, exclaimed, ‘Oh, good,’ and began to cry. “My impression was that she had been crying all day,” said Donna. “They needed a ritual to help them come to terms with their loss, and I knew we would be sharing much more than a blessing.”

For the next three hours, Debra and Josh spoke of disturbing events the previous week. The previous Monday, they had put their dog of sixteen years to sleep. The following day, Debra had the sonogram. Then on Wednesday, Debra’s sister—also pregnant and in her eighth month—suffered injuries in a car accident, prompting fears that she might lose her baby. The next day Debra felt no kicking, no movement at all. She returned to the hospital and after tests, she and Josh were told that the baby had died in utero. The cause was unknown.

On Friday, labor was induced; she delivered early Saturday morning. Josh spoke about the reasons for not trying to have children sooner. Both expressed a sense of guilt: had waiting so long to get pregnant...
contributed to, or even caused, the death of their unborn child? Debra detailed several mysterious events that seemed to guide her toward having a child over the preceding two years, which she interpreted as signs from God. She felt “slammed” by God, who “convinced” her to get pregnant and then took away her baby. With a weakened trust in God, she wondered, to whom could she turn for guidance? “What am I to do now?” she asked.

Although Donna could not provide answers, she helped the couple hold on to their questions, even in their bewilderment and despair. Donna advised Debra to do as she had always done: pray, ask God the questions that were troubling her, share with God her doubt, uncertainty, and disappointment. And wait. At the couple’s request, and with the consent of the medical staff, Donna led them in an interfaith blessing of the baby in the hospital morgue.

Donna admitted that the experience did not leave her unshaken. “For me, not trusting God is the most frightening thing I can imagine. Debra’s question—‘What do I do now?’—echoed in my memory. In Debra’s anguish, I heard a new perspective: questioning one’s trust in God is a healthy, even necessary part of journey of faith.”

A few weeks later, Debra and Josh wrote a letter to the president of New York-Presbyterian commending the healthcare team for their care and compassion. Of the blessing led by Donna, they wrote: “We still take great solace in having had that ceremony.”
Comprised of seminarians as well as those making mid-life career changes from education, law, medicine, and other fields, students face unique daily challenges, emerging with new knowledge about clinical practice and about themselves.

She explained. "Growing up in the military, you don't bring emotions to work. I had to maintain a cool, calm, collected demeanor—even though, internally, I might not feel okay. CPE was the flipside of that: naming my emotions, learning that it's okay to feel that way, and discovering what experiences in my life generated particular emotions."

Deonna hopes to enter congregational ministry after her ordination as an Episcopal priest. She returns to her second year at General Theological Seminary this fall.

Weaving Together the Strands of a Life Evelyn McDonald—known to all as Evy—is a 49-year-old Methodist seminarian with more than 20 years of experience in nursing and hospital administration. She directed intensive care and coronary care units, and helped establish the hospice who is not part of the world of hospitals and healthcare. She expects to be ordained in June 2001.

Love in All The Right Places Jonathan Berkun and Lauren Eichler are conservative rabbinical students at Jewish Theological Seminary (JTS). They met in 1996, on the first day of orientation at the seminary, and have been almost inseparable ever since. They are planning to marry this September.

"The buzz at JTS is that CPE is something you don't want to miss," said Jon. "It's the most amazing, transformative experience. You'll learn how to be a pastor, a caretaker, a mensch. You learn so much about yourself and how to interact with people."

"I loved it," Lauren said. "I think psychologically, so when I was with a patient, I wanted to figure them out, or fix them. My peers asked me, why are you becoming a rabbi? Why not become a psychologist? This forced me to think about my theological purpose, and it changed (Continued on Page 5.)
Examination Center of Harlem, a free clinic that opened in 1979. He is a former president of the National Cancer Society and appointee to the President’s Cancer Panel in both the Bush and Clinton administrations.

The Chaplaincy’s executive vice president and COO, Nick Ucci, said that the partnership offers an opportunity for The Chaplaincy to expand its services to the Harlem community. “With the Rev. Alejandro providing his experienced leadership, we will hit the ground running, providing the clinical care, educational resources, and the community outreach this hospital deserves,” he said.

Making Palliative Care Available to All
North General’s ambitious palliative care initiative is the brainchild of Dr. Freeman and Dr. Richard Payne, chief of pain and palliative care services at another Chaplaincy partner, Memorial Sloan-Kettering Cancer Center (MSKCC).

Dr. Freeman wanted to create a palliative care unit based on the MSKCC model. Dr. Payne, a neurologist, agreed to help create this model in the Harlem community. “Major cancer centers like ours have a responsibility to reach out to the surrounding communities and neighborhoods, and to do so in a

staffers Imam Yusuf H. Hasan and the Rev. Carlos Alejandro will lead the seminar, with the Rev. Dr. Preston Washington of Memorial Baptist Church.

The seminar operates in conjunction with the Harlem Palliative Care Network (HPCN), at North General. Dr. Payne’s wife, Terrie Reid Payne, is project director. Participants include clergy and faith-based communities, nursing homes, social workers, physicians, and social service agencies that help to ensure continuity of care once home care resources for patients have been exhausted. With support from the United Hospital Fund, HPCN began by assessing the needs of its participants, and then designing programs based on the requirements of caregivers as well as patients and families.

“Many clergy, particularly those who have not undergone clinical pastoral education, have significant knowledge deficits about what their congregations should expect from modern medical care,” said Dr. Payne. “We want to raise the level of general knowledge about pain management, how physical symptoms can be managed, and what hospitals can provide, recognizing the important role that spiritual aspects of the healing process play.”

As a chaplain with the New York City Department of Correction, first at Rikers Island, and later at the Manhattan Detention Center known as “The Tombs,” Chaplain Alejandro provided crisis intervention, bereavement counseling, preached, and administered the sacraments to a multifaith and culturally varied inmate population. “Pastoral care providers learn to navigate diversity and respect the uniqueness of each person they encounter,” he said.

The Rev. Alejandro has supervised Spanish-language clinical pastoral education programs, and taught students from seven Latin-American countries. A native of New York and the son of Puerto Rican immigrants, he earned a Master of Divinity degree at New York Theological Seminary and is an ordained minister of the Christian Church (Disciples of Christ). He was awarded a B.A. in Political Science from Brooklyn College, and an M.S. in Journalism from Columbia University’s Graduate School of Journalism. He holds a Black Belt in Kyokushin Karate and is bilingual in English and Spanish.
Lawrence’s new intensive care unit, emergency rooms, and the recently constructed chapel, named for Barbara Yeager, staff chaplain at New York Presbyterian Hospital’s Westchester division.

The Reverend Sarah Fogg, Lawrence’s director of pastoral care, arranged for Mr. Dinan to recount his experiences, and she welcomed The Chaplaincy’s clinical staff with her own positive reflections on his brief tenure. In planning for the presentation, they discovered many links between his experiences with the merger and basic principles of family systems theory.

Leaders have to address those spiritual needs by emphasizing the organization’s core values. He also observed the inherent resistance to change in organizations, comparing it to the built-in homeostasis of the human body, which seeks balance. Without effective leadership based on clearly articulated values, he noted, organizations would continue to resist efforts to.

TRUST MATTERS:
NEW DIRECTIONS IN HEALTH CARE LEADERSHIP
Annison, Michael H.

BUILT TO LAST:
SUCCESSFUL HABITS OF VISIONARY COMPANIES
Collins, James C.

EXTRAORDINARY RELATIONSHIPS:
A NEW WAY OF THINKING ABOUT HUMAN INTERACTIONS
Gilbert, Roberta M.
New York: John Wiley & Sons, 199
was appointed to the five-member national executive leadership of the National Red Cross Air Disaster Response Team—Spiritual Care. He recently participated in the Rabbis' Forum of the Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS) 12th Annual Spiritual Day, Counting the Steps to Spiritual Renewal, sponsored by UJA-Federation and the Jewish Board of Family and Children's Services.

Rabbi Bonita E. Taylor (Jewish Institute for Pastoral Care) presented a paper on Culturally Competent Supervision from a Jewish Perspective at the ACPE 2000 Conference in Washington, D.C. She also delivered the invocation at the Fordham Graduate School of Business graduation ceremony. She was recently published in Highlights for Children and The Journal of Pastoral Care.

The Rev. Dr. Andrew J. Weaver has joined The Chaplaincy staff as co-director of pastoral research.

Dr. Joan Hemenway, at the ACPE conference in May. She also presented a keynote address on Technology and Education.

The Rev. Curtis Hart (New York Presbyterian Hospital, Weill Cornell Center) and members of the Department of Pastoral Care and Education gave a Grand Rounds presentation entitled, Pastoral Care of the Psychiatric Patient: Present Realities and Future Possibilities, at the hospital’s Westchester Division in May. Panelists included Chaplain Hart, the Rev. Robert Anderson, and Rabbi Stephen Roberts of the hospital’s Weill Cornell Center, and Chaplains Amy Jean Manierre, and Barbara Yeager of the Westchester Division. Glen Milstein, Ph.D., of the Department of Psychiatry also participated; he will receive the Wholeness of Life Award this November 8th at The Chaplaincy’s annual benefit.

Chaplain Hart was also a panelist for a training program of the New York Citizens’ Committee on Health Care Ethics entitled, Strengthening the Process of the Health Care Agency: Citizen to Citizen. Joseph J. Fins, M.D.,
my experience with patients. Now, I’m in the room because I want to give love—that’s different than wanting to change someone."

This summer’s experience has altered the way Jon and Lauren relate to each other. “Everyone is a bit anxious before getting married, but CPE has changed the anxiety,” said Lauren. “Instead of wondering ‘Is this person right for me? Is this person going to live up to my expectations?’ we are asking: ‘Will I be able to communicate openly? Will I be able to fully connect with the person I love?’ That was a major gift from CPE.”

Acknowledging Student Contributions

At the closing luncheon at Central Synagogue, trustee Karen Smythe acknowledged the students’ contributions. “The care that you provided to so many people, so many families this summer, was appreciated in ways that you may never know,” she said. When she told an elderly friend about the role CPE students played, the 65-year old man, “not normally the emotional type,” gave her a big hug and said, “Tell them how important what they do is. A chaplain was with me and my family when my sister died and I can’t tell you what a difference that made.”

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The HealthCare Chaplaincy is the nation’s largest non-denominational multifaith center for pastoral care, education, and research. Its newsletter is published three times a year for friends, supporters, and alumni/ae. Please send address corrections and other correspondence to The HealthCare Chaplaincy.

Managing Editor: Virginia Gold Copy Editor: James M. Stubenrauch Design: Cynthia Glacken Associates, Inc.

Photography: Virginia Gold, William Neumann, James M. Stubenrauch