

## IMPORTANT EVENTS

22-29 September

Hospital Chaplaincy Week  
ICHC Appeal

25 September

The Capital and Coast District Health Board farewells the Revd David Tannock, Chaplain at the Wellington Hospital for 18 years.

1 October, 4.30, Wellington Hospital Chapel

The Revd Dr Kirsten Dawson will be instituted as a Chaplain in the Wellington Hospital.

and

Volunteer assistants to the Chaplaincy Team will be commissioned.

## WHCT CONTACTS

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Treasurer

**David Underwood**  
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Wellington 6143



## You need to know

For historical reasons the Wellington Hospital Chaplaincy Trust includes two foundations:

1. **The Wellington Hospital Chaplaincy Trust**, set up in 2005, as an immediate (and on-going support) for the continuation of day-to-day chaplaincy services.
2. **The Jim Rowe Memorial Trust**, set up in 2011, to commemorate Jim's active involvement in the provision of chaplaincy services in the Wellington hospital and his vision of their sustainability into the future.

- Both Trusts are registered charities
- Donations of over \$5.00 are tax deductible

### I wish to donate



by cheque (enclosed)

or

by direct credit to:

06-0513-0258082-00

(National Bank, Courtenay Place)



to:

Wellington Hospital Chaplaincy Trust

Jim Rowe Memorial Trust  
(please tick the desired Trust)



Please include your:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Receipt required  Yes  No

Send to:  
The Treasurer  
Wellington Hospital  
Chaplaincy Trust  
PO Box 10-931  
Wellington 6143



September 2013

## Big News – Chaplaincy changes



First must come chaplain **David Tannock's** retirement, after 18 years of life with the Wellington Hospital Chaplaincy team. Many of you will have seen the fine interview of David published in *the Wellingtonian* of August 8. That says a lot about David but those many people who have met him in the hospital will understand that it's probably not possible to put into words the strength of his compassion and concern for anyone in trouble – or in joy. David leaves at the end of September. He takes with him our thanks and love.

Second must come **Kirsten Dawson's** appointment to David's place on the chaplaincy team. We welcome her, look forward to her ministry as she moves into an increasingly complicated health scene. We have every confidence in her ability, whatever the changing shape of hospital health care, to reach out to the needs of everyone in the hospital community.



What a lot of thoughts and memories come crowding in when I think back over my 18 years as chaplain!

Some are very sad; many are mentally, physically and spiritually draining. Others are so wonderfully happy, when people have come through major surgery, or a long course of radio or

chemotherapy, or babies have finally gone home with their parents from the Neo Natal Intensive Care Unit. Some treatment really is spectacular and there are some extraordinary staff in this institution. I am amazed at how resilient human beings can be and how pastoral and spiritual care can bring great power into seemingly impossible situations. I have seen again and again the healing strength of presence, in the ability of close friends, family and chaplains, to "be with" others and accompany them hopefully on their journey. And I am constantly finding the healing presence and grace of God in prayer, scripture and sacraments. All this within the life of our amazing health system in all its complexity and its determination to work with such skill for healthy individuals and communities. Be strong in your support of Kirsten as she takes over this role: she will be a constant and visible sign in this secular institution, as in society generally, of the relevance and value of good pastoral and spiritual care.

David Tannock



Hello, I'm delighted to be coming to Wellington Hospital to join the Chaplaincy team in October.

While I'm not originally from Wellington, I lived here previously when I was assistant priest in the Parish of Onslow, and love the city. My husband Brian took

up the position of Vicar at St Peter's on Willis late last year, and we moved here from Havelock North last October. While in Hawke's Bay, I spent a couple of years working in Family Support for the Child Cancer Foundation, and then had the opportunity to study full time for my PhD on the book of Job, through Otago University. It was wonderful to have the chance to study, but now that's completed I am very much looking forward to getting back into a full time ministry role.

Outside of work I enjoy creative activities, especially painting, drawing and printmaking, as well as making things with fabric or yarn. Brian and I have also been making the most of all that the city has to offer, and enjoy going out to movies, galleries and restaurants.

I anticipate that hospital chaplaincy will no doubt be both challenging and rewarding. I'm looking forward to meeting with many of you in the coming months, and being part of this ministry.

Kirsten Dawson

## Finance: that all important bottom-line

The Trust's audited financial accounts for the year ending March 2013 show an overall improved balance to \$58,500.

Operational expenses this year were \$17,5000, more than 90% of which goes to making up the shortfall between national funding and chaplains' actual salaries. Part of this shortfall was covered by the Trust's share of \$6,500 from the ICHC national appeal. This shortfall is expected to increase in this present financial year with a Ministry of Health cap on national funding combined with an increase on chaplains' salaries.

The remaining less than 10% is used for funding raising and communication costs. (Please note with thanks the Dom/Post's insertions, given gratis, in the Family Notices page).

The \$15,500 from local donations in the 2012-13 financial year have been most gratefully received. Considering this comes from two or three large and very faithful contributors, clearly the Trust must spread its net more widely to fulfil its urgent aim of a chaplaincy service sustainable and available to the whole hospital community. Of immediate interest will be a Christmas Store on the first two Saturdays of December at the Hill St market. (Contact Margaret Rowe, 06 308 9364 for further information.)

Recently the Trust has been the beneficiary of a significant contribution from the estate of Brian Cunningham, a founding member of the Trust whose vision of the need of chaplains' service never wavered.

David Underhill, Treasurer Alan White, Auditor

## Opportunity windows

Not as important as the Chaplaincy Changes, but nearly so....

The Trust is now able to report that after much consultation on both sides, it has now entered into a formal Agreement with the Capital and Coast District Health Board. Put like that, this may not seem an impressive achievement, but in fact, it opens a new way not only of supporting hospital chaplaincy but also of planning for the opportunities which the changing health scene promise to develop.

The Agreement acknowledges the Trust as an independent body, dedicated by the terms of its Trust Deeds to chaplaincy service to Wellington hospitals, but also recognises it as a partner with the Board to ensure the continued provision of holistic health care in the Wellington region.

The Trust is given a specific role – “to raise awareness and support for” continued chaplaincy services, caring for all who darken the doors of our hospital systems – all staff, patients, family, whanau and friends. This is the first important work of chaplaincy, but beyond that, the Trust is charged with developing a vision in which the healthy community “outside” will come to see itself as part of a functioning health “whole”.

We’ve all heard of “holistic” medicine, where the spiritual needs of patients/ families and staff must be met before true healing can happen, but it’s not such a common thought that the wider community served by the hospital is also part of the healing process. They aren’t separate things – those who need skilled help and the community they come from. We belong together.

### The Mission Statement

As a direct outcome of the Agreement with the Board, the Trust’s Mission Statement sets out a clear focus on how it proposes to build upon the opportunities the future holds, where it will direct the donations so generously given and why it must keep on asking for them.

## Mission Statement

*The Chaplaincy Service in New Zealand hospitals aims to be available to care for the spiritual needs of patients, their families and all who are concerned for them and for all hospital staff.*

This Mission Statement is designed to supplement the intentions of the Trust Deed. It has been written with a view to allowing Trustees to react in the most constructive and inclusive manner to whatever the future might bring. It is not, therefore, to be seen as an open-and-shut policy document but as a guideline for the immediate future, to be re-shaped, in accordance with the conditions of the Trust Deed, as the complexities of the community’s health needs change and evolve.

- To support the continuation of chaplaincy services in Wellington hospitals
- To promote an awareness in the wider community for the support of chaplaincy as essential services in the better functioning of health care in the greater Wellington region
- To increase the capital value of the chaplaincy trusts to the point where chaplaincy services may be sustainably secured for the future
- To support the work of chaplains and volunteers in Wellington hospitals in every way possible
- To liaise closely with ICHC and local health administrators as they deliver constantly developing financial and managerial policies affecting chaplaincy services
- To be ready and willing to examine appropriate issues of concern which chaplaincy experience considers for whatever reason to be presently neglected.

June 2013

## What a difference a kiss can make!

We don’t need the spectacular apparatus of Hollywood to show us what a difference a kiss can make. Or a hug, or the mutual recollection of familiar shared experiences or words. A hug, a kiss – outward, physical signs of an inner spiritual grace: the Catechism definition of a sacrament. Our daily secular life is full of life-changing, life-shaping sacramental experiences. So it can be no surprise to find how powerful the Church’s sacraments are when God becomes involved with people in their deep and obvious need. Or how much nourishment can be shared with the reading of Scripture.

May had been virtually comatose for several days. When her family was finally all present she indicated “yes” to the chaplain’s question about receiving Holy Communion. Although unable to speak she was clearly engaged in the whole action. When everyone had received the Sacrament her face was glowing and this very reticent patient raised her hands and almost applauded. It was a triumphant moment of preparation for the death which came three hours later.

The middle-aged man in Intensive Care was clearly dying. A morning of normal promise had been changed suddenly by a massive stroke to black helplessness, a clammy hopelessness which now seeped into every corner of the cubicle. Just before life-support was removed the chaplain read the words from Saint John’s Gospel “I am the resurrection and the life. Whoever has faith in me shall live, even though he dies; and no one who lives and has faith in me shall ever die.” (John 11.25-26) The laying-on of hands by all present was a true holding in love of a person of great importance and significance to those present. The anointing recalled his acceptance by God in baptism as the same cross was signed on his forehead; with the psalmist his head was anointed with oil as a sign that he was called to dwell in the house of the Lord for ever. Sadness remained, but it was joined by hope and began to be healed in it. The removal of life-support no longer seemed like a removal of life-support.

The same actions in the same ICU room but with an adolescent boy, also apparently dying, were part of a different physical outcome. God’s presence was palpable and underlined the words read from Saint Paul: “[there] is nothing in all creation that can separate us from the love of God in Jesus Christ our Lord” (Romans 8.39). Not even the death of this child would separate him or his family from God’s presence. Next day the boy was alive – not because God had subverted normal medical processes, but because this is how God’s creation works and God’s involvement with us is subtle as well as powerful; it is beyond our ability to understand but we have been shaped to enter into it.

Three tiny drops of baptismal water on the forehead of a minute baby in the neo-natal intensive care unit could easily pale into insignificance beside the apparatus which surrounds the incubator. If we were not careful we could allow the baby himself to pale into insignificance beside

the intrusive monitors which follow his every physical process. These things are crucial to the survival of this tiny baby. Behind them lie years of extraordinary scientific research and amazing technological development. But look at the parents as they gaze on this little child of their love. They are not just spectators of a scientific process. Their connection, superficially more distant than the intimate caress of needles, tubes and electrical wires, is also life-giving and nourishing for this baby, as well as for the parents. When they are able to remove the child periodically from the plastic cocoon, and the parents can hold him against the bare skin of their chests in a kangaroo cuddle, the hunger of parental love continues to nourish a growing vigour within this unique human being. And God? Three tiny drops of water are more than enough at the hand of the One who longs for the children to come to him and know his hungry parental love.

We usually call this pastoral and spiritual care in the hospital setting. I would prefer just to say: see how much difference a kiss can make!

### From the Chaplains at Ratonga Rua-0-Porirua/Kenepuru

**The mighty Wellington Storm tore a gaping hole in the outside wall of the Chapel –fortunately during the night when no one was there. We have a temporary fix to prevent further rain and wind damage, but await further developments.**

**The earthquake problems (that is, the Christchurch earthquake problems) are still under consideration. No decisions can be made under the extent and cost of the work is fully established, but in the meantime we appreciate the support of experts from the Diocese and the local parish . It’s possible, however, to deal with one structural problem: the internal brick wall which needs to be lowered may be dealt with by a youth group from a local church.**

**We are happy to report that no damage occurred from the Wellington Shake.**

More cheerfully, the chapel is in daily use by hospital staff and residents. The musical appreciation group of hospital residents comes regularly to play the piano and to sing, Sunday services are growing and the fellowship of the drop-in centre is increasingly important.

A very special event will shortly be the placing of a memorial stone which has been donated to the memorial garden, a sacred and peaceful place valued by the whole local community and by the whanau of those who have from afar to live in the hospital.

Our buildings may be frail but our spirit is lively and strong.

From chaplains Kath and Noel



Visit our website: [www.whct.org.nz](http://www.whct.org.nz)