THE HOSPITAL CHAPEL
The windows' story

When the Capital and Coast District Health Board embarked upon its major reconstruction of the hospital buildings in Wellington, included in the plan was the provision of a chapel within the new complex, fulfilling a promise made when the original "Nurses' Chapel" building was taken over in an expansion of medical facilities. To those many people who had been comforted and refreshed within the walls of that Chapel, its loss was great and the promise for the future seemed a long way off.

However, the stained glass windows were carefully removed; they had been designed by two Kapiti Coast artists – Beverley Shore-Bennett (who drew the figurative designs) and Martin Roestenburg (the abstract patterns). Olaf Wehr-Candler's Pukerua Glass Studio Ltd was commissioned to photograph the windows, documenting the records of placings and essential dimensions before packing them away in wooden crates until the replacement chapel space could become a reality.

At the 2010 dedication of the Chapel in the new hospital, the reappearance of the windows seemed almost miraculous, lighting a whole wall in their remembered glowing colours and shapes.

It was fitting that the task of integrating them into the new building was undertaken by Olaf Wehr-Candler who had packed them so carefully away. Using the dimension records made at the time of storage he was able to create a two-dimensional pattern of the layout of the windows, particularly important because the new space was narrower than the original housing. This meant that not all the windows were able to be used (and some still remain in storage). The photographic records also assisted in creating a new relationship between the windows; it was found necessary to reject the original configuration in order to produce, within a smaller, reduced space, a balance between the abstract and figurative designs.

Once the windows had been unpacked, an assessment of their condition was made. Although most were able to be re-installed without further treatment, some were found to need re-leading, a technical process requiring new lead runs to match the existing work. Repairing damage was a skilled job which took about six months.

And then the windows were set in place. Of course there were problems. Unfortunately the wall of windows at 690cms long by 240cms-high, did not allow all windows to be lit by external light, but given the overall parameters and constraining requirements of the exercise, the effect is remarkable.

No visitor to this quiet space, so closely accessible to the busy, main thoroughfare of the hospital, can fail to be caught up in the quiet glow of the colours held within the firm lines of the leadlighting and in the steady peace of the place. The range of windows shines on, connecting us today with the vision of the artists, glassmakers and builders of that first Chapel.

The Chapel is never shut. It is there for the whole hospital community: for staff, for patients, for families, for visitors; in effect, for anyone who comes for whatever reason to this most vulnerable of our institutions of life and death.

Photographs included in this newsletter depict the chapel windows.

Wellington Hospital Chaplaincy Trust

NEWSLETTER

September 2011

*Message from WHCT Chair **Margaret Rowe***

Beginnings

In late 2004 the chaplaincy service to Wellington Hospital came very close to being shut down for financial reasons.

At that time funding from the health system towards chaplains' salaries was small and the necessary top-up from churches and the community had shrunk to a trickle. With no community support network in Wellington, chaplains were getting by on monthly contracts, uncertain as to where they would be the following month.

In 2005 Brian Cunningham, Jim Rowe and colleagues set about forming the Wellington Hospital Chaplaincy Trust with the immediate aim of weathering this crisis. They donated generously themselves, and appealed for help from friends and contacts.

Thanks to these efforts and your generosity the chaplaincy service has survived, narrowly at first but more assuredly since 2008. Today the Ministry of Health contribution to salaries has risen to 50% , administered through the Interchurch Hospital Chaplaincy (except in the case of Roman Catholic chaplains, where the 50% subsidy is paid to the church).

Last year 5.8 chaplains in Kenepuru, Porirua and Wellington Hospitals, supported by trained volunteers , visited 35,721 patients and their families , also providing sacramental services where needed.

Transitions

Since the foundation of the Wellington Hospital Chaplaincy Trust, Jim Rowe and Brian Cunningham , both key figures, have died, and Sir Patrick Mahony has retired.

So we have new Board members in Terry McDavitt, Rev Barrie Keenan, and Dr Robert Logan. Ongoing members are David Underwood, Prue Griffin, and Maureen van den Beld. I joined the Board in 2007 and have been its Chair since 2008.

It is clear that we are now in a transition period. Longterm senior chaplain, Rev David Tannock, is approaching retirement. We need to ensure an effective succession to the special skills he has brought to the service. ICHC has a contract with MoH that is due for review in 2013

New Steps

In 2010 a separate Trust was set up within the original in memory of Jim Rowe , with special provision for donations made to remember him and his commitment to the chaplaincy service at Wellington Hospital.

The Trust's vision has moved from "weathering the crisis" to "ensuring a sustainable service". Our present reserves are enough to sustain 12 months of a worstcase scenario. Further fundraising is a priority, with the aim of achieving around $20,000 pa to provide continuity into the future.

We have established a website

www. wellingtonhospitalchaplaincytrust.org.nz to provide a point of contact for those hundreds of people who value the chaplaincy service but are not linked to church communities.

We are exploring a graduate research project into quantifying the role of chaplaincy as a partner in hospital healing and reconciliation, something intuitively understood but not yet adequately explored.

We also provide tangible community support – and a listening post – to our chaplains, who attend each Board meeting. The Trust also connects with hospital management, in the person of Jen Boryer, Capital and Coast's manager of community services.

Our commitment

We'll keep you posted. In the meantime, please continue your generous help to ensure the chaplaincy service at the hospital survives and grows. Board members are very clear that whatever shape the hospital system develops, there will always be vulnerable people within it who will benefit from the quiet support of the chaplaincy service. Please join with us in making sure it's there, whenever and wherever needed, 24 hours a day.

STATISTICS

In an average month at Wellington Hospital the 3.0 (fulltime equivalent) chaplains –

- **Spend 520 hours on duty**
- **Make 940 visits to patients**
- **And 500 visits to family members**
- **Are oncall for 90 nights**
- **Conduct 180 acts of worship with individuals**
- **And 16 regular group services**
- **And 20 room blessings**
- **And attend 40 deaths**

Taken from reports for 1st 3 months 2011.

Bringing Jesus his Fish and Chips

Rev David Tannock, *Chaplain, Wellington Hospital*

The chaplaincy team at Wellington Hospital includes two full-time chaplains, two half-time chaplains, and a team of 16 voluntary assistants. The team covers most of the commonest Christian churches, but there are a large number of smaller faith communities in Wellington not represented on the team. So we have a list of on-call people from all the faith communities we have been able to identify, Christian and non-Christian.

The experience of being a hospital patient impacts on people's spirituality regardless of creed. When patients come in to hospital, they come in as complete human beings and it is their whole being which is involved. We are not tractors which can come in to the mechanic's garage, have some new parts put in and a bit of attention to the old ones, then go out again.

A large proportion of patients, as in western society generally, have no religious practices or beliefs. But these people often have a strong spirituality, and in hospital they can be confronted by huge needs. They may be a young couple facing the withdrawal of life support from a new-born baby, a mother who has family to care for, or an older person knowing they face the imminence of death.

The most important thing a chaplain can do is listen. A lot of our time is spent just going around from patient to patient, talking about all manner of things. In this way we establish contact with people and learn about them. Patients are also making decisions about whether the chaplain can be trusted. People will never entrust themselves at any deep level to someone unknown and untested. There are many people with whom we chaplains become involved on a surface level. Then the relationship develops and the patient talks about the deeper things going on. This pattern happens time and again.

Times of letting go are very important. The traditional prayers at time of death have evolved over a long period of time and reflect the universality of the experience of death. They are also flexible enough to express the particularities of this unique death. In the face of death it is the ritual of prayers and other actions which help both patient and family to move forward and find healing. Often these rituals are traditional things, like baptism, anointing and communion. I recall a case in which the really important ritual the family needed to have at the particular time of loss was a marriage. People who do not have a traditional faith also want important moments to be marked with dignity – the withdrawal of life-support from a patient is not just a technological process. Marking the moment with dignity usually requires a prayer and often requires a ritual.

Having a chaplain present in the hospital knowing the system and on-site to get to know the patients as well as possible in what is often a very short time, is essential to making important rituals like these happen at the right times. These are a fundamental part of the healing process.

One day one of our voluntary assistants, who worked in the orthopaedic ward, was making her rounds when she came across a patient who was very hungry and desperately wanted some fish and chips. He was so insistent that she went off and bought some. As she was carrying them back she wondered if she should really be doing this, but contented herself with the thought that she "was bringing Jesus his fish and chips". This expresses the basic spirituality of chaplaincy work – in visiting patients or staff we are visiting Jesus; each person is can incarnation of the divine. So every time we visit someone we are standing on holy ground. It is our task to be there and to accompany each person on his or her journey.

Occasionally people ask us if we have saved anyone, or been involved in any miracles. For me, that is not what we are about. Instead we seek to understand God's agenda and discover the peace which comes from following it.

Everything the hospital chaplain does is done within the full glare of an incredibly accomplished and very able group of health professionals. There are no secrets in a hospital and the chaplain has none of the props which the parish clergy can call upon. Pastoral and spiritual care are given in a context in which they have to take their place as one discipline among others, contributing to healing the whole person.

When pastoral and spiritual care show they can contribute then hospital chaplaincy becomes an effective and important part of the Church's overall mission. It helps the Church itself to learn and demonstrate the difficult art of existing and contributing constructively to and within a secular environment. It is emphatically part of the Church's mission in the world.

FUNDS AND FUNDRAISING

WHCT accounts to end March 2011 showed:

	2010	2011
Donations received	15,060.00	10,166.40
Interest	616.11	870.98
ICHC Appeal	7,249.50	375.60 *
TOTAL INCOME	22,925.61	11,412.98
Less Trust Expenses	0.00	623.30 (Brochure)
And Payments to ICHC	13,007.32	12,493.09
Surplus (Deficit)	9,918.29	
(1,703.41)		
Net Funds on deposit	34,215.70	42,752.29**

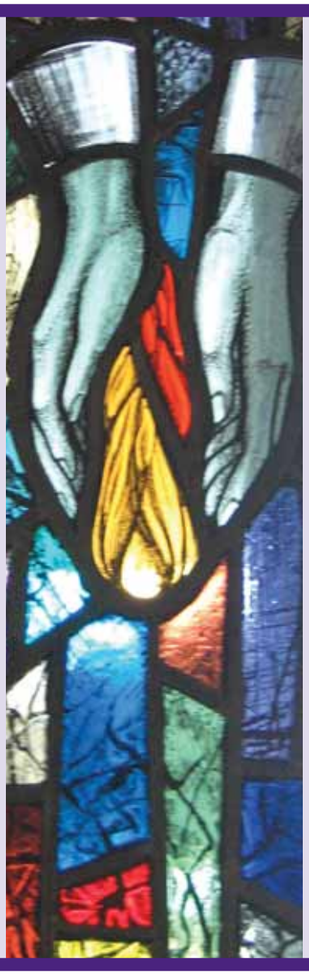
*Varied timing of Appeal payments – in 2011 a further $6,321 received in April.

**Jim Rowe Memorial Trust and Brian Cunningham memorial donations occurred during 2011 financial year.

Annual payments under current trends are around $15,000. This figure is likely to rise to around $20,000 – more if the LSP option is taken (see below).

The ICHC organises an annual appeal for chaplaincy support through local churches commencing end September. Funds raised are distributed back to local chaplains where requested. This is the largest contributor to WHCT funds.

Therefore WHCT urges supporters to contribute to the ICHC appeal over the coming months. A copy of the ICHC brochure and envelope is enclosed with this newsletter – remember to tick the appropriate support box.



WHCT CONTACTS

Chair
Margaret Rowe
70a Woodward St
Featherston
rosebarn@xtra.co.nz

Secretary
Terry McDavitt
19 Holloway Rd
Wellington 6021
tmcdavitt@paradise.net.nz

Treasurer
David Underwood
P.O Box 10-931
Wellington 6143

TO LSP OR NOT TO LSP?

The accepted official pattern of chaplaincy support is through Local Support Providers (LSP's), locally-based ecumenical committees providing financial and pastoral support to chaplains in each District Health Board. LSP's are based on DHB boundaries. Adjacent DHBs, eg Capital Coast and Hutt, may share an LSP.

Neither Capital Coast nor Hutt has had a functioning LSP for over a decade. Administrative support to local chaplains is provided by DHB staff. WHCT's active role is Wellington Hospital-based, and has been principally Anglican.

A question before us is whether the WHCT might move more towards being an LSP. Such a move would:

- Extend WHCT's perspectives and support roles to Porirua/Kapiti;
- Extend WHCT perspectives and membership to a wider ecumenical base;
- Require (and enable) wider funding support;
- Lead us onto the question of supporting Hutt chaplaincy as well, or at least establishing contact with Hutt.

WHCT will prayerfully develop these options over the coming months. Any supporter feedback is welcome.