C-Mail
The official publication of New Zealand Healthcare Chaplains' Association

President's Report

Kia ora whānau, I had the opportunity to attend Chaplaincy NZ conference on 9th and 10th June in Auckland. The conference theme was 'Building Bridges Not Walls'. It was a great message to take home. Chaplaincy is about building bridges and we the chaplains try to build bridges everyday with patients and staff at the hospitals where God has provided us this opportunity to serve Him. May God protect you and surround you with His Holy Spirit as you go around to glorify His name.

The Health Charter – Te Mauri O Rongo:

I am not sure if you had the opportunity to come across Te Whatu Ora's new charter - 'The Health Charter – Te Mauri O Rongo'. There is an opportunity to have your say about the contents of the Charter. The Maori words do not represent the literal translation of 'The Health Charter'. Te Mauri means 'life force' and in Maori mythology 'Rongo' (or Rongomātāne) is the name of the Maori god of agriculture, the protector of crops. He was also the god of peace. To read the charter and provide feedback see the link below:

https://www.haveyoursaynzhealthcharter.co.nz/health-charter

NZHCA Webinars:

We have two webinars organised for this year. The first is on 18 July and further details are below in the C-Mail proper. A second webinar is planned for 14th November. Please save this date in your diaries.

Road trip:

Peter Lindop is VCA representative on NZHCA executive committee. He has been planning a road trip to meet VCAs around the country. I wish him all the best for his trip and am looking forward to hosting him in Whanganui.

NZHCA executive committee monthly meetings:

The NZHCA executive committee continues to regularly meet every month. It is so wonderful to make use of modern technology that we can remain in touch and make progress on the various tasks of the organisation. I am thankful to all the executive

committee members for their dedication and support that they have provided for a long time.

NZHCA executive committee continues to meet regularly with ICHC CEO Barry Fisk to work together and achieve the goals of serving His Kingdom. We have made progress together in many areas and will continue to do so in the future.

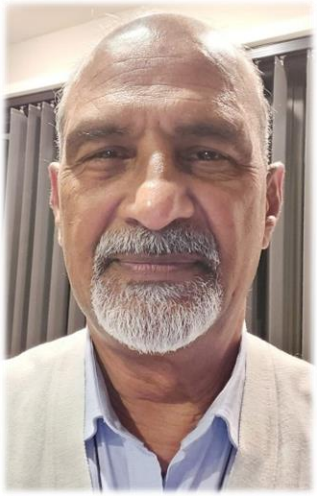
Registration:

I have mentioned in my previous reports that NZHCA offers a robust programme for all chaplains to embark on registration journey. I have been on this journey and found it to be highly beneficial. I would like to encourage you to explore the possibility of starting this process and get in touch with Michelle Shin – MShin@adhb.govt.nz for further information. She will be happy to support you and answer any questions that you may have.

I would like to close with this prayer:

Let me be a Blessing, Lord
Let me be a Blessing, Lord
To all who pass my way;
Walk with me and guide me
In all I do and say.
Lead me to the lonely ones
That I might bring them cheer,
To show I care and want to help
And that You are always near.

Let me share with others
Your love and compassion
Help me to instil new faith,
Let me fill their void and need.
I strive to serve You faithfully,
To channel HOPE in Your accord;
Empower me, to show me the way,
Then let me be a Blessing, Lord.



Blessings,

Amail Habib

Ko te Atua te wai o te ora | God is the River of Life

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CORRECTION from Autumn Issue of C-Mail

The editor unreservedly apologies for publishing errors in the article “Memory: the treasury (taonga) and guardian (kaitiaki) of all” provided by Angela McCormack, and for any offence that may have resulted. These editing oversights included that the title was based on a quote from Marcus Tullius Cicero (this was not part of the title), ‘Laudat Si’ which should have read “Laudato si.” ‘Kai guanaco’ which should have read “Kia tūmanako”. Theo Ireton’s name was also incorrectly spelt as Theon.

NZHCA Webinar – save the date!

****18 July at 3 pm****

Graham Redding will be sharing on “Ceremonial Aspects of the Healthcare Chaplain’s Role.” Graham teaches a paper in the Chaplaincy titled The Chaplain as Ceremonial Leader at University of Otago. See: https://www.otago.ac.nz/courses/papers/?papercode=MINS424

Members will receive an email with a link from the NZHCA Secretary with which to register.

Executive Retreat April 2023

In April the National Executive team had its annual retreat in North Canterbury. Two very productive days were spent at “Replenish Retreat” where we were hosted (fed the most amazing home grown and cooked food and regaled with stories) by Sven and Catherine. The team:

- Reviewed the 2022 SWOT analysis and identified areas to continue to work on, along with a three-year strategy incorporating these things
- Reviewed the Registration process and made recommendations to the Registration Committee
- Agreed on the content of letters to Te Whatu Ora and Te Aka Whai Ora Chief Executives to introduce NZHCA and its role
- Developed a tracker document to track actions and outcomes more effectively
- Discussed possibilities around the new logo and Māori name
- Discussed how to better support VCAs

The Executive had the opportunity to get to know each other better and discover strengths and talents that can be used for the development of NZHCA.

If you are looking for some quiet time away, or a place to hold a group retreat we highly recommend: https://replenishretreat.co.nz/ It truly was place of refreshment and replenishment.

Expressions of interest – C-Mail editor

Our C-Mail editor Jacqui Tuffnell is busy with her PhD and is asking for expressions of interest from members who might have some time on their hands to produce C-Mail on a quarterly basis.

Please contact Jacqui at tuffnell.jacqueline@gmail.com if you are interested in knowing more about what the role involves.

Cyclone Gabriel: experiences from the front line

By Robyn Chaffey, Chaplain at Gisborne Hospital

He taonga rongonui te aroha ki te tangata.
Goodwill towards others is a precious treasure.

I am sure most New Zealanders are very aware of the series of catastrophic events that hit the country at the beginning of this year. Anniversary day floods in Auckland followed by Cyclone Hale, and two weeks later Cyclone Gabrielle. Gisborne got off lighter than the adjacent areas of the East Coast, Te Karaka and southern neighbours of Wairoa and Hawkes Bay. I want to acknowledge how hospital staff shone through that devastating window of time by quietly continuing to do their job and making sure patients were not affected and caring for others in the community.

The few streets that had flooded in Gisborne had done it at a pace that allowed safe evacuation. Power was off for a small, limited time which was no problem. People were prepared for this. The hospital had generators, so all appeared normal when one walked in.

The city was cut off in all directions and we were very aware that the outskirts had suffered a much heavier toll. People were very grateful to the local radio announcer who took a mattress and sleeping bag to work and was the one means of communicating in the city. The civil authorities gave him messages for the public and people dropped him notes which he read out. When his generator was running low of diesel others willing donated containers of fuel as garages were closed. Those who did not have battery transistor radio begged to borrow of those who wisely had extras. This was how messages about what citizens needed to know reached the locals.

One such message was the city had a water crisis. The only pipe that feed the city had breaks in five places. Although the hospital had its own water supply this also needed to be preserved. The hospital introduced measures like wash only for patients. Sanitiser was available in every toilet including the public ones with signs instructing “where appropriate please use”. These and other measures were all necessary practical moves trying to protect what limited resource was available for the unknown future availability. No one complained they just continued to do their job.

Staff were more concerned for the welfare of colleagues and their whanau who had been impacted more than those in the city. Already short staffed this situation was exacerbated by the fact staff living in the outskirts could not get in or had bigger problems with their house been inundated with flood water. The bigger problem was they could not communicate thus the situation was forever changing and, in many cases, unknown. The realisation hit home that normality is highly undervalued.

There was no internet coverage and more of a problem the whole emergency contact system was non-existent. Old school pen and paper suddenly had its uses while the computers sat idle, and phones had no dial tones. Cell phones which had become such a common device were of no use to communicate. Staff worked extra hours, and each night a theatre team slept at the hospital in case there was an emergency. This was because there was no way to contact them once they left the grounds.

Supermarkets were closed due to the lack of internet. There was only limited amount of food to be brought form dairies who were taking cash only. During this staff checked with each other and offered help and food to those who needed it. Manaakitanga was almost a tangible thing, and you could sense it in the atmosphere of the hospital.

There were many tales of heroism and courage during this time, but the staff of Gisborne hospital also showed fortitude and aroha to an extent that needs recognition. They kept on going and patients continued to get care, comfort and reassurance through words and actions. The hospital was like walking into an oasis of normality in a situation where nothing was normal. The staff made this happen.

Vignettes from a Voluntary Chaplaincy Assistant

By Mary Lee Wright, VCA at Rotorua Hospital

It seems blessings continue to unfold weekly in the visitation with patients in which I am privileged to share. These are two of the most recent:

After a customary knock, I entered a room in the Maternity Ward at the invitation of the occupants, expecting to see the first of happy families I would visit that day, and therefore quite unprepared to see a deceased infant in a lovely cradle covered in white linen and lace. Although there was sadness, there was also a sense of peace, which I knew in that moment was given to me to enhance.

So, after expressing sincere condolences, I spoke with the parents regarding the circumstances and the beauty I found in the room. When I offered prayer, they were eager to participate and took my hands to form a triangle surrounding the child. I've known grief, although never of this making, so the Holy Spirit guided me to offer them thanks to God for the gift of all life, no matter its brevity or length, speaking to them of the contribution this child had made to them in its all too brief existence—the love it had brought to them and shared with them in its time of growth.

I further offered them my understanding of the potential for grief that is unspeakable to become, over time, a welcome joy in its reminder that it is proof of love having been shared with another human soul, and that is a gift worth the pain of the now. When we concluded the prayer for strength, the father smiled warmly at me and voiced his thanks, while the mother held my hand and thanked me for offering this understanding as she had not thought of it before.

After leaving the room, my prayer to the Holy Spirit continued, as I would now be visiting joy-filled rooms and would need to reflect that attitude in my dealings with those families—not an easy call after such an emotional beginning. The Spirit was ever faithful and allowed that transition for the sake of those yet to be visited.

One Saturday while 'On Call' I was called to attend a stillborn baby's blessing. It was a beautiful experience. Of course, I was aware they wanted a blessing and short Service, but it became so much more, as when I arrived at the appointed time, they were still engaged in a photo shoot. My first private reaction was that this was a bit unusual, in that the child was stillborn, but I very quickly came to admire the reality that this lovely family, as young as the parents were, was actively engaged in treating this child's birth as the first of their children, the start of their family, and as such, they wanted the same in this situation as any other new parent. I quite admired that in them. In attendance were the young mother's own mother and sister as well, and after discussing things with them, I was asked to dedicate the

child, bless the small cross necklaces worn by the child's mother and father and entwined in the stillborn' hands, and do so as part of the photo shoot itself.

I had also taken a bright yellow stuffed bear with me as a gift, explaining that while white was the customary colour, I wanted them to remember the sunshine joy this child brought to them from conception, through gestation, and into the present and future. This was lovingly received, and the blessing commenced, during which I included, with her acquiescence, the blessing of the midwife's hands.

During the course of this encounter, I became aware that this young couple's absolute devotion to and loving acceptance of their child's circumstances made the sadly misshapen and ill-formed little body of their child a beautiful creation, and I could see the beauty that they saw. I am deeply appreciative of and grateful for this opportunity to have shared this time with this young family. The experience was made the more poignant by my having been with the young couple before the baby's delivery earlier in the week on my normal rounds, and by being informed on the day of the blessing that the child had been delivered on the day of the mother's 19th birthday, and at the same time of day at which the mother had been born—all without deliberate planning. Sometimes the movement of the Holy Spirit is truly stunning.

In the news

Like many other NZ universities experiencing lower student enrolments and financial hardship Victoria University of Wellington is proposing cuts to its religious studies programme. If you missed this, you can read about it here:

https://www.rnz.co.nz/news/national/491681/victoria-university-proposes-cuts-to-religious-studies-programme

Article "The healing touch in an era of personalised medicine" by former renal cancer surgeon David Cranston. Read the article here:

https://www.seenandunseen.com/healing-touch-era-personalised-medicine

One Minute With – Peter Lindop

Role: VCA, Locum and Chair of Rotorua Hospital Chaplaincy Trust and now on the executive of the NZHCA.

What brought you to this role?

The influence of Ray Bloomfield over twenty years ago, he was my mentor and I learned so much from him.

What are the best bits?

There are two things, firstly the interaction with our team members of other churches and the unity that this brings, and secondly the response from patients when something special happens, this is usually when God has stepped in.

What are the challenging bits?

When I am in the chemo ward and the patient tells me that they are stage 4 (terminal).

If you could have dinner and a conversation with one person, historical or modern, who would that be and why?

My great grandfather who died in 1899, he was a mill wright, that means that he built water mills. I would like to know what it was like transitioning into the industrial age and what it was it like be a non-conformist. He was a member of the Congregational church, during his lifetime.

What is your most often quoted pearl of wisdom?

Pray, and just get on with the job.

Complete this sentence:

Flourishing is being with God where He is.

Jacqui Tuffnell PhD Research update

Those of you that attended the ICHC and/or NZHCA conference/s in 2022 may recall Jacqui speaking about her research into the part that advocacy plays in the healthcare chaplaincy role. Many of you completed the online survey which has now been analysed. Jacqui is about to move into the next phase, interviewing healthcare chaplains. More than twenty chaplains offered to be interviewed and Jacqui will be contacting some of these chaplains in July to set up interviews.

Spiritual Care in Aotearoa research update

The project team led by Associate Professor Richard Egan has been successful in getting a revised application through to the second round of the Health Research Council Health

Delivery Project. As with last year, a full application is the next step, hopefully with more success than the 2022 application! Dave Hough (ICHC) and Jacqui Tuffnell (NZHCA) remain involved in this work.

Transforming Chaplaincy Joint Research Council

This month the council heard a presentation by Kate Bradford of research that she and co-collaborators Megan Best, Kate Jones and Matthew Kearney undertook looking at the use of metaphor and narrative when speaking about spirituality. She talked about chaplains as "story catchers." Their work was published under the title "Chaplaincy Perspectives on the role of Spirituality in Australian Health and Aged Care" and can be found here: https://link.springer.com/article/10.1007/s10943-023-01752-4

For more information on who makes up the Council visit the Transforming Chaplaincy website: https://www.transformchaplaincy.org/about/joint-research-council/

Websites of Interest

ERIC: https://www.pastoralezorg.be/page/erich/

Transforming Chaplaincy: https://www.transformchaplaincy.org/

Chaplaincy Innovation Lab: https://chaplaincyinnovation.org/

Nathaniel Centre: The NZ Catholic Bioethics Centre: http://www.nathaniel.org.nz/

Spiritual Care Australia: https://www.spiritualcareaustralia.org.au/

Submissions of material for C-Mail to be sent to cmailnzhca@gmail.com Deadline for next issue is 14 September 2023.

We are looking for the following types of copy—book and article reviews, ministry updates, what's happening in your setting, professional development courses you have undertaken, articles you have written and inspirational material. Thank you to the contributors for this current issue.

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