

The Beacon

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The Silvercrest Center is New HCC Partner

The Silvercrest Center for Nursing and Rehabilitation, a unique 320-bed center committed to enhancing quality of life for adults of all ages, is now a partner of The HealthCare Chaplaincy. Silvercrest, located in Briarwood, Queens, is a residential center for short and long-term care. Silvercrest provides services for those who are chronically ill or have dementia, for patients who need restorative therapy and rehabilitation, and for ventilator-dependent patients who may require weaning from ventilation.

“Silvercrest is on the cutting-edge of comprehensive patient care and they maintain a state-of-the-art facility, such as with portable vents so that patients



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The HealthCare Chaplaincy Announces Director of Pastoral Care Management



Michael Guglielmo

“With more than twenty years of non-profit management experience at religious and other nonprofit organizations, we feel very fortunate to have Michael Guglielmo as the new director of pastoral care management,” said the Rev. George Handzo, Vice President, Pastoral Care Leadership & Practice. “His diverse background and multifaceted roles will serve The Chaplaincy well as we embark on augmenting

our partner institutions and advancing best practices for the pastoral care profession,” the Rev. Handzo added.

With a long history of working for religious organizations, Michael was most recently the director of pastoral services at Catholic Charities of Brooklyn for over 10 years. “I was the first nonclergy member for the organization in this position, so it was a big step for them and for me,” Guglielmo said. “I coordinated five ministerial programs and helped to prepare foreign clergy for chaplaincy in the United States, and with

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Lifting the Spirit

During the course of my tenure more than one individual has commented that my “parish” is quite large, and religiously diverse. One of my dear Jewish friends and a Chaplaincy supporter regularly introduces me to others in this way: “Say hello to Father Walter Smith; he is my rabbi.” Each of these endearing references points to a deeper reality: In my day-to-day ministry I have the privilege of providing spiritual and emotional care to a large number of people—many of whom do not share my personal faith or religious practice. Few other not-for-profit executives would claim this pastoral responsibility as an integral component of their job description. I humbly do.

As I was preparing to depart for a recent vacation and retreat I asked my executive assistant if she would keep an eye on the obituaries in the *New York Times* during my absence. From the puzzled expression on her face I knew that this was not something she routinely did, but she intuitively understood the reason for my special request.

I am mindful of the whole Chaplaincy family. Our friends and donors, trustees and former trustees, staff, students, and alumni are important to me. Many of these relationships endure well beyond the time that individuals are actively involved with The Chaplaincy. I carry the cares and concerns of many people in my heart. E. E. Cummings expressed it well when he wrote: “i carry your heart with me(i carry it in my heart)i am never without it(anywhere i go you go...)”

While I was away my assistant noted the death of one of these cherished friends who, at age 81, completed her earthly journey in January at her home in Palm Beach, Florida. Barbara Levinson and her husband Morry were already enthusiastic supporters before I came to The Chaplaincy in 1991. After her husband’s death in 1993, Barbara generously continued Morry’s seminal investment to help us extend clinical pastoral education to Jewish seminary students and promote professional Jewish chaplaincy in healthcare institutions. Just a month before her death Barbara sent The Chaplaincy a generous annual gift.

Healing Moments

Cultural Understanding in Healing



Al-Hajji Imam Yusuf F. Hasan

As a chaplain of the Islamic faith, I am particularly sensitive to the needs of patients and family members of Middle Eastern descent. The grieving process for many of these families is different from other religions and cultures. Many wail and scream out. Because I understand this kind of expression well, the hospital relies on me to handle these highly-charged situations.

I recall a patient I was asked to help with recently—a male in his sixties from Palestine. He had ten adult children, and on the day he died, one of his daughters began beating her head on the

floor until it bled. Other children were screaming in the hallways, including one who had a birthday that day. There were about fifty family members present, and all of them were trying to cope in their own way with their terrible loss. I was able to be there for this family, emotionally speaking, to help them express their feelings about what had just happened to them.

Another time I was able to bring comfort to a fourteen-year-old boy from Yemen who was dying of cancer, as well as to his mother, who was distraught about her son. The family had traveled to England and Australia, hoping for a cure, and then doctors in the U.S. had told them nothing could be done. This news so upset and angered the father that he returned to Yemen with their daughter, leaving the mother and her sick son to face death alone in a foreign country.

In visits with her in New York or at her home in Palm Beach, there was never a lull in conversation. Her interests were broad and diverse, and she coupled wit with intelligence in her analyses and commentaries. Frequently I left Palm Beach with a full mind and heart, and not infrequently with a bag overflowing with lemons plucked from her abundant trees. After her death one of her daughters, Judith Levinson Oppenheimer, commented: “I personally do not know much about The HealthCare Chaplaincy, but I do know that it was a very special charity of my mother’s.”

Barbara S. Levinson was a very special and beloved friend, whose verve and vigor, affection, and commitment will never be forgotten. In my absence one of our younger rabbis—now a certified clinical pastoral education supervisor and director of pastoral care at Beth Israel Medical Center—paid a *shiva* call to her bereaved family in New York. In some ways this was a fortunate coincidence, since his early post-seminary education at The HealthCare Chaplaincy some fifteen

years ago was subsidized by a grant that Barbara had given. Today Rabbi Nathan Goldberg is a respected national leader and educator in the pastoral care profession, thanks in part to the steadfast generosity and indomitable vision of Barbara Levinson. ■

Thank you and farewell, dear Barbara. *i carry your heart with me(i carry it in my heart)*



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



I work well with adolescents. I listen to them, and I understand them. This boy spoke very good English, which was very helpful. I stopped in every day to see him, and we talked about everything kids like to talk about, including basketball. We developed a very good rapport, and our connection felt mutual.

Then one day, this young man suddenly raised a much more serious topic. ‘Imam, I know I’m dying,’ he said, ‘and I need for you to do one thing for me. Help my mother regain her faith so that I can meet her again in paradise.’ Of course, I obliged. We began praying with that in mind—loud enough for his mother, who was standing in the hallway, to hear.

At first the mother refused to join in the prayer. But over the course of a few weeks she eventually joined us in prayer one day. I glanced at the boy, who had been in such agony for so long, and as

he looked up at me, I saw a young man who was healed—spiritually healed, though sadly not cured. His mother shared in the healing. After her son died, she called me to say that she had regained her faith.

When patients are first diagnosed and get the prognosis, many start thinking about God. If the chaplain is brought into the situation early on, it’s better for everyone concerned—patients, their families, and the staff. Patients know they can say anything they want to me, because they know I’ll keep their feelings and our conversations confidential. For this reason, I think the chaplain is not only one of the most trusted on the healthcare team, but also the one most likely to help the patient heal in ways that others cannot. ■

Al-Hajji Imam Yusuf Hasan is a staff chaplain at Memorial Sloan-Kettering Cancer Center and St. Luke’s-Roosevelt Hospital Center.

“Life Decisions at the End of Life: Reactions and Responses”

“The way to think about medical illness is that it’s like throwing a stone into a pond. There’s the initial impact and then there’s a ripple effect. The reaction of the individual and the family may be different, but there’s always a response, a reaction. Our usual mechanisms are destabilized,” said Dr. Hindi Mermelstein, on January 9 at North Shore University Hospital. This presentation was given as part of a new hospital rotation program cosponsored by The Center for Studies in Jewish Pastoral Care (CSJPC) at The HealthCare Chaplaincy and the Rabbi Isaac Elchanan Theological Seminary of Yeshiva University (YU). Five YU seminarians spent a week shadowing chaplains from The HealthCare Chaplaincy at three different hospital sites and attending seminars, including Dr. Mermelstein’s lecture at North Shore. The objective of the rotation was to educate future rabbis about issues they will face in their congregations, such as end-of-life decisions, which Dr. Mermelstein addressed in her talk.

One of Dr. Mermelstein’s main points was that life’s course, both normative and unpredictable, affects individuals and those around them. Furthermore, crises are stress points where the usual mechanisms are weakened. Outcome of a crisis, such as a medical diagnosis or prognosis may be “business as usual”—the individual takes it in stride, improved functioning—the individual is able to function better than before finding out about the medical condition, or chronic destabilization—the individual’s life is turned upside down with the news. “A reaction to illness is a reaction to loss,” Dr. Mermelstein said. Typical reactions may be shock, denial, hysteria, or silence. Usually the initial reaction abates in a very short period of time—in as little as a couple of days. The reactions to loss can be categorized as threatened (concerns that others impose), perceived (supposed concerns), and real (legitimate concerns).

“As a psychiatrist I often refuse to see a patient who has just gotten a diagnosis. They need a day or two to let it sink in; then they can figure out how to put it into the scope of their life,” Dr. Mermelstein said, adding, “When the patients are ready to talk about it they want to know if they will be able to function, complete goals. For women, the mother question is prominent. Most people can put up with most things if they have a good support system. They can deal with the illness, but not being alone in the illness.” Dr. Mermelstein stressed that the usual outcome is adaptation, versus resolution, and that the most important factor in coping, treatments, and surgery is relationships—family and friends who are there for the individual.

Another theme of the talk was that medicine, through its art and science, attempts to temper life’s unexpected events, even though some people are not interested in what medicine has to offer. Dr. Mermelstein talked about a former patient, a 40-year-old male, who was diagnosed with colon cancer. Even though the cancer was curable, he chose not to have the surgery because of the impact that the colostomy would have on his lifestyle. He understood the repercussions of his decision and was deemed mentally stable, so she did not try to convince him to have the surgery. Another patient, a female with breast cancer, didn’t want to go for chemotherapy solely because she was afraid to lose her hair. From a psychiatric perspective, this decision wasn’t considered irrational, so Dr. Mermelstein didn’t try to coerce her into getting chemotherapy. “Our country really is built on individual rights and people have a right to lead their own lives. However, autonomy is not absolute in medical care—there are limits,” Dr. Mermelstein said, citing that if parents won’t vaccinate their children, the children can’t go to school. “Patients should be able to make decisions, but not impaired decisions,” she said.

“Life is not expected to be prolonged unless medicine can improve the situation—life is not about quantity, life is about quality.”

There are times when Dr. Mermelstein has to recommend

that patients get treatment against their wishes. If there could be legal ramifications, medical intervention is necessary. This is when the chaplain gets more involved, to help the patient in ways that the doctors cannot—with spiritual guidance—and to help the patient come to terms with the situation. However, Mermelstein emphasized that regardless of medical intervention or lack of medical intervention, the values and the perception of illness belong to the patient—and can’t be taken away from them. It is essential to always be sensitive to this. There is often a struggle between doctor knowledge and patient judgment.

In closing the presentation, Dr. Mermelstein talked about how at times of crisis people may suspend their rational thinking and are just searching for some way out of the dilemma. “Sometimes patients are irrational in saying ‘no’ to medical care. Other times patients are irrational in saying ‘yes’ to medical care,” she said. “There are times when people will risk everything for one more chance, to know that they tried everything. Life is not expected to be prolonged unless medicine can improve the situation—life is not about quantity, life is about quality,” she added. After Dr. Mermelstein’s talk, the students in the rotation spent the afternoon in the hospital, observing Rabbi Daniel Coleman, Staff Chaplain at North Shore, and Rabbi Charles Sheer, Director of the

CSJPC, as they made rounds. Rabbi Sheer, who developed the new program for Yeshiva University, explained that its main purpose was to provide direct exposure to pastoral work. The students, in their evaluation of the program, had positive and poignant comments. “I strongly believe that this rotation should be a mandatory component for seminarian students in the pulpit and outreach tracks—if not for all students intending to practice as a rabbi in any capacity,” one student said. Another added, “The ability to shadow a variety of seasoned chaplains working with different types of patients was especially helpful because it gave a glimpse into various styles of chaplaincy. The rotation has made it easier to conceptualize how to handle working with people in times of great need or crisis.” With the addition of this new program in conjunction with Yeshiva University, CSJPC now offers hospital rotations in four New York City-area seminaries. ■

Dr. Mermelstein graduated from Touro College and then attended the Upstate Medical College at Syracuse where she received her medical degree and training in psychiatry. She completed a fellowship in psychooncology in the department of neurology at Memorial Sloan-Kettering Cancer Center. She is certified in psychiatry (neurology), geriatrics, and psychooncology, and has held several clinical and administrative posts in a variety of medical systems, including the North Shore-LIJ Health System. Dr. Mermelstein has presented and published on women’s health and life-threatening illness.



“People and Animals Working in Spirit” to Heal at Griffin Hospital

PAWS, People and Animals Working in Spirit, the successful pet therapy program at Griffin Hospital in Derby, Connecticut, is an integral part of the healing of many of their patients. Ruth Tuccio, an employee at Griffin, founded the program in 1996 with her two greyhounds. Over the past twelve years the program has consistently grown and there are now 18 dogs in the program, including a Great Dane, several Greyhounds, a Shih Tzu, a Soft-coated Wheaten Terrier, and a Flat-coated Retriever.

Working directly with the Connecticut Department of Health in writing the policies required to institute the program, Ms. Tuccio created the program and has managed and sustained it since its inception. “As a lifelong dog lover, I know the impact that animals, namely dogs, can have on health and healing,” Ms. Tuccio said.

The Rev. Jo Clare Wilson, Director of Pastoral Care and Education at Griffin, became involved in the program when she heard about the benefits of pet therapy dogs in raising spirits and providing an important connection for patients, particularly those who miss their own pets. A special feature of the program is that a patient may see their own pet, arranged through a family member or the veterinarian caring for the animal.

“The vast improvement of an older female patient who utilized the program stands out in my mind,” said the Rev. Wilson. “She was basically not talking and struggling to recover from an injury sustained in a fall. She wasn’t eating and the nurses thought a dog might cheer her up. Riley, my dog, happened to be on duty and went in and sat in the chair next to her bed and let her pet him. She perked up and wanted

to take a walk with Riley and me. By the end of our walk she was smiling and laughing, and as the week went on she began to improve—she started eating and responding to people. The nurses and her family credited Riley because she absolutely adored dogs,” the Rev. Wilson concluded.



Riley, a Griffin Hospital therapy dog, and beloved pet of the Rev. Jo Clare Wilson.

All of the dogs in the program are certified by an organization called Therapy Dogs Inc., which is based out of Cheyenne, Wyoming, but has dog certification representatives all over the United States. Ruth is a representative for Therapy Dogs, Inc., and trains the dogs and their owners, which entails attendance of three classes and the passing of certain criteria, including the dog following commands from their owner, getting along with other dogs, not jumping on people, and letting people pet them.

There are dogs on site for about two hours a day, six days a week. However, Ms. Tuccio carries a pager in case a therapy dog is needed urgently, and she can arrange for one to make a visit within a couple of hours. Dying patients who want to visit with a pet therapy dog or their own dog are given priority.

The 4th Annual Therapy Dogs Awards Ceremony, which will be held in March or April, honors the dogs with a medallion, a certificate, and “goodies” for their hard work throughout the year. A new “Blessing of the Paws” ritual was added to the ceremony last year. For National Cancer Survivor Day, the first Sunday every June, the dogs put on a themed fashion show with musical accompaniment. A recent theme was “Puttin’ on the Ritz”—complete with top hats and bow ties. ■

The Silvercrest Center is New HCC Partner

can work on mobility and lung function in tandem. Together we will further enhance their offerings with pastoral care services,” said the Rev. George Handzo, Vice President, Pastoral Care Leadership & Practice at The HealthCare Chaplaincy.

With a 98 percent average occupancy rate, Silvercrest is member of NewYork-Presbyterian Healthcare System, which is one of the nation’s largest healthcare systems. Under the direction of Cosmo LaCosta, Senior Vice President of Silvercrest, “Giving Quality to Life...Giving Quality to Care” is the mission of the center.

“While the focus of the care is different in a hospital versus a long-term care facility, pastoral care resources are equally important in both settings,” says Jeanne Lee, Executive Vice President and Chief Operating Officer at The HealthCare Chaplaincy. “The chaplain will play a critical role, not only with the residents of the facility, but as a resource for families and members of the health-care team. As competition for patients escalate among healthcare settings, consumers will make placement decisions based on the quality of life and quality of care delivered by the institution. Pastoral care, unquestionably, enhances quality of life and quality of care,” Ms. Lee added.

“With her professional background Jeanne knows first-hand what makes a long-term care facility exemplary, and we will be relying on her expertise as the pastoral care department at Silvercrest develops according to their needs,” said the Rev. Handzo. Ms. Lee, the COO at The Chaplaincy for over four years, has extensive leadership experience with long-term healthcare settings. Before arriving at The Chaplaincy, Jeanne served for eleven years as the CEO of the Franciscan Health System of New York, now part of the Bon Secours Health System. Prior, Ms. Lee held executive positions at the Chinatown Health Clinic, Metropolitan Hospital Center, and the Frances Schervier Home & Hospital.

“The ability to link up with The Chaplaincy is a vision fulfilled for me,” said Cosmo LaCosta, whose tenure in this field is diverse and spans several decades. “It had always been a financial obstacle for us. But recently, a trustee of Silvercrest wanted to make a special gift. She wanted to honor the memory of her husband and couldn’t think of a better way than by giving others the benefits of pastoral care,” he added.

“Cosmo has the ability to connect providers, organizations, patients, and families, and more importantly, his concepts of care

are progressive. He has proven his dedication to quality of patient care many, many times over,” said the Rev. Handzo. Mr. LaCosta has directed the growth of Silvercrest’s services by opening an outpatient rehabilitation program, providing hospice care in collaboration with Visiting Nurse Service of New York, and acquiring a \$10 million HUD grant to develop affordable senior housing for the frail elderly. In addition, he spearheaded the expansion of the ventilator-dependent program to 48 beds, the largest in New York State.



Cosmo J. LaCosta in the rehabilitation room at Silvercrest

“Professionally I have gotten to know the work and the people of The Chaplaincy over the course of many years. They do an extraordinary job and we are excited about the partnership. We will now know the caliber of the chaplains we are getting, and we can confidently provide this essential resource and service to our patients,” said Mr. LaCosta.

“Giving quality to life is a goal that we share with Silvercrest. Our new partnership will allow us to begin to actualize the holistic and spirit-centered care vision that will be the hallmarks of our planned Wholeness of Life Center,” says Ms. Lee. ■

Chaplaincy Briefs

The Rev. Eglon A. Angel (Winthrop-University Hospital) joined the pastoral care department as Staff Chaplain.

The Rev. Jill Bowden (Director of Pastoral Care, Winthrop University Hospital) and hospital staff celebrated the dedication and blessing of the hospital's long-awaited Serenity Chapel.

Rabbi Daniel Coleman (Staff Chaplain, North Shore University Hospital) was board-certified by the National Association of Jewish Chaplains (NAJC).

The Rev. Dr. Sarah Fogg (Director of Pastoral Care, St. John's Riverside Hospital) was interviewed by ebru.tv in a Webcast on "The Meaning of Prayer and Its Impact on Our Lives."

Rabbi Charles Sheer (Director, Center for Studies in Jewish Pastoral Care) spoke on "Pastoral Counseling in the University Context" at a seminar for rabbis in Washington, D.C. This day-long

conference was sponsored as part of the Legacy Heritage Rabbinic Enrichment Initiative at Yeshiva Chovevei Torah Rabbinical School.

Imam Yusuf Hasan and the **Rev. George Handzo** coauthored "Responses to Anniversaries and Other Reminders," a chapter in a newly published book, *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy*.

Rabbi Bonita Taylor (Associate Director, Center for Clinical Pastoral Education) was elected to the board of directors of the NAJC. She presented three workshops at its recent annual conference in Chicago, one to an Israeli delegation in attendance. **Rabbi Naomi Kalish** (St. Luke's-Roosevelt Hospital Center) and **Rabbi Nathan Goldberg** (Beth Israel Medical Center) will be continuing on the Board.

The Rev. Trudi Hirsch Abramson (CPE Supervisor) was interviewed live on WVKR 91.3 for their "Spiritually Speaking" segment.

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The Chaplaincy Announces Director of Pastoral Care Management

my background and fresh outlook I was able to further their goals," he added. At Catholic Charities Michael served on the New York State Catholic Conference's Advisory Committee on Persons with Disabilities, the Correctional Chaplains Committee and the Deaf Pastoral Workers Board. In addition, he worked with Diocesan and local media to promote the work of the organization.

Prior to his tenure at Catholic Charities Michael was the director for social services for the Diocese of the Armenian Church of America in New York, where his primary responsibility was the creation and management of a refugee resettlement program for Armenians fleeing conflict in the South Caucus and Central Asian Republics of the former Soviet Union. "In my work I accessed the refugee programs already operating through Church World Service, Lutheran Social Services, and Catholic Migration in order to effectively serve this population," Guglielmo said. Refugees were directly supported through visits and training sessions with Armenian parishes throughout the eastern United States.

Before shifting gears to work with religious organizations Michael worked for 12 years as a counselor and then as an administrative instructor for programs serving persons with developmental disabilities.

"I have gotten to know the work of The Chaplaincy over the years and have seen the positive impact of the organization on area health-

care providers. I am looking forward to working with the diverse communities of the partner institutions to further our mutual goals in pastoral care," Guglielmo said.

Raised in Buffalo, New York, and educated at University of Minnesota in urban studies and Spanish, Michael now resides in Westchester and spends free time hiking, gardening, exploring organic and sustainable agricultural methods, and community building. A committed environmentalist, Michael bikes to work from Grand Central most days. ■

Going Green!

The Chaplaincy is making a decided movement toward sustainability as we plan for our new facility and its future operations. Consistent with our long-term goals, green practices are being incorporated into our workplace. Going forward in 2008 we will be developing and implementing policies and initiatives that include resource conservation and sustainable business practices, focusing initially on specific measures to address paper reduction, energy efficiency, and use of more eco-friendly products.

Enjoy this first Beacon on partially recycled paper.

The BEACON

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The HealthCare Chaplaincy is the nation's largest non-denominational multifaith center for pastoral care services, chaplain education, spirituality and health research, and consulting services for healthcare organizations. Our chaplains make more than 220,000 patient visits yearly within our partner institutions. The Chaplaincy is one of the most efficient charities in the country, with an average of 80 percent of its funds supporting programs that advance its mission. This newsletter is published for friends, supporters, and graduates.

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Frank Taira

A Retrospective

“My painting is belief of the beauty of life. It is reality with a touch of my personal imagination and dreams. The paintings represent my love and compassion for all living things. It is my sincere hope that some of my vision will rub off on the viewer of my paintings.”

Viewing & Reception*

Wednesday, April 9, 2008, 6 – 8 pm

Selected works will be on display

March 31 – April 18

Monday – Friday, 10am – 5pm

at

The HealthCare Chaplaincy

307 East 60th Street, 2nd Floor

(between 1st and 2nd Avenues)

*For more information or to RSVP, please call (212) 644-1111, ext. 251

Joint Reception Sponsors: The HealthCare Chaplaincy & Asian/Pacific/American Institute at NYU