

- Newsletter -

Irving J. Fain Award Winners

*Denise Jacobs and Bernice Grant, members of Congregation Am Shalom in Barrie, Ontario, Canada were recipients of the **Irving J. Fain Social Action Award** (from the Religious Action Center, part of the Union of Reform Judaism) for the outreach program focus on community education, their congregation has developed. This particular award was for the work they do and have done at Central North Correctional Centre in Penetanguishine.*

By Denise Jacobs & Bernice Grant

This has been an ongoing program for the past five years where we have visited the prisoners on a monthly basis and provided religious services and support for the Jewish inmates. We bring them Jewish magazines as well as provide them with kippot and prayer books as well as Torahs when requested. We work under the direction of Rabbi Weiss of the Jewish Family and Child Services in Toronto.

The Conference (Consultation on Conscience) was held in Washington DC. It focused on Reform Jewish congregations across North America in the area of social action. Different congregations have different outreach programs. Some directed their programs towards the local community and other directed theirs at larger populations such as Darfur and human trafficking.

The keynote speaker was Madeleine Albright former US Secretary of State the first woman to hold that post. Her topic was The Mighty and the Almighty, Reflections on America, G-d, and World Affairs. Other speakers included Nancy Pelosi, Hillary Rodham-Clinton and many other influential US Senators and Congressmen.

We were very excited to be in company of such movers and shakers within the US political system. Who thought that two women from Barrie, Ontario would be recognized for the work that they do at CNCC. It does prove that no matter who you are or where you are, you can make a difference in our society.

“WHAT’S HAPPENING IN THE REGIONS?”

There are four Ontario regions in which Spiritual and Religious Care is provided. Each region receives support from dedicated and reliable support staff and volunteers who serve in Regional Multifaith Committees (RMC). Each issue of the OMC Newsletter will feature several or more reports from the regions.

RMC responsibilities involve the assessment of institutions and screening of chaplains. Other RMC activities include organizing educational conferences and meeting with faith group representatives to discuss and address conflicting issues which can have negative effects on spiritual and religious care services reaching those requiring it.

NORTH EAST REGION

By Yvonne Tregonning, Manager

Committee meetings are held in different locations in the region, such as, Algoma, Sudbury, North Bay and Timmins. The focus continues to be on increasing membership ensuring the presence of all faith groups to our committee. These RMCs are very involved in the spiritual care provided in all facilities where vulnerable people need an advocate to ensure their spiritual rights. The presence of chaplains at our meetings keep us informed and helps us to identify the issues, trends, challenges and opportunities which allow an on-going progress.

Both chaplains and faith group members are eager to share their experiences as northerners are able to tap into the resources made available through teleconferencing and videoconferencing technologies. They appreciate the on-line training provided which allows networking and eliminates isolation. Perhaps one of the most enriching experience is the sharing and the interest in the

Dear Friends of OMC,

For me this is a great pleasure, on behalf of the OMC, to inaugurate the newsletter. It is very much dependent upon us all to make it a success. Hopefully, the first issue will prove to be the most difficult to publish and because of this, a much deserved thank you to Eric Nickerson for his caring effort in shepherding Issue Number 1, Summer 2007 all the way out the door.

It is also gratifying that the OMC staff is now under the watchful direction of Patricia Williams who has dug in with determination to learn what needs to be done and then apply her experience to put it into action along with her staff. This has created a solid foundation for our activities.

One of the most important activities of the OMC is to educate, and within this mandate there is no end of opportunity to do so. The need comes from the increasingly diverse cultural and religious nature of Ontario. Providing education on Multifaith spiritual and religious care in institutions will create understanding on how to be effective with whomever is being served. By this I mean, those who are suffering in institutions will find comfort from being with chaplains and staff who recognize each person's diversity.

Much more about what the OMC does and how we are organized can be found on the website (<http://www.omic.ca>).

Volunteers give the OMC its character and make possible all that we do. As you might be aware we have only a few paid staff and approximately twenty times the number of volunteers. So a heartfelt thanks to all of us who volunteer. We are all needed.

Warm regards,

Stan Middlestadt, President

Native representation which brings forth a perception of spiritual care which is authentic and life giving.

SOUTH EAST REGION

By Adam Prasuhn, Manager

The Southeast Region includes three Regional Multifaith Committees: Central, Kawartha-Lakeshore and Southeast. A total of 27 faith groups are represented on these RMCs. The geographical area of the Region extends from Whitby in the west, north to Penetanguishene on Georgian Bay, east to the Ottawa, Cornwall, Kingston triangle and along the north shore of Lake Ontario.

61 persons attended an Information Breakfast “Caring for the Human Spirit: the Role of the Volunteer” which was held in Beth Shalom Synagogue, Ottawa, on April 24. The meeting had a threefold purpose:

1. To highlight the work of chaplains and other spiritual & religious care providers;
2. To assist chaplains and other care providers to recruit faith community volunteers;
3. To help faith community members and potential volunteers become more aware of the role of the OMC in supporting the provision of spiritual and religious care in institutions.

A panel consisting of chaplains from correctional, hospital, long-term care, mental health, developmental services facilities and community chaplaincy spoke about the importance of having dedicated faith group volunteers who can provide care that nurtures the human capacity to reach beyond oneself and encounter the infinite.

Our thanks to Rabbi Kessler, the staff and congregation of Beth Shalom for hosting the conference and to the Ontario Multifaith Council for sponsoring the event.

NORTH WEST REGION

The OMC heartily welcomes Rev. Canon Paul Carr to his new position of Regional Manager for the North West Region. Paul has served the OMC in the

past as chair of the RMC for the North West Region. Thank you Paul for stepping into this position!

SOUTH WEST REGION

By Inas Garwood, Manager

The South West Region is undertaking an Educational Conference which is being planned for early September to join the three Regional Committees for the first time: Brantford-Hamilton and Niagara regional committee.

The theme of the Conference is “Fresh Start”. You can look forward to panel discussions, a keynote speaker and an interactive atmosphere where dialogue and learning are nurtured and welcomed. The setting and accommodation are selected to accommodate the various needs of the individuals participating in the conference. We at the Southwest Region look forward to a great turn out of chaplains, spiritual and religious care providers as it will be a unique learning and networking experience for all participants.

UPCOMING EVENTS

Educational Conference: “Fresh Start” (see report by Inas Garwood) is being planned for September by the South-Central Regional Multifaith Committee.

Educational Conference: for Chaplains and RMC members of the Northeast and Southeast Regions in Partnership with the Ontario North East Region of CAPPE is being planned for late October or November in the Salvation Army’s Conference Centre at Jackson’s Point, Ontario.

Spiritual Religious Care and Awareness Week to be held throughout the province of Ontario, October 21-27, 2007. Our theme this year is “Caring for the Human Spirit.”

Please visit our website, or contact a Regional Manager in your area, or our office for more information on these upcoming events.

OMC AT A GLANCE

The Ontario Multifaith Council:

- consults and advises the government of Ontario on faith group matters relating to the provision of spiritual and religious care in government run or funded institutions
- ensures the availability of persons (Board members/appointees and volunteers) with adequate understanding, ability, qualifications and appropriate status within their faith group
- collaborates with the Government in providing multifaith awareness training and education to persons who work or volunteer in government institutions and transfer payment agencies

MULTIFAITH INFORMATION MANUAL

The Manual was developed and published in the late 1990s as a response to the increasing demand for an easily accessible authoritative guide to faith group modes of worship, rituals, dress, diet, holy days/festivals, beliefs and practices. For more information or to purchase the Multifaith Information Manual (the \$28.45 price includes shipping) please contact our Information Coordinator, Mohamed Taher.

The Autumn issue of the OMC Newsletter will be available in about three months. Please email us with your suggestions and content submissions. If you would like to write something for the newsletter, please let us know in advance of what you would like to write on and we’ll discuss it’s inclusion.

Send all newsletter comments and inquiries to
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CHAPLAIN'S CORNER

Recently **Shelley Tidy**, a past President of the Ontario Central Region, CAPPE, was part of a Lenten series and gave a presentation on multi-faith ministry at Grace Church, Markham, on March 11 on the theme of *Encountering Christ Outside the Walls*. The following article was Shelley's contribution to this event.

Encountering Christ Outside the Walls

In April of 2006, the Ministry Resources Department of the Anglican Diocese of Toronto indicated that "...Toronto is the fourth largest municipal region in North America. It is considered the most multicultural city in the world, with the largest ethnic grouping constituting barely half the population." For at least the past ten years, over 250,000 people annually have immigrated to Canada. About half of them have settled in the Greater Toronto Area, mostly in Scarborough, where for six years I worked as a multi-faith staff chaplain at The Scarborough Hospital, General Campus.

Multi-faith chaplains operate from a few basic premises. May I offer a few comments concerning words that get a lot of airplay these days – words like religion, relativism, tolerance, spirituality, and, above all, the word "respect."

First of all: religion. When hospital chaplains approach a patient's bedside, God is there with them, working through them – no matter by what name the patient may know God. And it is the patient who sets the agenda for the conversation that follows. When we respect the faith of those who do not recognize Christ as their Saviour and Redeemer, we respect God's creation in its entirety.

Next: relativism. Respect for another's faith tradition is not relativism, relativism in this case being the sense that one religion is as good as another. It's much more than that. It is a question of chaplains acknowledging their own firm foundation - knowing who they are and where they stand and what gives them strength and conviction. From that standpoint the multi-faith chaplain can go out, and reach out, to the other and

recognize the values and viewpoints that we all hold in common.

Respect isn't tolerance – tolerance being a word which always seems to me to have overtones of condescension. Tolerance can be legislated; respect cannot. Christ healed a woman who had been hemorrhaging for twelve years. He healed ten lepers, and one of them turned back to say thank you. As a result these two people - and there were many others - may have come to believe not only in Christ's healing power, but also in his teachings. But we don't know. The centurion who asked Christ to heal his slave probably never embraced Judaism himself, but he respected the Jews and built them a synagogue, and as a result they liked and respected him too. The centurion recognized in Christ someone who was, as he said, "under authority", something that, as a man under authority himself, the centurion fully understood. Each respected the other, not only in their gifts but in their warm humanity.

Multi-faith chaplains honour faith traditions other than their own, but they also honour the spirituality which to varying degrees we all share. Spirituality is an often-misunderstood word, giving rise sometimes to thoughts of New Age crystals and Ouija boards – fun and intriguing, but a questionable source of guidance. Each of us can choose whether to embrace a specific religion, but when it comes to spirituality, all of us, to a greater or lesser extent, are spiritual beings. Spirituality is what makes us human – it defines our identity, our values, and our sense of being a part of something greater than ourselves. At our spiritual centre we find what matters most. At our spiritual centre we find that which gives to life its significance.

Spiritual care is not the same as pastoral care. Pastoral care focuses on Christian tradition and beliefs. Chaplaincy departments have been changing their name from Department of Pastoral Care to Department of Spiritual and Religious Care, or something similar, because of the emphasis now on spiritual care, and religious care where appropriate. We still use the word "chaplain" because it is easiest – I have yet to introduce myself at the bedside as a spiritual and religious care provider instead of a chaplain. Nevertheless, like the

word "pastoral", as in pastor, the word "chaplain" has a Christian origin, as in chapel. These days we want to be more inclusive.

And now a few words on prayer. Prayer is important when and if the chaplain is invited to pray, or when the conversation is directing the participants in that direction. When I pray for and with hospital patients I pray for the healing that is above and beyond cure. I thank God for the sure and certain knowledge of His presence at the bedside, for knowing that He hears us and walks with us in our struggles and our pain. I name the patient in the bed, and ask God that His presence may be felt during the tiresome routines of the day and during the long hours of the night. I thank God for the care, skill and compassion of the doctors, nurses, and other staff. I thank God for a life well-lived and ask forgiveness for things not done that should have been done, and for things done that should not have been done. I thank God for the assurance of that forgiveness, and commend the patient to the support of those everlasting arms. I ask God for the healing that is found in reconciliation, in coming to terms with past mistakes and unfinished business, in the giving and receiving of love, in farewells - culminating in that peace that passes all understanding.

This is prayer at the bedside, in the certain knowledge that "God, working through us, can do infinitely more than we can ask or imagine". This is pastoral care for the Christian, and religious care for people of all faith traditions.

So what can chaplains actually do, since they can't try to "fix" the things that trouble the spirit? All of us, in endeavouring to live with grace and compassion towards others, must also live with mystery. We don't know why life is so much harder for some people than for others. We don't know why some entire nations must be torn apart by wars and famine while others take for granted their relative comfort and affluence. Most of us do what we can in our own small way while others are called to be Albert Schweitzer and Mother Teresa

and Stephen Lewis. We live with mystery; therefore chaplains cannot be “fixers”. They can’t provide the answers – all they can do is try to help people work through their questions; questions such as “Why me?”

In seeking to touch the spirituality in someone – whether a patient or a patient’s family or friend at the bedside, and in seeking to enter into relationship with that person, the chaplain needs to listen more than talk. It doesn’t matter whether that person acknowledges a particular faith tradition or not. Chaplains listen for anger, resentment, fear, or acceptance and appreciation. They listen to the sadness as the patient’s own death approaches, or the sadness of the person at the bedside, at the prospect of losing a loved one. They try to learn about what the patient misses, or can no longer do. Chaplains want to understand how life stories and memories contribute to current viewpoints and values. Always they listen for the words not spoken. This is active listening, listening with a purpose, and the purpose is to understand, in a non-judgmental, caring fashion. Chaplains, and indeed all caregivers, need to be aware of the patient’s hopes and fears, whether or not these concerns are expressed in words. In response, chaplains acknowledge and affirm. Serious illness can be very lonely. Even the patient with strong family and community support may have a sense of being on the outside looking in – no longer a part of the world as he or she once knew it. And people who are dying want freedom from pain; they hope to be alert as long as possible; they want to be respected, valued, loved, and they want to be dignified. They hope to still have moments of joy and pleasure. They want to die with their business finished and their good-byes said. No dying person should ever feel lonely and isolated, or useless and a burden to others.

Therefore, meeting the spiritual needs of the hospital patient, of any religion or of none, through effective communication, through reaching out, is so important. And words aren’t everything – a look of concern, empathy, and interest, a touch, a smile – can work wonders. We need not be afraid of silence – it provides the patient or a family or loved one, with an opportunity to reflect, and to absorb what has been said.

William Osler, the guiding light for what is today considered the “art” of medicine, once commented, “The person who has a disease is more important than the disease a person has”. It is the patient, or the person watching at the bedside, who needs more than physical treatment and more than sympathy. They need to give and receive love; they need to make sense of their life experiences; they sometimes must be reminded that they have mattered and still do matter; that they have counted for something. They need a non-judgmental listener. Sometimes they need to talk about things other than the disease – things such as the dog, the Maple Leafs, the children or grandchildren; things such as regrets and omissions. Patients and their loved ones need reassurance; they still need to be aware of laughter and beauty.

These are “spiritual” needs and we all have them, whether we are ill or well, no matter what our faith tradition may be, and whether we acknowledge a specific faith tradition or none at all. Understanding our own spiritual needs helps us to understand others who are experiencing life’s dark moments. Healing is not the same thing as cure and for this reason we all, instead, need to feel that there is hope. Not necessarily the hope that gets us out of a bad situation, but the hope that gets us through it.

The multi-faith chaplain seeks to serve God and God’s creation through practical means as well, serving as a facilitator, perhaps contacting an imam or rabbi or Hindu pandit at the request of either the patient or the family. A Buddhist nun used to keep me supplied with small cassettes which played Buddhist chants. The tapes were used to soothe anxious patients who listened to them when they were tucked under the pillow.

I was once asked to conduct a funeral service for a Hindu patient whom I first met in the Emergency Department. After a long illness, cared for in his home by his companion and her daughter, he was now dying. They were with him at the hospital and had asked for a chaplain to pray with them. This man had been raised in the Hindu faith but had spent many years inquiring and reading about Christianity, and reading the Bible. I read the Christian Prayers for the Dying from the

Book of Alternative Services, and spent some time afterwards talking with the two women. They asked me to conduct a Christian funeral for him, indicating that a Hindu service also would take place at a later date.

In the end, though, the two services were combined. The man’s companion was in her sixties and, except for her daughter, was the only white person at the funeral. A Hindu relative came forward at an appointed time to read prayers in Sanskrit. This was because the man’s son, who normally would have been responsible for arranging a Hindu burial and being a chief participant, had become a born-again Christian. Later, at the grave site, I read the Service of Committal and then several people came forward, lit a small burner and heated herbs and ghee (a type of melted butter) while additional Hindu prayers were read. There was no cremation, although this is a customary practice in Hinduism. Yes, it was different but it represented the thoughts and reflections of the deceased and therefore meant a great deal to the family.

People in hospital are in crisis, and ministry to people in crisis requires humility, a special kind of “emptiness”, and of course faith. Humility gives hospital chaplains the sure and certain knowledge that God is working in and through them – they do nothing under their own power. With this humility comes the assurance that they can walk into a patient’s room and reach out to the person in the bed. Through their “emptiness” they put themselves in readiness to receive and to accept. Finally, their faith can open the door to healing, even in the face of denial, despair, and death.

In a multi-faith context, chaplains endeavour to draw on a healing faith and enduring spirituality in our diversely populated hospitals