

NOTES
on DDEAMC HOSPITAL MINISTRY
(Chaplaincy) for St. John
United Methodist dinner
April 14, 1982

ST. JOHN -- friendliness

Dunn's request -- "whatever".

Some alternatives -- but NOT singing

How I GOT THE JOB at DDEAMC

Reserve duty from 324th

Visit to Augusta en route for
father-in-law's funeral

Qualified by prior military exper.,

- familiarity with this hospital,
- past hosp. exper. on active duty
& in Miami VA.

- pastoral background

- Walter Reed CPE

- STRICTLY contract..no security,
no benefits (but already have
mil. retirement benefits)

- CPE opportunity the turning point
in decision to take job

- Other contract chaplains also
particularly qualified for DDEAMC

CPE --

- increases self understanding and
acceptance
- more sensitivity to others
- listening & identification of
feelings

NOTES
on DEANO HOSPITAL WINSLEY
(Chaplaincy) for St. John
United Methodist dinner
April 14, 1982

STYLISH -- Irregularity
Dunn's request -- "what ever"
Some alternatives -- but NOT singing

How I GOT THE JOB at DEANO
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- familiarity with this hospital
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CME --
- increases self understanding and
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- more sensitivity to others
- listening; identification of
feelings

Notes on Chaplaincy

- sermon technique
- counseling technique (verbatim)
- critical incidents
- religious issues

TIMING WAS RIGHT -- "I was led"

DEEMAC serves Ft Gordon, 7 southern states, Puerto Rico, Panama, & military people from overseas who are seriously ill and originally from southeast USA. ACTIVE DUTY, RETIREES and DEPENDENTS

OTHER AREA military installations send their puzzling & serious cases to us, wither Army, AF, Navy, CG.

Work with CARDIAC, CANCER, orthopedics acute respiratory problems, eyes, & general problems

WHERE DOES CHAPLAIN FIT?

HOLISTIC MEDICINE is official doctrine of hospital.

- define
- on feelings --Simontons theory of direct causal relationship to specific types of cancer
- young medics, particularly, need help when death of patients and other experiences show that medicine not exact or infallible

- sermon technique
- counseling technique (verbalism)
- critical incidents
- religious issues

THING WAS RIGHT -- "I was 155"

LIBRARIAN serves Lt Gordon, 7 southern states, Puerto Rico, Panama, & military people from overseas who are stationed in and originally from southeast USA. ACTIVE DUTY, RESERVE and DEPENDENTS

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-
- PATIENTS need help in recognizing, accepting feelings, and sorting out and using helpful ones, eliminating or controlling others, in disease fighting.

MIRACLES seem to happen as some are successful.

CHAPLAIN -- regular ward room-to-room visits, taking little or much time per person, as needed.

- on-call night & weekend emergency and death calls, as scheduled with other chaplains

- code 18 responses

- staff relationships

- clinic coverage (OB, dialysis)

PEOPLE IMPUTE their own religious beliefs and values to the chaplain. Put him in role they assign clergy. Since I am there to help them, and not primarily to meet my needs, I do not need to correct them if I disagree, unless honesty demands it. Their faith can help them in a sickness and/or grief crisis only if it is THEIR faith. So we work with THEIRS, and give them mine only on direct request or when a VACUUM causes me to feel strongly that I must share and give my faith.

IN SERIOUS illness and/or terminal

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IN SERIOUSNESS and/or terminal

SCHOLARS see people reacting in predictable ways. DENIAL, Anger, Bargaining (asking for more time), depression, and acceptance, form the pattern after learning of illness and approaching death, or self, of loved ones.

DEALING WITH DEATH SO MUCH, I must have my own personal philosophy of death, which I do. BUT a discussion of death would be another separate talk! I did a "Pastoral Care Seminar" on "Death" for my CPE group, which took a lot of study.

- DEATH is a REALISTIC subject!

- " is not necessarily gloomy,
in spite of many negatives

NO RIGHT WAY to deal with death. It is a time to share our common humanity and mortality.

GRIEF, by the dying and by survivors, is a normal part of death. There are several stages by which we deal with this grief.

IMMORTALITY can be thought of in several ways: Biological, CREATIVE, Theological, Natural, Experiential.

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AGING is a serious subject for the chaplain, PARTICULARLY if he, too, is older than most around him. Also subject for a separate talk!

- AGING deals with how we react to the changes within ourselves as the years pass, and with changes in others and around us.

CHANGE another aspect of life chaplain must deal with constantly as he listens to others. Also subject for another talk.

- Change is inevitable.

- How we deal with change is what counts.

- Some people thrive on change, and seek to bring it about.

UNLIKE VA HOSPITAL, we have not mostly older males, but a full mix of ages, sexes, colors, occupations.

BUT MOST PSYCHIAATRIC in-patients are with military-related problems. I do not work with them much, but other chaplains do.

OB/GYN not on "my beat," but we have them. Local pastors or troop unit chaplins do most ministry here, but we hospital chaplains do some, in emergency, or if no pastor of own.

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CHAPLAINCY mainly A MINISTRY OF PRESENCE -- a human being who really cares, who is credited with wide life experiences and therefore understanding

- who can be trusted to keep confidence
- who is seen as an honestly religious but tolerant and accepting person
- who also has priestly roles: sacraments, prayer, God's representative
- a demanding, challenging, satisfying work.

Strangely, I find that MANY PATIENTS MINISTER TO ME MORE THAN I to them!

Truly a privileged work of God, which I hope to be allowed to do for as long as I am able, physically, mentally, spiritually.

CHAPLAINCY: MAINLY A MINISTRY OF

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