Reflections from a Brethren "on call chaplain" on her years of ministry

The Clinical Pastoral Education (CPE) model of preparing chaplain candidates for ministry is based on "action-reflection" model of learning. The "action" is the practical experience of "doing the work" of providing pastoral and spiritual care within one's pastoral or spiritual care setting. The "reflection" is doing a "deeper dive" to explore, articulate, integrate, and learn from the experience presented. The reflection process includes considering the social, economic, cultural, racial, gender, psychological influences as well as theological and spiritual significance.

I think I will be "reflecting" (unpacking) what it means to be a chaplain serving during a pandemic for many years to come. As a professional, clinically trained, Board-Certified Chaplain and Licensed Clinical Social Worker with over 25 years of experience providing ministry in Level 1 and Level 2 trauma centers, I thought I had seen "the worst of the worst". Additionally, I have advance training in emergency and disaster preparedness. I was part of a team that anticipated and regularly practiced (drills) for mass casualty events. A mass casualty event is defined as "an event that overwhelms the local healthcare system." It can be chemical, biological, radiological, or nuclear. We anticipated fires, tornadoes, bombs, mass shootings, mass transit accidents, earthquakes, utility failures and Ebola. Chaplains are part of a well-practiced trans-disciplinary team with clearly defined responsibilities as part of a coordinated response. Chaplains are the providers of supportive compassionate spiritual care and religious resources to patients, families, and staff in times of crises. It all seems clear and relatively easy to do, until it isn't.

Early in my chaplaincy ministry, I learned the phrase "a trauma worked is a trauma lived." It means whether one is the first responder or a secondary or tertiary source, the trauma one sees, hears, smells, tastes, or touches becomes a part of us, in ways small or great. Nearly every healthcare worker bears the "scar" of a painful and traumatic patient experience. Covid-19 has inflicted near and far-flung hurt, pain and wounds that have gone global, both traumatic and traumatizing.

The presence of the Coronavirus (COVID-19) pandemic has impacted nearly every aspect of our professional and personal lives. Healthcare has been directly impacted by the pandemic. The hospital in which I currently serve as an on-call chaplain is coming through its fourth coronavirus surge. With the "action" phase ongoing and recurring, the opportunities for reflection have been too few.

Initially, chaplains were included in a hospital-wide training to review "donning" and "doffing" personal protective equipment (PPE), re-fit tests for surgical masks, N-95's and alternative assistive breathing devices, and hand sanitizing practices. Later mandatory goggles or face shields were added to our "professional attire". The protective "gear" needed to keep me "safe" from acquiring or transmitting the virus, felt like a barrier to "connecting" with patients, families, and staff. The usual "tools" for chaplaincy ministry were blunted or "knocked out" by the fear or actual presence of the virus. When meeting a patient or family member, I could no longer extend my hand in greeting. My facial expressions were hidden behind my mask. Eye contact became even more important when culturally appropriate. A previously invited gentle touch or hug, if permitted, were no longer acceptable expressions of connection. Holding a patient's hand while praying together put both of us at risk.

Patients, who thirty minutes earlier were at home with their families, were suddenly separated from their loved ones at the hospital door. Family members were told they could not wait in the ER for updates about the patient's status. Testing positive for the coronavirus meant families had to say their goodbyes at the emergency room threshold or phone in their messages to patients. Phone calls only worked if the patient had the capacity to breathe without assistance

and the strength to hold a phone. Whether the patient was positive for coronavirus or not, ALL hospital visitors were stopped at the door. No visitors allowed.

Community clergy were not allowed to visit because of the risk of spreading the virus. This experience reminded me of elementary school student days. If one student acted out, we all lost recess for the day. In the hospital, in retirement communities and nursing homes, **everyone** lost the opportunity to spend time with their loved ones no matter the diagnosis or prognosis.

Prior to this pandemic, when routinely visiting a patient, I changed my mask every time I entered a patient room, even if I entered and exited the patient's room several times during a visit. Now masks were expected to be worn all day (or longer) unless they were visibly soiled. I remember the first time an ICU nurse handed me a brown paper bag as I exited the room of a patient with Covid. It was to save my N-95 mask for the next time I would visit a Covid patient.

Where I serve, chaplains were issued IPADs to that we could meet virtually with patients and their loved ones. Prayers, scripture reading, hymns, music, advance directives, and end of life conversations as well as beginning the process of "saying our goodbyes" were conducted on our devices. At 3 AM, a wife called in from home to request I read scripture to her husband, a patient who was anxious and having difficulty breathing because of Covid. The nurse told me the patient hadn't been sleeping for several days. I read scripture to him, one device connecting to another, hopefully human heart to human heart. He told me he was a born-again Christian, and the scripture reading was comforting.

At home, I had difficulty sleeping. Prior to Covid, I knew that I brought home the "emotional" and "spiritual" toll of crisis ministry. On occasion, sadness, compassion fatigue, moral distress, unexpressed grief accompanied me home and affected my personal time and personal relationships. Through the years, meditation, prayers, music, computer games, pets and rituals of transformation usually allowed me to "let go and give to God" the "traumatizing" events and patient experiences that lingered in my body's re-membering. Now, I would lie awake at night wondering if I was bringing this virus home to my family and friends. I reflected on my actions. Yes, I feel called to serve and minister where Covid is present. However, "count well the cost" meant I am possibly risking the health and life of beloved family and friends who may not embrace my "call" for themselves.

Finding support for ministry in the midst of this ongoing pandemic is challenging. "Safer at home" mandates forced church buildings to close and social isolation increased significantly. Usual opportunities to gather with chaplain colleagues to debrief and reflect were diminished or restricted. Staff meetings were by Webex or Zoom only. We were required to take our temperatures twice per day and complete a checklist of other symptoms that may indicate the presence of the coronavirus, whether we were scheduled to work or not. Physicians, nurses, and ancillary staff grew weary and bore the physical marks of perpetual PPE and the emotional heaviness of being family when family were not allowed to visit. Many nurses and unit secretaries thanked me showing up. An ICU Intensivist requested I pray with him as he was going from Covid patient room to Covid patient room, knowing the patient he just left was dying, a Covid long hauler, and the patient he was going to see next was in need of urgent intubation. I am humbled staff took the time to thank me for showing up. They are the heart of the treatment team caring for a seemingly endless amount of critically ill and dying Covid patients.

Throughout my career, CPE students, friends, family have asked me what the hardest part is of being a hospital chaplain. I'm sure they expect me to say a particular death, perhaps a pediatric death, and there have been too many. No, the hardest part of being a hospital chaplain is humanity's inhumanity to humanity. It is the hurtful, violent, painful, manipulative, destructive

and sometimes idiotic things we do to one another. Many of us in health care experience in a week or a month, things that most people never see or experience in a lifetime.

And we do see and experience it time and time again, week after week, year after year. It's been a humbling and intense time to be a chaplain. Humbling because we are privileged to be with patients, families, and staff during the worst of times. Intense, because we bear witness to God's presence, even when other friends and family cannot be present. We "hold space" for those who want to be physically present but cannot be present. We acknowledge that each person has a story, uniquely his/her/their own. Though familiar grief rituals were disrupted or limited, chaplains lit candles, sang songs, read poems, stood silently, and acknowledged the deaths in real time.

Chaplain colleagues became infected with Covid yet returned to work as soon as they were medically cleared. Chaplains, along with other healthcare staff, experienced symptoms of burnout, and moral injury. Bearing witness to the grief, anxiety, and guilt of patients, families and staff can be stressful and fatiguing. We learned new ways of coping, renewed our commitment to self-care, and found colleagues with whom we could pray, cry, vent and laugh.

Where do I see God at work? It is in the small acts of kindness that give birth to other acts of kindness that bring comfort to a scared, lonely, anxious patient or a fatigued staff member. It is in healthcare associates learning as we go, to increase support services, and provide new tools for compassionate care. It is in online opportunities to share resources, prayers, scriptures, poems, and other rituals that support spiritual disciplines and practices. I see God at work when community clergy and religious volunteers "step up" and asked to be trained in donning and doffing PPE so patient visits during hospitalization can continue. God was present when the hospital staff gathered to light candles and write names in loving remembrance of patients who died from Covid. The service of remembrance provided opportunities for staff to include the names of personal friends and family members who died while living with Covid. The layers of grief are enormous, and the losses continue to build. Many family members carry guilt and anxiety about having been the one to spread the virus to their loved ones.

"A time to be born, a time to die." (Eccl 3:2). Over 700,000 in the US have died from Covid and the numbers continue to rise. While many on the front lines of healthcare, schools, food services and other human services continue to act for the greater good, there are those who seek to disrupt the progress. Sadly, a very high percentage (over 95%) of our current Covid patients are persons who are unvaccinated. Admittedly, a risk of infection remains for those persons who are fully vaccinated. Occurrences and recurrences of Covid infection, limit visitors in our hospitals, and in our assisted and skilled care health facilities. Although area churches have re-opened for in-person worship, attendance remains far below pre-pandemic levels. Many parents with young children have not returned to in-person worship or church activities. Hopefully, as vaccines are available for children and as the rates of transmission decrease, children and other at-risk persons will feel comfortable gathering for worship, community building activities and in service to others.

As Christians, seeking to follow the way of Jesus, I believe the presence of Covid in our communities has broken open awareness in several ways:

There are many opportunities for a more fair and equitable distribution of resources.

Access to affordable, quality, and timely healthcare is a justice issue and a basic human need.

Racial injustices, past abuses, and campaigns of misinformation/medical malpractice

have no place in God's kin-dom.

T*he current pandemic and our response reveal a breaking and broken healthcare system.*

Covid has overwhelmed our local and national healthcare system. Re-imagining and re-deploying our healthcare system is urgently needed.

Persons who are experiencing grief, anxiety, mental illness, and addiction brought on or made worse by the pandemic, are our neighbors, friends and family. They are hurting immeasurably. How will we comfort the brokenhearted in a national/global mass casualty event?

Hopefully, we are emerging from this pandemic, or at least significantly reducing its adverse impact on our activities of daily living. It remains to be seen if there will be more surges or a new variant emerge that prolongs (nay worsens) this pandemic.

God is with us even in the midst of a global pandemic. God's abundant grace and generous love are steadfast and ever-present. Hopefully all of us, chaplains included, can take a moment and reflect on the awesomeness of our God. Then with God's help, let us rise up and take action, for there is much to do and be as followers of Jesus Christ and global citizens of God's beloved community. May it be so!

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