# Coronavirus: The spiritual care response

Articles from early in pandemic still feed our minds and spirits – by David Lichter, Executive Director......................... 2

‘Wounded healer’ label fits better than ‘hero’ – by John R. Mastalski................................................................. 4

Hospital staff find ways to cope with stress of COVID – by Kathleen Kaskel...................................................... 5

Coronavirus also changes prison ministry – by David Lewellen, Vision editor (interview with Fr. George Williams, SJ).... 6

Who else faced this kind of volatility and uncertainty? The apostles. – by Ruth Jandeska........................................ 8

Remote pastoral care: From St. Paul to telechaplaincy – by John Gillman.......................................................... 9

Moment of grace keeps chaplain going in pandemic – by Jim Willsey................................................................. 11

Grief kits help assure families that loved ones in hospital are not alone – by Nick Stewart................................ 12

Letting go of the daffodils – by Anne Millington................................................................................................. 13

Ministry by phone offers connection to nursing home residents – by Rick Nash............................................... 14

Fear and faith in response to the coronavirus – by Nicholas Perkins.................................................................. 15

COVID recovery: A member’s story – by Bridget Deegan-Krause................................................................. 17

In the midst of pandemic, the normal remains - by Anne Windholz................................................................. 18

Contemplating death on Easter Monday in the time of COVID - by John Gillman............................................ 19

Stretching ourselves includes adapting to online funerals - by Maggie Finley.................................................. 21

COVID-19 and Catholic social teaching: Choose life - by Dan Lunney.............................................................. 22

At this time, numbness is nature’s gift to us - by Anne Millington................................................................. 24
Articles from early in pandemic still feed our minds and spirits

By David Lichter
Executive Director

As you can see, we have organized the blog postings of the early months of the COVID-19 pandemic in one place as a Vision edition. While this was intended to let our readers access them more easily, or maybe even read them a first time, it is also an occasion to look at this brief history as it was captured by you, our chaplains, over these early weeks.

As I reread them, I am filled with awe, amazement, grief and gratitude as the writers poured out their hearts, sharing what they saw around them, in their colleagues and peers, and in the patients, residents, and families they encountered. These posts remain fresh with fears, musings, misgivings, and raw honesty. They were all so helpful at the time, and can continue to be so. Join me in the exercise of picking out a couple that really struck and helped you. Here are two that stay with me.

I appreciated John Matalski’s observation (p. 4) — no, John’s confession — that “wounded healer” rather than “hero” most aptly fits our clinical colleagues and our many associates who daily return to their responsibility. As John noted, “But rarely does the vulnerability of these caregivers prevent them from being the kind of healers they are called to be. They stifle the urges to fear, flee, fight, or freeze. They come to work, day after day, and armor themselves up with PPE and hearts full of gratitude.” John ends by calling us all back to who we are: “During this COVID pandemic, we are all keenly aware of our own vulnerability, with our sense of being ‘wounded healers.’ As such, we are healers, not heroes. We do best what we have been called to do – embody the healing mission of Jesus Christ, relieving pain and suffering, and treating each person (including ourselves) in a loving and caring way.” Amen, John!

Perhaps that call to mission is what has most impressed and sustained me, and continues to sustain me, in these weeks. The weekly COVID listening/resource sessions remain sacred time and space to listen to and hold one another (virtually) up, sustaining each other in the too often isolating moments of ministry, or in the now agonizing uncertainties of job loss or indefinite furloughs and all the financial and emotional turmoil and suffering these circumstances cause our members. I pray, if you are reading this and you are experiencing this pain, that you reach out to us at the NACC office or take advantage of our Listening Hearts program or participate in our listening sessions. Don’t be alone in this. As John wrote above, let our members “do best what we have been called to do – embody the healing mission of Jesus Christ, relieving pain and suffering, and treating each person (including ourselves) in a loving and caring way.”

While trying to find ways to interpret and live in the present, I loved Ruth Jandeska’s reflection on the term VUCA: volatility, uncertainty, complexity, and ambiguity (p. 8). “Volatility refers to fluctuations and turbulence, uncertainty refers to future events that cannot be foreseen, complexity refers to the interconnection of the many variables, and ambiguity refers to lack of
clarity,” Ruth wrote. “While these terms are related, they do represent different areas of an
environment.” I was not familiar with the term.

However, I really appreciated Ruth’s repurposing the acronym to Vision, Understanding, Clarity
and Agility, to be “agents of positive change and create a future amid chaos.” She beautifully
linked this reflection to the apostles after the resurrection, when their world was also VUCA,
but soon experienced the Risen Lord. She leaves it to our own theological reflection to see how
the apostles gained new vision, understanding, clarity and agility in proclaiming the Risen Christ
in the midst of opposition and resistance.

I appreciated her call to you and me: “What are you holding on to during these challenging
times? What practices or rituals are helping you to remain centered and whole amid the chaos?
What is helping you rekindle your sense of mission and purpose in life?”

These questions remain central to spirituality as well. I hope you can take the time to peruse
these articles again and latch on to one or two to reignite your spirit and calm your soul.
‘Wounded healer’ label fits better than ‘heroes’

By John R. Mastalski

During this COVID-19 pandemic, much adulation has been appropriately showered upon healthcare workers. My own local community in northwest Washington state has posted signs of gratitude around the two caregiver entrances of our medical center. Even our Catholic healthcare system has posted lawn signs in front of all healthcare facilities saying, “HEROES W♥RK HERE!”

I asked a colleague to take a photo of me standing with one of these signs in front of our medical center – mainly for my elderly parents to see that I am healthy and safe during this crisis.

But over the past few weeks, I have become less comfortable embracing the hero language. So have my colleagues and fellow caregivers; they embrace the gratitude and recognition, but they almost universally shrug off the hero label. As one nurse remarked, “I never signed up to be a hero. I’m just doing my job!”

I don’t think this is humility. Instead, my coworkers don’t identify with the one-dimensional hero image in our culture. Consciously or not, Americans don’t like heroes to question their professional effectiveness, to struggle with being courageous, to be overwhelmed by the weight of the suffering. We don’t like our heroes to nearly collapse from exhaustion or to cry themselves to sleep at night.

Even worse, we don’t like heroes who struggle spiritually or emotionally.

The ancient archetype of the “wounded healer” is much more applicable to our current milieu. During this COVID-19 pandemic, this is the type of healer that I witness in the hallways of our medical center – caregivers who also struggle with their own loss and grief, who worry about bringing the virus home to their families, who remain courageous despite their fears.

The kind of heroes I work with are healers who don’t try to be superhuman. In providing chaplain support to my fellow caregivers, I have seen them show their vulnerability during this COVID-19 pandemic. Many have cried tears of cumulative grief or shared about feeling scared for their kids at home. One worried about her elderly mom who lives in an assisted living facility. “I miss hugging her, but I get to wave at her through the window that looks out on the garden.” Another described talking over the phone to her dad who is in a facility and doesn’t understand why she can’t visit him. “His memory is starting to go, so he thinks I have abandoned him and don’t want to see him anymore. I have to keep explaining this COVID stuff to him. It’s so frustrating!”

But rarely does the vulnerability of these caregivers prevent them from being the kind of healers they are called to be. They stifle the urges to fear, flee, fight, or freeze. They come to work, day after day, and armor themselves up with PPE and hearts full of gratitude.

During this COVID pandemic, we are all keenly aware of our own vulnerability, with our sense of being “wounded healers.” As such, we are healers, not heroes. We do best what we have been called to do – embody the healing mission of Jesus Christ, relieving pain and suffering, and treating each person (including ourselves) in a loving and caring way.

John R. Mastalski, BCC, is manager of spiritual care for the Northwest division of PeaceHealth based at St. Joseph Medical Center in Bellingham, WA.
Hospital staff find ways to cope with stress of COVID

By Kathleen Kaskel

I could sense employee tension building by the middle of March as construction crews prepared for the pandemic. Aside from the very wide air-venting systems going through windows to provide negative air pressure, even the laying of yellow tape lines for the barriers in and out of rooms created shocking ripples that “this is real!”

More than two months in, the emotional tension of COVID seems to have found its balance. We are, however, also prepared for surging should that occur.

Rather than go home after a day’s work either in knots or bottled up, people have begun to find their own way of maintaining emotional balance. People are finding these various ideas helpful.

Baby monitors or Stratus Video can help families who are unable to be with their loved one, a huge cause of moral distress for staff. We make a point of sharing with the deceased’s family what a person’s last hours or moments included as part of reverence for the dying person and to help families process their grief.

Humorous language can redefine the environment. For instance, some of our staff have named the unit “Camp COVID” with camp counselors and camp directors. Some staffers are also deliberately watching funny animal videos when they have a moment.

Team members are actively watching out for each other. When someone is intensely focused, they may not even realize their personal tension is building. Others may supportively approach them and offer to take on part or all their responsibilities to give them a much needed break. The HOPE bag has been a well-received pilot program for workers who are emotionally overwhelmed. The bag contains simple, small items such as a handwritten card, candies, incense, lip gloss, and a pin to wear, if they choose, regarding having a bad day. And we have set up a quiet room with supplies to help us relax, including candles, coloring books, music, and other tools to aid in meditation and prayer.

We have also encouraged staffers to debrief, de-stress, decompress with a coworker, unit leader, or friend who understands the realities of the medical workplace and HIPAA. In the course of their jobs, we remind them to not rush past the immediate moment and use mindfulness techniques, scripture, or prayer as they feel comfortable. On breaks or at lunch, some staffers find it helpful to deliberately avoid news or mention of COVID-19 and to take a walk outside.

But as the chaplain, I continue to frequently hear statements of excruciating pain from both staff and families. It hurts to “not be there holding my mother’s hand as she is dying,” “not be allowed to be with my loved one,” or “not having a viewing or funeral.” People frustratedly ask “why CAN’T the clergy come to be with them?” or are forced to cope with “working here and having a coworker die from a freak accident.” Personal family crisis events dovetail onto the already high stress of the job, and some seek out the chaplains for preventing overload.

We may be past the first wave. But after years of facilitating grief programs, I know that the abrupt cessation of rituals used for generations means that the challenging multicultural psychological impact of complicated grief awaits us in the coming months.

Kathy Kaskel, BCC, is a staff chaplain at Geisinger Community Medical Center in Scranton, PA.
Coronavirus also changes prison ministry

The coronavirus outbreak has put unique strains upon jails and prisons, and upon the chaplains who minister in those settings. Vision editor David Lewellen recently spoke by phone with Fr. George Williams, SJ, a chaplain at San Quentin State Prison in California. Fr. Williams also spoke at the NACC conference in 2019 at Mundelein, IL.

Q. What was your job like before COVID-19?

A. I’ve been a prison chaplain for 27 years and at San Quentin for 10 years. It’s mostly a ministry of presence, being available to talk to the men. In that way it’s like a hospital position.

Q. What about staff?

A. Prisons are very tribal. If the prisoners see me being friendly with the corrections officers, they won’t trust me. I have to walk a very fine line. It took me several years to develop trust with the officers, but I’ve done baptisms and weddings for them on the outside. They need pastoral care just as much as the prisoners do.

Q. And what has it been like the last two months?

A. Busier than normal. The Bay Area has done a good job of flattening the curve, and so far there have not been any cases of COVID in the prison. But once it does, it’s going to be like a forest fire. (Note: Since this interview in May, coronavirus has hit the prison hard, with more than 2,000 cases and 19 deaths as of late July.) There are so many elderly prisoners who are not a threat to the community and should be released. But even right now, a lot of their family members are getting it, and it falls on me to deliver the news. They’re mostly low-income and people of color, and they’re living on the edge anyway.

Usually the men are free to move about, but now they get only three hours outside their cell every other day. I circulate in the yard, and on the tiers, if people want to talk. They can’t come to me in the chapel anymore.

Q. Is that unusual?

A. It’s very unusual to be in a lockdown situation for this long. People who say that because of quarantine they know what it’s like to be in prison – no, you don’t. If you want to know what it’s like, then lock yourself in your bathroom with a stranger for 24 hours.

Prisoners also aren’t working, so they have no income at all. It wasn’t much, but if they had $30 a month, that was what they used to buy essentials. They’ve also suspended all visits.

Q. Is there any place for telechaplaincy in prisons?

A. It doesn’t work. Prisoners don’t have access to tablets, and they don’t have much access to phones. That’s one of the many areas where the analogy between hospitals and prisons breaks
down. But I’m willing to go in, because as a priest, I don’t have immediate family, so I don’t have to worry about infecting my wife or my children.

Q. How are you quarantining?

A. I’m lucky. I’m staying at my community’s retreat house in Marin County. If one person in my community of 30 people in San Francisco tested positive, we’d all be locked down. As it is, it’s a shorter commute, and it’s been like being on retreat for the last eight weeks.

Q. What is the prisoners’ mood about COVID?

A. They’re better informed than I am, because they watch TV. At the beginning they were very anxious and worried. Now there’s less anxiety, but the concern is still there, especially with the guys who are 65 and over. They say, “I’m up for parole in a year, why not let me out now?” And I agree with them. What can I say? They tend to be more concerned about their family members than themselves. It’s probably safer in here than outside – until it gets in, and then watch out.
Who else faced this kind of volatility and uncertainty? The apostles.

By Ruth Jandeska

Have you ever heard the term VUCA? It originated with the U.S. Army years ago after the Cold War, to describe the ambiguity of the world. The acronym stands for volatility, uncertainty, complexity, and ambiguity. Volatility refers to fluctuations and turbulence, uncertainty refers to future events that cannot be foreseen, complexity refers to the interconnection of the many variables, and ambiguity refers to lack of clarity. While these terms are related, they do represent different areas of an environment.

The whole world is in a VUCA state now because of the COVID-19 pandemic. We can see VUCA in the supply of PPE and everything related to manufacturing, educational services, restaurant industries and food production, retail services, transportation, recreation, and so much more. Even the environment is in a positive VUCA state as carbon emissions plummet.

Over the past few weeks, we have heard over and over that these are unprecedented times, that life will never be the same, and that we will never return to “normal,” whatever that normal used to be. But the reality is, we are always in a VUCA state. Change is constantly present, and complete stability is an illusion. Yet nimble leaders are able to work with this challenge, to see VUCA not as an enemy, but rather the conditions in which their institutions can still thrive, through collaboration and innovation. By repurposing the acronym to Vision, Understanding, Clarity and Agility, they become agents of positive change and create a future amid chaos.

How can each of us begin to take such an approach in this pandemic? In the post-Easter season, it is worth remembering the apostles’ lives after Jesus’ death. Their world was a VUCA world. Their Messiah came, taught, healed, and promised them a new life. But then he was gone. What were their lives supposed to look like from now on? Volatile, uncertain, complex, and ambiguous indeed was their world. They mourned and grieved his death. They feared for their own lives. Some were filled with anger, others filled with doubts.

Probably still confused, they eventually came back together and prayed. They had seen their risen Lord, and he had reminded them about God’s promise. Their sense of meaning and purpose had been galvanized when he explained the scriptures to them on the road to Emmaus. They began to adapt. They prayed and they waited.

What are you holding on to during these challenging times?

What practices or rituals are helping you to remain centered and whole amid the chaos? What is helping you rekindle your sense of mission and purpose in life?

*Ruth Jandeska, BCC, is director of pastoral care at Providence Health in Columbia, SC. This reflection is adapted from an email to employees.*
Remote pastoral care: From St. Paul to telechaplaincy

By John Gillman

Suddenly, telechaplaincy is becoming the new normal. Healthcare groups across the country are scrambling to make pastoral care available virtually during a time when face-to-face interaction is risky for both chaplains and patients.

But even in the first century, Paul the Apostle faced the challenges of helping his fledgling congregations when he was not on the scene physically. He, of course, used letters to meet urgent pastoral care needs. Through his epistles he comforted those who were mourning the death of loved ones (1 Thess 4:13-18), reassured those who were distressed about their community members (Phil 2:25-30), and tried to resolve problems such as divisions among them, immoral behavior, abuses regarding the Eucharist, and doubts about the resurrection (1 Cor 1:10-17; 5:1-5; 11:17-34; 15:1-58).

Had mobile phones, laptops, and iPads been available in his day, Paul would undoubtedly have spent hours each day sending texts, making calls, and connecting visually with Facetime, Skype, and Zoom. If so, he would have appreciated both the benefits and the limitations of these resources in making effective pastoral connections. Paul, too, had to deal with isolation, although not of his own choosing; he was imprisoned more than once. Nonetheless, he was able to minister during his confinement by sending letters.

Today, spiritual care departments have used creative ways to connect remotely with patients and staff. For example, in a midsize hospital in the Rocky Mountain region, CPE resident Linnea was available in the interfaith chapel for any staff to drop in. While there, she received a text message from a staff member who had happened to notice her name badge a few days earlier. Linnea was pleasantly surprised that a text conversation ended up being quite substantive in bringing the Divine into the recent trauma the community experienced.

I’m grateful to her for permission to share this (details have been altered for anonymity). Here is a brief, edited segment of the extended dialogue (S = Staff; C = Chaplain):

S: Well it’s just me and my seven-year-old daughter. We don’t trust the earth [reference to recent earthquake]. But it made me rethink my priorities and where I stand with my faith.

C: Oh my. How is she doing? How did your family respond to the earthquake?

S: My family was just freaked out because they couldn’t get hold of me because I was at work for so many days in a row. But they are okay now. ... I’ve been kind of wondering about my faith for some time.

C: May I ask what you have been wrestling with?

S: When someone from my church asked me what I believe, I wasn’t able to answer the question clearly. I feel confused at this point. But I am searching and just want to know who my God is.
C: That can be a very disorienting and vulnerable place to be. Who has your God been for you in the past?

S: God was the father and I think he still is, but I wonder more about who Jesus is and his role.

C: Sounds like your spiritual journey is taking you to unknown spaces that are entirely new to you. I truly believe God is a loving God who comes alongside us on our journey. Where do you find peace?

S: Lately, in reading the Bible or listening to some good music.

C: I too have found peace and comfort in reading daily devotionals with Bible verses. Have you heard the song “Let There Be Peace on Earth”? 

S: I have not heard that song. I’ll look at it when I go for lunch. Thanks a lot.

C: This is the Holy Scripture app I have been using too. You might like it. [App is included.] I hope you have a blessed afternoon. Feel free to message me anytime. I am on iMobile and I will get back to you when I am back on.

S: Thank you so much. I appreciate it.

Often a remote pastoral care encounter will be brief, but in this case, the text messaging dialogue was extensive. As is the case throughout the country, the chaplains and CPE students at this hospital are engaged in remote ministry. One student sends a brief message to each staff member on the units he is covering to offer support and often receives a brief reply of appreciation. Another shared how she provided comfort and encouragement to a patient just before surgery. In the spirit of St. Paul, chaplains are finding many creative ways to connect remotely with patients and staff to provide significant pastoral care.

John Gillman, Ph.D., is a certified educator based in San Diego and author of the recently published resource What Does the Bible Say About Life and Death?
Moment of grace keeps chaplain going in pandemic

By Jim Willsey

It’s Tuesday afternoon. Tomorrow I’ll be furloughed for the day, as the hospital has cancelled elective procedures to prepare for the COVID-19 surge predicted within the next two weeks. Even so, we are at over 85% capacity due to the already large number of coronavirus cases. Many of our staff are furloughed completely, working from home, or trying to file for unemployment benefits.

My chaplain schedule is more intentional now. I see immunocompromised patients first, for whom an infection would be almost certainly fatal. Next, patients who are PUIs. I had to learn that term, an acronym for “person under investigation” for being COVID-positive. Four weeks ago, that test result took three, four or more days to come back. Thank God the results are faster now.

I take off my jacket and leave it in the office. I don my N95 respirator and grab my face shield and prepare for visiting. I’ve already prayed for patients in the ICU, intubated and sedated, and in some cases called their families to let them know of the compassionate care they’re receiving, since we’ve restricted all visitation — except for one family member for those imminently dying.

Ending my day are the five COVID patients who want a visit or whose families have requested one. Next to last is an elderly woman with a history of dementia. Yesterday she opened her eyes but really wasn’t able to respond. Today her nurse reports she is more alert. I sanitize my hands, put on my gown, don the gloves, and also the mask and shield that I reuse because they are in short supply. I knock on the door and enter, calling her name as I do so.

I reintroduce myself, and she responds and tries to talk, but I can’t understand much of what she says because of the BiPAP mask on her face. I say that her daughters send their love. She brightens, and I ask if she would like to pray. She nods. Given her condition, I decide to keep it simple and pray the Our Father and Hail Mary. And she mouths many of the words along with me. At least I see her lips moving. I offer a blessing, remove my gloves, and say goodbye.

On to my last patient. He speaks Spanish. I wish I spoke it better. We visit, and I end with a prayer and leave. Done for the day. The elderly woman’s nurse and aide are just leaving her room. She stops me and says, “When we were in there, ‘Mary’ told me she had just prayed, and she was smiling.”

I’ve been a chaplain over thirty years. But it’s times like this when God graces me to know that I’ve made a difference that will get me back for Thursday’s rounds.

Jim Willsey is director of spiritual care at Roger Williams Medical Center in Providence, RI.
‘Grief kits’ help assure families that loved ones in hospital are not alone

By Nick Stewart

Due to COVID-19, hospital policies and care delivery have drastically changed. Many once-reliable resources of spiritual care have been stripped away. Gone are the days of the held hand, the gentle consolation of a hug, and even a whole face without a mask. Physical separation of loved ones during an illness removes an important healing resource.

These realities gave birth to the idea of grief kits, so that our spiritual care department could provide meaningful ways for patients and their loved ones to connect. The kits also proved useful resources for the caregiving team members while we chaplains offered our support.

On each unit, we have placed a small plastic tote that includes a battery-powered pillar candle for the clinical unit, a door sign, a sign for the nursing staff, Compassionate Presence certificates, and rose quartz hearts. The candle is lit at the nurses’ station during a death or when a patient is actively dying. The Compassionate Presence certificate is signed by members of the treatment team to tell the patient’s loved ones about the empathetic and intentional care provided by the team. The rose quartz heart, a symbol of unconditional love, fits in the palm of a hand and is given to each patient to remember the bond between them and their loved ones. All of these items intend to acknowledge that despite visitor restrictions, patients still do not die alone.

After a death, the chaplain retrieves the signed Compassionate Presence certificate and rose quartz heart. The chaplain then mails a packet to the loved ones with a letter explaining the contents, acknowledging the presence and care provided to the patient, and the importance of that patient and their life. The packet also contains a replica of the sign placed outside the patient’s room, the explanation of the rose quartz heart, a remembrance poem keepsake, and bereavement resources.

The chaplain calls to confirm a mailing address prior to sending. This serves as an opportunity to provide spiritual care to loved ones who might not have been present in the hospital, assuring that the chaplain still makes a connection and provides care and that the family still has a lasting memory of their loved one in the final moments of life.

Nick Stewart, BCC, is chaplain for Pediatrics and Women’s Services at Novant Health Presbyterian Medical Center in Charlotte, NC.
Letting go of the daffodils

By Anne Millington

Last Saturday morning I decided to make a retreat to one of my favorite spots: a pond circled by a lovely wooded trail, with a small group of log cabins. The cabins are very simple, and in recent times I have taken to renting one for days of retreat.

The burdens of the pandemic had certainly left me longing for a day to myself, my spirit heavy from the mounting challenges and griefs borne by hospital patients, families and staff. What sadness I had witnessed and shared. What sadness I had experienced in my own family and community. What fear we all had for our lives. Of course, the cabins are now closed to visitors, but on this morning, I had decided to journey to the pond. “It’s better than nothing,” I told myself. I find myself saying that a lot these days.

As I walked around the pond, I suddenly glimpsed a big planting of daffodils joyously, even outrageously in bloom. How gorgeous they were! What an antidote to the doom and gloom in my soul! Blooming in silence way off the path to the closed campsite, few could see them, few could enjoy them. I quickly picked a bouquet. How lovely they would look on my dining table! Pandemic or not, it was spring after all! What joy and hope in life and newness these flowers would bring! However, a strong, cold breeze kept blowing them up against my jacket, bruising their stems and fraying their blossoms. I did my best to shield them and protect them. I had to believe that the glory of these daffodils could somehow prevail over the darkness in my heart.

As I approached my favorite cabin, I smiled as I saw it was just the same as always. I knew I could not actually enter it, but I basked in its comforting presence as I shifted from one foot to another in order to stay warm in the brisk early spring air. And then I looked down at my daffodils. Sadly, the wind had ravaged them. The gorgeous flowers were now drooping, bruised and tousled beyond repair.

I felt a hot surge of failure. I knew I couldn’t control the pandemic in all its terrors and griefs. I knew I couldn’t warm up in my cabin. But the flowers? I couldn’t even save them? Why had I bothered to pick them? They had given their lives in vain! My own powerlessness and ineptitude overwhelmed me. Shivering a final cabin-side shiver, I laid my daffodils down on the stairs, like putting flowers on a gravestone.

Walking back toward the parking lot, I noticed the cold breeze playing across the surface of the pond, bringing the water alive with ripples of morning light. Indeed, the whole pond seemed to glimmer and shine, almost like liquid silver. As I gazed through my own liquid silver tears at this sight that somehow shimmered with the Divine, I took a deep breath and let go, once again, of those daffodils — and with them, my strivings to control the future, my expectations for myself and for others, my assumptions about life itself.

In that moment I knew that such a God of grace and beauty is a God who will somehow sustain peace and love through all the storms of the coronavirus pandemic. I thanked God that I still had eyes that could perceive God’s beauty. I thanked God that my little cabin was still there. Most of all, though, I thanked God for the daffodils that had brought me a bit of salvation.

Anne Millington, BCC, is a chaplain at Beth Israel Deaconess Hospital in Milton, MA.
Ministry by phone offers connection to nursing home residents

By Rick Nash

For weeks now, the residents at the nursing home where I have worked for the past six years have been on lockdown. All residents must stay in their rooms, and no one is allowed to come in except essential medical and support staff. The danger of an outbreak of the coronavirus in a contained community of high-risk individuals is just too great. In addition, our daily Mass has been discontinued, and so has distribution of Holy Communion to residents. If I visit a resident, I can only stand in the doorway and yell a word of encouragement, blessing, or short prayer.

Being in my late 60s myself, and having high-risk family members at home, I had to find another way. My prayers and broadcasts of Spiritual Communion over our closed-circuit television system are appreciated, but our 100-plus residents need more.

That is why, for the past month, I have been calling every resident on the phone at least once per week, usually about 20-25 calls per day. My calls are usually done after lunch from about 1-3 p.m., which seems to be a time when residents are available. I listen to them talk about their frustrations, fears, loneliness, and complaints, as well as the acceptance and peace they have found in their souls.

In fact, some of our residents seem to prefer talking to me over the phone and look forward to my regular calls. Perhaps this is because it gives them a sense of power to ramble on or cut it short. Last week, for instance, I spoke at length with a resident who is really hurting from shingles. She is so uncomfortable, but she felt better being able to talk about her illness and her feelings.

Most of my conversations are short and to the point, but each one ends with a prayer and a sincere blessing of gratitude from both resident and chaplain. We are all in this together, and only our faith in God will see us through.

Rick Nash is a chaplain at St. Benedict Nursing and Rehabilitation in Niles, IL.
Fear and faith in response to the coronavirus

By Nicholas Perkins

On a recent weekend, I lost three patients to the coronavirus. I said prayers for them, then called their families to express condolences and provided information on funeral home protocols. They wanted to know why this happened and why fear grips the world.

I had a moment of clarity after those sad phone calls: This pandemic invites me to give my energy to two invisible, equally powerful forces. One is fear and the other is faith. The choice that I make to focus on either can affect the quality of my day and my relationships. It can also determine how I adjust and adapt to the ever-changing dimensions of this crisis.

An example of this played out weeks ago in a store when many other shoppers and I observed an employee unload a pallet of Lysol disinfectant spray. I got two cans while the man beside me asked the woman with six if she would give one to him. The woman ignored him and walked away.

That experience made me think about effective stewardship. Will something I want on Amazon take up important space on a truck that may have to deliver essential, life-saving goods? The important thing during any crisis isn’t to find the perfect solution, but to discover the mission-essential things that have to be done.

What mission-essential things can I do to stay centered as I offer hope to others? I must first acknowledge some of the difficult realities in this situation: Social distancing is painful for people who want to be together. Isolation for those who are alone and lack a network is real. Anxiety can cause a person to rely on inappropriate coping mechanisms. Mounting anger over lost wages or unemployment is a valid concern.

A while ago, a nurse told me, “It seems the only thing I do all day is push pills. It feels so futile right now.” I felt powerless in her distress — but later I learned that she appreciated how I listened without commentary. Although this illness has physical consequences, its spiritual component has me explore the issues in my life that I minimize or ignore, while an appreciation for silence in the slowdown invites me to set deliberate intentions. I enjoy nature, meditate, explore my values, and define what inspires me.

Since creativity can be an effective resource for grief and trauma, I have turned washing my hands at work into a ritual. I say the Our Father and identify the attitudes and behaviors of which I need to be cleansed, e.g. arrogance, resentment, people-pleasing, or selfishness. As soap and water purify my hands, I imagine the love of Christ purifying my heart in the font of his limitless mercy.

Some people have asked me how this still-evolving tragedy compares to the events of September 11, 2001. They are very different, but an important common denominator is resilience and fortitude. A person who jumps from one speedboat to another commits an act of daring, not of fortitude. Had the person been trying to rescue the passengers of the second
speedboat, we could speak of fortitude, but not without a pursuit of the good. The principle act of fortitude is to endure, and that is a significant similarity between the 9-11 attacks and this pandemic.

I’ve stopped watching the news because it does nothing for my emotional sobriety. Instead, I search for moments of fortitude: Nurses and physicians care for patients with COVID-19, environmental service workers clean rooms, one person gives another a can of Lysol. And the belief that fortitude and sacrifice work together for the common good flattens the curve.

*Nicholas Perkins, BCC, is a chaplain at Franciscan Health Dyer in Dyer, IN.*
COVID recovery: A member’s story

By Bridget Deegan-Krause

NACC member Bridget Deegan-Krause was diagnosed with a presumptive mild case of COVID-19 in March. This account of her recovery is adapted from a recent Facebook post.

I am doing well, my friends. I am so grateful for the kindness of you who reached out in solidarity. In the spirit of friendship, I will share my experience of the aftermath of my telemedically diagnosed COVID-19.

Emergence from isolation, although a very welcome thing, has proven a bit awkward. The lights seem a little too bright, and the house a bit too noisy. I have tight shoulders and shaky legs. I’m still tired and carry some residual irritability (a curious symptom I now am hearing about). I have needed to pace myself and resist long conversations, even finding my way back to my quiet room when I need a break. My loved ones remain a bit fearful of me and the infection I have carried. My son recoiled when I reached out to touch the top of his head. Even the embraces with my husband have felt strange, as we both are aware of the contagion that has come between us.

I recognize the need for patience today. My accomplishments remain simple. A shower. A gentle walk. A text to a friend with a picture of the daffodils in the yard. And a pause for gratitude: For the robins by day and owls by night. For the mercy of the tea kettle, the clean sheets, the loving messages from friends. And oddly, for the strange gift of isolation, for time and space without which I could not heal.

If you are beginning to emerge from the isolation of COVID-19, please be patient and move slowly. It takes time to get our strength back. Some will expect you to jump back into business as usual, but you may need to claim time to slowly roll back into your life. Like many of you, I am restless with a desire to be helpful, to figure out where my limited energy should go. I have tried to be choosy about what I let creep into my schedule.

But one thing that has been important for me: I have tried reaching out in small ways to those who carry unseen burdens. In this I have discovered that some households are under tremendous strain. Dysfunction is amped up. Some needs are compounded by all that this illness demands of us. We need to be vigilant and take care of each other.

I share my experience with you in hope that it might shed some light on a fearsome thing. Healing comes, and death need not be the end of the story. My milder version of this sickness, thankfully, is the norm. My isolation has come to an end, but my family’s quarantine continues. Re-integration among even the best of friends and neighbors will be complex and awkward. Surely patience, time and forbearance will help heal and protect us from the effects of this illness that lingers in and among us.
In the midst of pandemic, the normal remains

By Anne Windholz

Last week at work I spent time investigating coronavirus resources and support. I checked chaplaincy organization websites, listened to a conversation about pandemic-complicated grief, identified Schwartz Center aids, and read about Passover in times of pandemic.

For me and most people I know, everything in work life, personal life, and ministry is now “re-visioned” through the ubiquitous image of the coronavirus itself — a pock-marked sphere with mean red “crowns” sticking out all over. Rather like the inhabitants of the Emerald City in L. Frank Baum’s *The Wizard of Oz*, who had green glasses locked onto their heads, we in healthcare find ourselves wearing spectacles of pandemic that color our sense of reality. People in the Emerald City began to believe that, indeed, the city around them was made of emeralds. That was the wizard’s great trick. Everything green, all the time. We, meanwhile, see corona-red. Our professional discourse is positively dyed by it.

But the “ordinary” stuff is still happening for staff and patients. *Vision*’s last issue was dedicated to organ donation [*March/April 2020 – ed.*]. What happens in a time of pandemic if a loved one is waiting for a liver, or you are trying to decide whether to donate a kidney? The fear, the hesitation, is simply amplified. The common health issues and accompanying challenges remain. And that is true whether we are talking about an organ donation, a mental health crisis, losing a baby, or dealing with pediatric parents. In a strange new world, this is ground we know. And it’s not all red. We are not just pandemic chaplains.

I point this out in part because I dealt with an ICU death recently — sudden embolism, unexpected, lots of grief — and afterwards the nurse and I were talking it through. As we finished up, I realized — I’d completely forgotten, for an hour and a half, about the coronavirus. That forgetting, that getting lost in the “normal day” of work, even “normal grief” (if there is such a thing) felt good. At lunch, other interdisciplinary staff described similar instances. “I walked out to get a cup of coffee,” said one manager with embarrassment, “and it felt just like any other Wednesday. Then I remembered the virus.”

In a situation where people are dying and many, many others are vulnerable, no one, least of all healthcare workers, can afford to ignore COVID-19. But neither can we let it subsume the usual focus of our work or swallow up our joy in the ordinary. Our world is neither green nor red, but remains beautifully multicolored — even yet.

In the 1970s, my mom had a small poster on her bedroom wall: “Normal day, let me be aware of the treasure you are.” I think that the grace of the normal, too, where we can find it, will be an important part of our work lives in the months to come.

Anne M. Windholz, BCC, is spiritual care leader/staff chaplain at Northwest Community Healthcare in Arlington Heights, Illinois.
Contemplating death on Easter Monday in the time of COVID

By John Gillman

The Gospel reading for this Easter Monday tells us that Mary Magdalene and the other Mary quickly departed from the empty tomb “fearful yet overjoyed” even though the angel had just instructed them, “Do not be afraid” (Matthew 28:8-15). But how easily the angel’s joyful message, “He has been raised,” could be drowned out by the daily upward spike in deaths from COVID-19.

If Death can ever claim to be “mighty and dreadful”—contrary to John Donne’s claim in his famous poem “Death Be Not Proud”—it would be now. Stronger than presidents and other rulers, Death has thwarted the mighty, at least during the past few frightful months. Death might say, “Just look at the numbers already in my grasp, I am the proudest of them all!”

In the midst of Passover and with haunting images of empty churches during Holy Week and Easter, we live more vividly than ever with experiences of suffering unto death, death itself, and divine rescue. The Holy One rescued the Hebrews from certain death by bringing them up out of the land of Egypt. Yet, as many have noted, the ten plagues inflicted on the Egyptians, particularly the killing of the firstborn, raise perplexing questions of theodicy about why some live and others die. While hanging on the cross, Jesus utters a seemingly implacable plea: “My God, my God, why have you forsaken me?” (Mark 15:34; see Psalm 22:1). Nearly overcome by the jaws of death encroaching upon him, Jesus appears to be on the precipice of despair. Yet God raised him up on the third day. Although synagogues and churches may be empty this week, the power of God is not diminished.

For Christians the ultimate victory over death has been gained through the Christ event: his death and resurrection. Paul can joyfully acclaim: “Death has been swallowed up in victory.” The frightened disciples, fearful for their own safety, no longer had to sequester themselves. Everything changed when the Risen Lord appeared to them, empowering them to announce the Good News.

Currently, I am serving as a contract certified educator at St. Mark’s Hospital in Salt Lake City. Living in San Diego, I began the unit commuting there weekly. However, after the coronavirus reared its head, co-teacher Rev. Cathy Schreiber and I have been connecting with the six students through Zoom. On the front lines with other team members — although more often in doorways than at the bedside — the CPE students have committed themselves more fully than ever to provide spiritual care during this time of crisis.

These past several weeks, the inevitability of death leapt a few steps closer to each student, and to me. It was not so much if but when anyone might test positive. For so many, including healthcare workers, grocery employees, law enforcement officers, and delivery folks, the reality of death became much less hidden. The veil had been pulled back.

This crisis heightens St. Benedict’s reminder to keep death daily before our eyes (Rule of Benedict 4,47) and St. Francis’ invitation to embrace death when it comes, even praising God “through our Sister Death” (Canticle of the Sun). More than just the backdrop of life, death has
now taken center stage. Contemplating our own death may be the most profound form of meditation.

Perhaps now more than any other time in our lives, the specter of death casts a long shadow upon who we are and what we do. But our faith is firmly grounded in the infinitely greater power of the Holy One. During this time of Passover and Easter, surrounded by “a great cloud of witnesses” (Hebrews 12:1), we remain people of hope in the Living God who calls us, even while isolated, into greater solidarity with one another, especially those afflicted with COVID-19. The compassion we bring, the light we share, the hope we manifest, all join together as our faithful witness to all those we serve.

May the wellspring of our hearts reflect the profound joy of the women at the tomb. Having witnessed the horror of Jesus’ death — the painful memory still fresh in their inmost being — they are now overjoyed. In the midst of our anxiety, may we live in the belief that ultimately Life is victorious over Death. In this there is much to be joyful about.

*John Gillman, Ph.D., is a certified educator based in San Diego and author of the recently published resource What Does the Bible Say About Life and Death? (New City Press, 2020), from which some reflections above are taken.*
Stretching our capacities includes adapting to online funerals

By Maggie Finley

Because of the COVID-19 pandemic, the Lent we just finished will be remembered for years to come as an ironically appropriate frame for this unprecedented event.

Among the dizzying array of online prayer and worship communities I have seen, one that stood out was from my faith community’s outreach minister, Kim Cockcroft. Kim reflected on the ancient word Lent and its meaning “to lengthen.” She spoke of the lengthening of days literally and figuratively, and how of necessity we’re forced to reorder our lives inside and out. The response to the virus demands we change the way we use time, whether at home or on the front lines. I agree with my friend that this is not only a time of lengthening but also a time of stretching. The pandemic is forcing us to stretch beyond the boundaries of what used to be normal toward a renewed understanding of our interdependence.

A significant stretch at my house began with my mother-in-law’s death on March 9, not due to the outbreak but during it nonetheless. At 96 years of age and after nearly six months on hospice care, she died peacefully in her sleep. My husband and I didn’t relish the thought of air travel from our home in Washington state, the first epicenter of coronavirus in the United States, to St. Louis, where his mother and other family members lived. My husband did make our flight plans, but ultimately, the family agreed to postpone the funeral, to our relief.

A couple days later, the immediate family opted in favor of a farewell viewing, since the body was to be cremated. My husband’s youngest sister suggested we participate virtually and asked if I’d do the commendation. My husband said this felt “weird.” Then I had the kind of talk with him that reminded me of the delicately painful (precious) conversations I had with newly grieving parents in the NICU. I asked what he meant by “weird,” but he said little, while his body clearly communicated he wanted to shake it off. I let him know I’d honor whatever he wanted to do, but that I believed — as hard and strange as it might seem now — that at some point in the future, he’d probably be glad to have seen his mother and had an opportunity, however imperfect, to say goodbye.

The family went ahead with the plan, and my doing the commendation, even from a distance, seemed to be of some consolation. My husband (thankfully) was able to shed some tears, and after leaving the video meeting we quietly processed together. He conceded that much of his reluctance was actually more about the fear of seeing his mother’s appearance in death. But her face was serene, and the clothing for her “shroud” suited her style. I think had he not been able to see that, even on a computer screen, he would have always wondered about it.

As he tells others the story of his experience, even though he still says it was “weird,” I also hear him say we’re living in novel times and we may be challenged to find new ways to respond to life’s situations. Having the technological option to be connected to his mother’s death was better than nothing. And personally, I look forward to a time (as I’m sure he does) when we’re all assembled, able to touch one another physically and emotionally to express our grief in community – as family.

Maggie Finley, BCC, is a retired chaplain from Providence Hospice of Seattle.
COVID-19 and Catholic social teaching: Choose life

By Dan Lunney

As some commentators seek to ease physical distancing and re-open the economy, despite the spread of COVID-19, it is essential to reaffirm a theological anthropology flowing from Catholic social teaching.

The primary tenet of Catholic social teaching is that human beings are made in the image and likeness of God, thus we all have inherent dignity. The concept of personhood does not depend on productivity or other arbitrary measures. A human being is imbued with dignity because we are created in God’s image and likeness. The elderly and infirm do not cease to have inherent dignity because of their age or infirmity. Calls to sacrifice some of our elderly sisters and brothers to save the economy are totally inconsistent with Scripture and Catholic social teaching.

Throughout Scripture, societies are judged on how they treat the most vulnerable (the widows and orphans in the Hebrew Scriptures and Matthew 25 in the New Testament). But today, proponents of the prosperity gospel have inverted the teaching of Jesus to parallel the predominant values of Western culture, raising productivity, wealth, strength, power, and the individual to utmost importance. From that perspective, the elderly are expendable because they do not contribute to society in a way that is deemed to have worth. Everything is commodified and viewed as a transaction rather than a relationship.

However, an inclusive concept of personhood reminds us that no one is expendable and affirms the sanctity of life. This is not a call to vitalism, an extreme position that everything possible needs to be implemented to sustain life. Instead, this is a call to affirm the dignity of each human person in our approach to COVID-19. The economy must not be the sole criterion upon which decisions are made. Policy decisions which view certain people as expendable must be rejected outright.

The shortage of medical equipment such as respirators means that painful triage decisions may have to be made. Those decisions are outside the scope of this essay. But older people disproportionately die from COVID-19, especially if they have other underlying health conditions. That includes the entire population with whom I minister as the chaplain in a long-term care facility. Restricting visitors, cancelling group activities, and restricting staff with symptoms or who may have been exposed, are essential to keep COVID-19 from entering the community. Especially for families and residents, these sacrifices are difficult. Because of recent travel, I am prevented from going to work for 14 days as a precaution, but I accept the restriction to protect our residents.

And these restrictions are only effective in conjunction with personal, citywide, statewide, nationwide and worldwide containment policies and initiatives. The spread of COVID-19 demonstrates how interconnected we are and how individual practices in conjunction with
others can lead to better outcomes for all. In Catholic social teaching, this working together is called solidarity. We who abide by stay-at-home orders and physical distancing are in solidarity with those who are working on the frontlines as healthcare workers, essential service providers, and first responders.

Although the rates of death are lower for younger people, physical distancing and self-quarantine will reduce the possibility of transmission. Of course these practices involve sacrifice and hurt the economy — but the economy ought not to be the primary benchmark of a society. How we care for one another, especially the least among us, should be the moral compass used to drive policy.

Today we face the challenge posed in Deuteronomy 30:15, “See, I have today set before you life and good, death and evil.” This passage includes an admonition to refrain from bowing down to other gods. That includes not making the economy into a god that we serve. Choosing life and good does not mean that there will be no suffering or death. It does mean that our decisions will be consistent with scripture and Catholic social teaching. Let us put more value on the worth of human beings than on the stock market. Let us make decisions which support our essential workers and those most vulnerable to COVID-19. Let us make decisions which affirm the dignity of the human person and our responsibilities to one another. Let us embrace a concept of personhood which is inclusive rather than one that excludes certain members of the human family. Let us make decisions which affirm life and good.

Dan Lunney, BCC, is the director of pastoral care and mission integration at St. Joseph Village of Chicago sponsored by the Franciscan Sisters of Chicago. This essay first appeared in slightly different form at academia.edu.
At this time, numbness is nature’s gift to us

By Anne Millington

I grew up in Alaska, and as a girl I often needed to journey out into the deep arctic cold. The air would hit my face first, sticking my eyelashes together and burning my cheeks. Then the cold would bite at my fingers in my gloves. And then, inevitably, it would settle into my feet. Despite my insulated boots. Despite my two pairs of wool socks.

As my freezing feet began to throb with pain, I would continue to walk. To stop would mean giving into the dangerous cold; to keep going would ensure making it to shelter. Slowly, numbness would set into my feet, offering respite from the pain. I had known the numbness would come, and I welcomed it. My numb feet could still sense the pressure of the road beneath me, so I would not fall. Indeed, my feet were somehow energized by the numbness. I felt confident they could get me to safety.

At this point, our coronavirus journey has numbed us, every bit as much as the arctic air once numbed my feet. The full reality of what we are facing has descended, and we are responding as we must. At this time, numbness is nature’s gift to us. When we are numb, we are newly equipped to move forward in the face of traumatic circumstances. We can accomplish the heroic. We can ration resources, we can deploy services, we can save lives. As chaplains, we can support others by understanding and respecting the numbness in others, even in ourselves. We can support others as we would support anyone numbed by trauma, much as we would during a code blue. We can be in the moment with people. We can narrate the moment for people. We can name the moment for people. We can offer them support and help for immediate needs. We can offer prayer. We can care for ourselves in our own numbness around trauma.

To question or to delve too much into our experiences could be dangerous at this time, as reality could be too much to bear. Our numbness is currently protecting us, and to rise to the demands of this moment we need this protection. The time for great spiritual and existential unpacking will come later, once we have survived this time.

Surviving this pandemic will hurt. Just like my numb feet hurt as they warmed and thawed after they delivered me safely in from the arctic cold. When our numbness thaws, the deep extent of our repressed injury and horror will surface. We will take stock of how our lives have been damaged; we will grieve loved ones we have lost. Great spiritual needs will arise at this time as people will need to talk, process and make meaning from this time. Although life will never be the same after we have survived, as chaplains we will be called to support others as we navigate our future landscape.

Anne Millington, BCC, is a chaplain at Beth Israel Deaconess Hospital in Milton, MA.