



## Physician office workers appreciate blessing of hands ceremony

By Sr. Dorothy Thum

Blessing of hands is a ritual to thank staff for the care they provide to patients in the hospital. The ritual often includes a blessing and a prayer and can close with a sprinkling of holy water or an anointing of hands. All staff can benefit, including nurses, physicians, information technology, nutrition, facilities, housekeeping, office personnel, and leaders. The blessing of hands symbolizes how important everyone's talented hands are in providing healing care. The ritual reminds them to open their hearts to each other and to their patients.

COVID-19 has presented special challenges to all healthcare providers, including those working in physician offices. The office staff had to be very nimble to institute other ways to connect with patients. Virtual care protocols had to be established quickly. MyChart and other similar electronic health records had to quickly get up to speed to provide ongoing feedback to patients who could not come to the office. The role of the office staff changed dramatically.

Because of the extraordinary compassionate care that had been provided under stressful conditions, Bon Secours Mercy Health mission leaders desired a way to thank the physician office staff. The blessing of hands was considered an important show of appreciation, and the spiritual care staff was willing to provide the ritual in the actual offices.

The best times are usually before the patients are scheduled in the morning or during the staff's lunch break. It is important to have a name of a contact person when you arrive at the office. The contact person gathers the staff and provides the space for the ritual.

The chaplain providing the service needs to be very flexible. Often the staff may still be involved with patients, and we may be delayed for a few minutes. The office setting may be a small space. There may not be enough chairs for everyone. As a person providing the ritual, I never know who will show up due to patient care issues. But the ritual is brief – approximately five minutes.

I begin with a welcome and thanks for all they have done to care for patients in challenging situations. I talk about concern for their well-being and the inspiration that the blessing of hands could provide to renew their spirits. I give them time to share a story if they desire, and I make sure I know their names and their role in the office practice.

The ritual closes with a sprinkling of holy water. Due to COVID, the anointing and touching of hands has not been allowed, but I sprinkle holy water in the hands of each person and ask them to rub their hands together. I encourage them to remember their hands were blessed each time they wash them during the day. The ritual closes with a prayer card for each participant, which people often say they need as a reminder. I always thank the office manager in an email following the visit, and I copy that person's supervisor, too.

In one of the offices I visited, an office worker shared a touching story. A recently homeless patient came into the office, and the office staff gave the person some food from their own lunches. For me, this story depicts our compassionate ministry in action.

As I did this ministry, I realized I was changed as well. Now I better understand the challenges of caring for patients beyond the walls of the hospitals, and I feel a renewal of my commitment to compassionate ministry. The program has strengthened our mission and lets the office staff get to know chaplains in case they need their services. In the future, other mission and spiritual renewal programs can use the same format to renew the spirit of caregivers.

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# Telechaplancy is here to stay

By Ray Barrett

Technology is changing how chaplains engage and support patients. The delivery of spiritual and religious care remotely, known as telechaplancy, has significantly increased patient access to pastoral professionals. Many of us had our first experiences with telechaplancy over the past 18 months of the COVID-19 pandemic, but the changes are here to stay.

By embracing technology, patients are now deciding how, and when, they want to receive services — with many opting to meet chaplains from the comfort of their own homes. Telechaplancy provides safe, patient-centered care. Chaplains who use technology can now give patients with limitations and other mobility challenges a clear pathway to services.

Bringing your authentic presence to patient visits is one of the most important aspects of offering care. By choosing voice, text, or video conferencing, patients can feel empowered to customize their telechaplancy experience. Telechaplancy can also enhance the roles that chaplains are already performing in the workplace, such as navigating patients toward community spiritual cultural supports and sharing digital resources with patients.

Ethical codes and standards guide the work you do as a chaplain. The APC standards of practice, endorsed by all of the strategic partner organizations, include assessment; teamwork and collaboration; confidentiality; respect for diversity; and continuous quality improvement. However, without careful consideration of ethical codes, technology can lead to unethical situations. Examples include using non-secure technology or configuring technology in a way that creates greater disparities in the delivery of care.

Chaplains rely on confidentiality, honesty, and a safe environment to work effectively with patients, regardless of the meeting site. Since sensitive information is stored digitally, recommended safeguards and laws protect patients. As a telechaplain, privacy law and other legal requirements will govern your actions before, during, and after your meetings.

Your choice of technology may vary depending on the situation. For instance, a patient who is hard of hearing may benefit from a video conferencing call with a pair of sound-enhancing headphones. If the patient has limited mobility, the type, placement, and size of equipment should be considered.

For best outcomes, chaplains need to identify who is being served, how they will be served, and how to best prepare a patient for their visit. Technology brings new challenges, such as sharing secure meeting links and doing tech-checks on video conferencing equipment. Knowing how to use your system well will result in better meetings. Learn to set up the environment on your end, with an eye to lighting and audio conditions. Wear an outfit that enhances video clarity and orient your body posture to maximize your presence. It is also helpful to know how to share files or distribute online resources through your video conferencing system.

Even with the excitement of new technology, chaplains still need to screen patients for fit. Patients who have experienced an acute trauma may receive greater benefit from an in-person chaplain visit. Patients who lack adequate internet or devices, or a private location, also may not be a fit for telechaplancy.

A crisis can happen either when chaplaincy is provided on-site or virtually. To mitigate an emergency, a concrete plan is considered a prerequisite for telehealth. This plan includes knowing the location of the patient and gathering emergency contact information— usually family members, close friends, or medical personnel — who can serve as onsite support. Telechaplains should also note any mental health warning signs that indicate the patient is a higher risk.

The Telehealth Certification Institute, LLC, offers a telechaplancy training course that teaches each of the competencies outlined in this article in an accessible online format.<sup>1</sup> Over 30,000 clinicians and healthcare organizations have been trained by the Telehealth Certification Institute since 2014.

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<sup>1</sup> Available at [www.telementalhealthtraining.com/telechaplancy](http://www.telementalhealthtraining.com/telechaplancy)

# Awareness of God's love helps interactions with other people

By Mary Tracy

Since the pandemic began, so much has been written on the importance of socializing to mental health and child development, and people of all ages have learned to be grateful for mindful socializing. And yet, very often group settings have created as much frustration as delight, as much conflict as communion, and the paradox only seems to get more intense as the Age of COVID-19 continues.

For better or for worse, the human animal is social. One of the harshest punishments of the old world was banishment from society; it was tantamount to a death sentence. Even today, solitary confinement remains a contentious punishment considered by many to be too cruel for any of God's creatures. So what do we do when socializing remains potentially dangerous because of infectious disease, as well as the pre-existing dangers of bullying or trolling?

At least for myself, I have started to answer this by acknowledging the worthiness of the struggle itself. It is worthwhile to find a way to safely socialize even as we continue to vaccinate and wear our masks. I have worked to cultivate an intentional balance between the noisy business of serving others and becoming silently present to our loving, restoring God.

Lately I find myself wondering if Jesus ever felt lonely. Did he feel alone in a crowd of people? Did he feel discouraged by the people who had forgotten the importance of mercy, had forgotten the joy of empowered service to others, or had forgotten their own inherent dignity? Did he feel angry or just exhausted by the divisions within his community?

Jesus had many unpleasant social encounters, especially when his friends fell asleep on him as he wept in the Garden of Gethsemane. I think of this not just in my quiet moments of conscious prayer but also in the fearful moments: facing an angry or soul-weary colleague, feeling the disappointment of conflict in a normally supportive social group, sensing the fault lines just below the surface in debates about masks or vaccination.

One of the social settings that has made me feel closest to God's mercy during the pandemic has been a behavioral health spirituality group. Once a week, I facilitate this discussion for in-patients who are managing schizophrenia, major depressive disorders, substance use disorders, bipolar disorder, cognitive decline, and a range of other challenges.

While adjusting medications and other treatments, they usually have time to engage their mind and spirit in a range of creative, therapeutic topics. They bring a variety of painful experiences, values and priorities as well as hopes. Initially it may seem like there are irreconcilable differences. One week, one person declared that Jesus is the only way, while another asserted just as passionately that Loki was his great support. But shortly after the group ended, I saw them engaged in convivial conversation as they sat together at dinner.

In another more recent group, marked by a noticeable variance in age, race, spirituality, and gender, we discussed for over two hours how to practice self-compassion and why this is entirely consistent with the Christian assertion that God is love and that God made us from that great outpouring of love.

And there it was. It dawned on me as if I had never before read the Bible or trained as a chaplain or as a person baptized into the death and resurrection of our beloved God. It is so easy to forget that we are made in God's image and likeness, and that we are therefore made of love itself. My husband calls me a hippie whenever I say it, but he also knows I stand on solid ground. So, I will say it again: we are made of love itself.

All these divisions I see at work, in my neighborhood, in my friend groups, in my family conversations, and especially within myself – they lay bare how much we all need exactly what Jesus wants to give us: love. We need to hear it spoken out loud with authority and faith. We need to know it is inside us already. With nothing but a tiny ray of moonlight through a crack in the wall, the love that is our core being is set ablaze all over again.

It used to puzzle me how each spirituality group seems to work a kind of magic on the people who attend, regardless of how far apart the participants' social locations, behavioral health issues, or spiritual practices might be. But it is slowly dawning on me that each participant is aware of their need for such care and then trusts that such care can be found there. Only God, that is, love, can turn our need into openness, and our empathy into actual healing.

I am not sure how to incorporate this kind of trust-building into the random encounter at work or the grocery store or the interminable Zoom calls that are still with us. But I do know that I am much more resilient against an absence of love when I have been regularly encountering God's love, both in silent presence and in meaningful conversations with others. It gives me more chance of responding from the solid ground of being loved and therefore having the power to be loving. I pray that we all remember the solid ground of love from which we spring.

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# Chaplains create ritual to help nursing staff cope with COVID losses

By Katherine Lesch

At the end of last year, we had been through eight months of fighting COVID-19 at the hospital where I'm a chaplain. It had been what we thought was the worst. COVID patients could not have visitors even if they were dying. The hospital had two or three ICU units with COVID patients and one medical/surgical unit with 23 beds full of COVID patients who were not on ventilators but could very well be comfort care patients who were dying. Nursing staff would tell us, "They deteriorate so fast," or "A patient is dying every shift," or "We lost three patients in one shift." It seemed we could not keep up with the deaths.

This particular day in December 2020, the nurse manager of the medical/surgical unit asked for extra care for her staff because the losses they had experienced had been so great. When the chaplain covering the unit asked how we could help, the manager asked for a ritual.

The three of us chaplains working that day pulled together to develop a ritual for the staff that afternoon. We held the service outside on a deck area at the hospital around 3 p.m. In attendance were the unit staff, the chief administrative officer of the hospital, and chaplains. Staff from the unit who couldn't be present were connected through a Zoom link.

We were surprised to learn at the last minute that the marketing crew was coming to video the ritual and interview the nursing staff. The video ended up revealing how powerful a moment this impromptu ritual was for them.<sup>1</sup>

It was a windy December day. A chaplain gathered the group and explained the order of the service. We had a bowl of pebbles so each person could come up one at a time, pick up a pebble, write the name of someone who had died of COVID-19, and then drop it into a vase of water. One by one, the staff came forward, not only writing a name but taking the time to share the story of the person and their experience. It was a profound moment, standing in the wind, hearing the stories, reflecting, and being present to the people and the sorrow.

Another chaplain read the poem "Each of Us Has a Name" by Shirley Zelda,<sup>2</sup> followed by a closing prayer. At the end of the service, a nurse poured the water from the vase onto the flower beds around the deck as a symbol of nurturing the new life to come in the spring.

The staff took the vase of pebbles, with a battery-operated candle symbolizing the light in the darkness, back to their unit, so that they could continue to write names and add pebbles to the vase. This ritual has carried the staff through almost a year now. They continue to remember each patient who dies, taking a moment to write the name on a pebble and placing it in the vase – the sacred vessel holding the memory of patients along with the depth of care and compassion they received from this staff.

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<sup>1</sup> See their story of compassion and care at [www.youtube.com/watch?v=XfPLV81\\_FSY](https://www.youtube.com/watch?v=XfPLV81_FSY)

<sup>2</sup> Available at [www.poetryinternational.org/pi/poem/3275/auto/0/0/Zelda/EACH-OF-US-HAS-A-NAME/en/tile](https://www.poetryinternational.org/pi/poem/3275/auto/0/0/Zelda/EACH-OF-US-HAS-A-NAME/en/tile)



# Compassion for the unvaccinated remains necessary in spiritual care

By Nicholas Perkins

The friend who called complained of a sore throat, lightheadedness, and muscle pain. I listened without offering suggestions. She called two days later; her symptoms had worsened, and it was difficult to breathe. A diminished sense of taste, fever, and medical test confirmed it was COVID-19.

I asked more questions this time, and was shocked when my friend said she had taken Ivermectin, a drug for head lice and parasitic worms. But I suspended judgment and focused on the profound fear that could have motivated my friend to take an unproven drug. As I would with a patient in the hospital, I listened, respected silence, asked open-ended questions, and empathized.

My friend survived her battle with COVID-19, but she remains unvaccinated. The effects of the illness remain, including fatigue, low energy, and brain fog. She believes that Ivermectin was critical to her survival, even though the Food and Drug Administration has not authorized it as an effective treatment for the illness.

The choice to vaccinate or not remains emotionally and politically charged. The freedom to travel, work, socialize, and engage in certain activities is increasingly determined by one's vaccination status. In fact, the divide is likely to become deeper, as officials in the United States and Europe plan to introduce more restrictions on people who have not had the shot.

As a palliative care chaplain, I support patients and families who face critical, life-limiting illnesses. I honor and respect the choices they make regarding goals of care and end-of-life options without pressuring them. I do this even when I privately think the choices are bad. I listen, demonstrate compassion, and accept them where they are in that moment. I let them know that I am their companion on a journey that is often rife with emotion and questions.

I apply a similar mindset when I listen to individuals explain why they have not received the vaccine. I do not debate, since arguing skews what it means to journey with another person, and those persons have arguments of their own to answer back.

But if I can demonstrate a compassionate, open-minded attitude, it invites me to respect other opinions and other information. For instance, a lack of access to the vaccine, real or perceived, is why some have not been vaccinated. And a lack of trust in the vaccine and the institutions that promote it widen the chasm between the vaccinated and the unvaccinated. Access to healthcare and disparities in the system are additional reasons that keep some people away. Others may avoid receiving the vaccine because they are afraid of needles.

Where do we find the compassion to reduce fear and hostility, both our own and others'? A good starting point is 1 Peter 3:8: We read about being *like-minded, sympathetic, compassionate, humble, and*

*loving one another.* These instructions should have us think about how we incorporate these qualities into our relationships.

The language of compassion is so essential in this current climate that the Center for Disease Control stresses it. A video from the CDC states: “Listen to family and friends’ questions with empathy. Ask open-ended questions. Help them find their own reasons to get vaccinated.”<sup>1</sup> This encouragement reminds me that there is nothing compassionate about condemning or judging people who choose to remain unvaccinated.

The willingness to exercise compassion illumines Christians’ responsibility to promote the common good. In Galatians 6:10, Paul writes, *so then, as we have opportunity, let us do good to everyone.* In other words, Christians should seek the common good beyond the confines of the Christian community.

One could argue that receiving the vaccine is an opportunity to protect the common good. However, I believe that even that stance may take a conversation to another ill-fated place. Instead of debating, I can accept why someone has chosen to not receive the vaccine while I continue to promote the common good myself by following instructions that mitigate spreading the virus.

I cannot respond without compassion when I learn of an unvaccinated person’s death. I must remember that we are all connected, and nobody’s choice to not vaccinate affects just them.

The root words of “compassion” mean having mercy and showing sympathy to another person. I do that every time I listen and appropriately share my experiences about receiving the vaccine. I do not do this to dispel any questionable narratives or theories. I do it because compassion can promote social connection.

Compassion is as vital to life as the air we breathe, and we do not have to make an appointment to receive it. It is an antidote to the angry rhetoric that erodes our responsibility to care for another – and could be what leads a person to get the vaccine.

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<sup>1</sup> Available at [www.youtube.com/watch?v=1Mf3ZWmK1wM](https://www.youtube.com/watch?v=1Mf3ZWmK1wM)

# Chaplains give valuable input on religious exemption requests

By Zac Willette

“I do pray before I read these. I ask for the wisdom of the Holy Spirit.” NACC Board Chair Carolanne B. Hauck shared that ritual as part of her contribution to a recent webinar titled *“Religious Exemptions from COVID-19 Vaccine Mandates: What Is the Chaplain’s Role?”* Bringing together legal, HR, and spiritual care expertise, the webinar was sponsored by ACPE, APC, NACC, Neshama, the American Society for Healthcare Human Resources Administration, and hosted by the Chaplaincy Innovation Lab.

The full video and complete transcript are available for free<sup>1</sup>. But what follows are a few key highlights, as well as links that healthcare chaplains may find helpful in supporting both institutional and individual responses to the mandate and requests for exemptions based on sincerely held religious beliefs:

- When we serve on review boards with colleagues from human resources, legal, and ethics, know that we are a member of a jury, not a plaintiff or defendant. We don’t have to build arguments; we can just focus on the evidence presented.
- Remember that religious exemptions are only about religious reasons – not medical exemptions, and not exemptions related to the Americans with Disabilities Act. Those two categories have their own processes (and their own legal precedents).
- Further, religious exemptions are not about philosophical or political reasons – no matter how sincerely held those other reasons may be. This makes our job much easier, since religious reasons are connected to demonstrated religious belief, observance, or practice. However, some states have expanded exemptions to include non-religious reasons – so, as always, consult with your local leadership and legal team.
- Applicants for the exemption don’t have to be eloquent. They must simply make the case that they cannot receive a COVID vaccine because of their religious belief, observance, or practice. They are obliged to present evidence of their own religious belief, observance, or practice – but they are not required to be persuasive to others, only reflective of their own sincerity.
- Consistency in decisions prevents favoritism or discrimination. Exemptions are granted to individuals based on the information they provide. Membership in a particular faith community or tradition in itself is not enough to grant an exemption. Chaplains know well that no faith tradition is a monolith.
- When in doubt, we can ask applicants for more clarification and even for more documentation.
- Chaplains belong at the table for this. We can embrace (or facilitate!) invitations to participate as a way to help our interdisciplinary colleagues understand our expertise, our training, and our compassion.

Outside the very helpful webinar (including a lively Q&A), chaplains may find the following context and links useful:

- Associated Press reports on the high number of religious leaders (Greek Orthodox, Evangelical Lutheran, Roman Catholic, Baptist, Latter-day Saint, Orthodox Jew, United Methodist, and the Fiqh Council of Islamic Scholars) who decline to support religious exemptions for the vaccine.<sup>2</sup> Even Christian Scientists are encouraged to “cooperate with measures considered necessary by public health officials.”<sup>3</sup>
- However, there is not unanimous support among Catholic leaders. The Archbishop for Military Services in the U.S. issued a mid-October statement in support of service members who request the religious exemption for the COVID vaccine.<sup>4</sup> And the Colorado Catholic Conference has produced a template<sup>5</sup> for Catholics in their dioceses to use in requesting a religious exemption.
- Pope Francis calls getting vaccinated “an act of love” and described it as “a simple but profound way of promoting the common good and caring for each other, especially the most vulnerable.”<sup>6</sup>
- Latino Catholics have one of the highest vaccination rates of any religious group in the US.<sup>7</sup>

Finally and most fundamentally, chaplains can – of course – provide compassionate spiritual care for all involved. We recognize that the people making the requests, the people reviewing the requests, and the people implementing the mandates in the first place are all carrying a high level of stress. What can we do as chaplains to reorient everyone to their resilience, and help them stay grounded in their values during a challenging time? We do that every day.

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<sup>1</sup> <https://chaplaincyinnovation.org/2021/08/chaplains-exemptions>

<sup>2</sup> <https://apnews.com/article/health-religion-united-states-coronavirus-pandemic-coronavirus-vaccine-9c947acecd6ba26b4c78827b7b87c185>

<sup>3</sup> <https://apnews.com/article/health-religion-united-states-coronavirus-pandemic-coronavirus-vaccine-9c947acecd6ba26b4c78827b7b87c185>

<sup>4</sup> [https://www.washingtonpost.com/religion/archbishop-of-the-military-defends-those-who-refuse-vaccines/2021/10/13/826ff6a6-2c6a-11ec-b17d-985c186de338\\_story.html](https://www.washingtonpost.com/religion/archbishop-of-the-military-defends-those-who-refuse-vaccines/2021/10/13/826ff6a6-2c6a-11ec-b17d-985c186de338_story.html)

<sup>5</sup> <https://cocatholicconference.org/template-for-religious-exemption-from-covid-19-vaccines/>

<sup>6</sup> <https://religionnews.com/2021/08/18/pope-francis-declares-getting-a-covid-19-vaccine-an-act-of-love/>

<sup>7</sup> <https://religionnews.com/2021/10/12/latino-catholics-are-among-the-most-vaccinated-religious-groups-heres-why/>

## **A world in labor: Present trauma may lead us to something better**

**By Kathleen Kaskel**

I am the only daytime chaplain in a 300-bed trauma center, and I guard my own emotions in the workplace. One day in the week before my vacation, I had four cardiac arrests in progress (two died and I provided grief support to the families), a blood clot to the lung, a trauma alert for a 20-foot fall, a stroke alert, and an active heart attack. On another day in the same week, I had ten traumas. Take a breath.

A third day of that same week, I provided support to families in ICU along with five traumas and two strokes. On a fourth day, I had an infant cardiac arrest, a pediatric trauma, and an adult cardiac arrest simultaneously in the emergency department. Take a breath.

Various hospital departments, nurses, environmental workers, supervisors, or kitchen staff might approach me to share their personal and professional angst and struggles. I take a breath, knowing God is always with me.

In ancient Greece and Rome, the “dog days” were believed to be a time of drought, bad luck, and unrest, when dogs and men alike would be driven mad by the extreme heat. We are not in ancient times, but certainly the last year and a half has been filled with unrest. Since January, almost without exception, the ED where I work is at full capacity. Staff everywhere display signs of struggle on their faces and in their actions. I am witnessing deep suffering. Certainly, I am no exception, but I am trying to mitigate my own unrestful moments.

Among other actions for good self-care, the other night I looked forward to my 90-minute massage. Little did I anticipate an awareness coming from deep within. While on my stomach, I began to cry. I noticed that even the calves of my legs drank in the loving kindness of human, professional touch. My own storage of cumulative grief had planted among various muscles of my body and was throwing me off balance. Since I was face down, the therapist did not know I was crying. My body, it seems, was telling me that I had stored the pain of others, the cumulative grief in which I had participated. I felt like a vulnerable, wounded child who had been yearning for a reminder of unconditional love. And the therapist was doing her best to help this tension release.

Following my massage, my therapist and I had a heart-to-heart conversation about the challenges of this time. I shared the pain I have seen on the faces of so many people. She cried, I cried, and then we talked about the future. My mood transitioned from grief to new life and laughter, for life is filled with both.

When I was pregnant, I shared my whole day with my unborn child. Eventually, that life grew so large that when he moved, my body shifted, which amused me. However, the awkwardness of that large frontage and loss of balance after 40 weeks is why I believe God made that the ideal time for delivery – because who, in their right mind, would want to enter labor?!

The way I see it, Mother Earth herself has now entered what labor nurses call the transition period. We are no longer living the selfish age of me, myself, and I. The inner Spirit is birthing. As we look around our own inner or outer world, nothing feels right. Everything is painful. We are stretching and changing. We are moving through what once was into new understandings and changed patterns. There is no easy way through change. Grief is everywhere. I am reminded that there is no easy way to bring life into the world. It is bloody and painful. Many times, I feel overwhelmed.

How will I continue processing my own grief? What simple joys do I regularly need? Who can listen to me with unconditional love? There is such healing in being understood. I take a breath. God is with me always leading the Way and deepening my understanding of the chaos with which we are surrounded. Christ awaits.

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