

Refer to NACC website <https://www.nacc.org/resources/coronavirus-resources/> New things are being posted daily, with many new resources that can be used in your changing ministry.

Refer to the CHA website <https://www.chausa.org/> for resources. New things are being posted daily. CHA website. – front page is a link to Corona Virus resources and Spiritual Care resources and a series of short podcasts.

Refer to the CHA Guidelines for Sacramental Celebrations in a Health Care Setting: https://www.chausa.org/docs/default-source/pastoral-care/guidelines-for-sacramental-celebrations-in-health-care-setting_jan2021.pdf?sfvrsn=4

Chaplaincy Innovative lab <https://chaplaincyinnovation.org/>

Prayers from USCCB: <http://usccb.org/about/communications/usccb-president-reflection-and-prayer-during-coronavirus.cfm>; www.usccb.org

<https://www.nacc.org/resources/spirituality-and-prayer-resources/world-day-of-the-sick/>

01.18.22 – 3pm CT - Welcome to everyone

Reflection: Welcoming you to the new year for peace and healing for our country and our world. We are remembering the light of Martin Luther King. As we hear of rising of COVID in some areas and decline in others and in an awareness of where we are right now, Loving God, ever present...

We invite you to share, to be a support to one another. You needs may be unique, but here you may find support and presence.

I'm at two hospitals in California. We had a robust volunteer program. It's been shut down for two years now. Diocese is opening up, but hospitals are not. Have any of you opened up for volunteers?

We did have an active program, but it has been stepped down. We do have a few who help with elective surgery. The other programs have not been renewed. They may be at parish but not at the hospital.

We have noticed our volunteers are not back, but we have one coordinator who knows infectious disease, so she has implemented testing and training. Now with Omicron, we have rolled back again. CHA did create a tool to identify phases to give guidance for sacramental ministry in acute care.

Coordinators keep touch with their volunteers with ongoing contact, hoping to keep them engaged and informed.

We did have a robust volunteer program; we were ok to bring them back last spring. We started it – with need to be vaccinated, but not in outbreak status, which is where we are now. I did lose about 40% of my volunteers. Now, 6 months later, I'm sure we lost more. We will need to start from the ground up when we go back as many did move out of the ministry.

Hope to keep this issue in the forefront when it's time to recruit and train.

Inform volunteers to keep up to date in their health care requirements.

This used to be through employee health, staff is supported, but adding volunteers would overwhelm their limited system.

Local parish provides 5 Eucharistic Ministers once a week. We have not stopped them from coming. I manage a communion list once a week. I exclude those who are ill or positive. Eucharistic Ministers have had COVID too.

Denial of sacraments is worse than the disease. We have not had any deaths in quite a while. No one is getting really sick.

Remembering when you first brought communion to your community about a year ago... It was touching then.

We are doing mass weekly, about 50 are attending masked and distanced. We are trying to stay close to normal.

I want to respond about the masking at mass. We have 600 residents, when they come to mass they are masked. We often need to shut it down for + and deaths. I worry about safety of Eucharistic distribution. I am devoted to the sacrament, but I am concerned about the infection control.

There may be a difference in the settings. In my environment we are more saturated.

I feel horribly conflicted because I know we are doing the best we can, but it isn't good enough. I feel compromised. In my role as director of mission integration. I am a chaplain foremost; I'm conflicted about the care being provided. Being understaffed, it's everywhere.

Was a Catholic Chaplain, experienced those who hold up their faith as their protection. It's difficult to be compassionate with those who draw down medical resources.

We continue to hear about staff distress, doing more with less and the frustration of those who are sick who brought it on themselves.

Biggest concern that I see as staff chaplains we gave in to patients then staff. Now we are supporting worn out staff and then patients. One of the most challenging things is to stay grounded in judging others, even though this is being perpetuated that everyone isn't doing everything that it takes to keep the disease from spreading. I am just so weary, physically and mentally exhausted. I need to put it behind me to take care of staff. If we knew there was an end, we could hold on, but now in year 3, we don't know anymore.

What are ways to face each day? How can we help one another?

I've had good chaplaincy experiences myself. I model this in my prison ministry. When COVID came along everything changes. Access was denied. Then each system has its own protocols. I took it on myself as part of the Kairos team for the prisons. We've been locked out. The experience is important to have monthly visits, but now I'm pen palling with inmates. I try to keep in touch, sometimes I can take phone calls. I also work with the re-entry team while denied access to inmates during COVID. I did run a prison ministry at a local Baptist Church.

Returning to the never-ending nature of COVID, would anyone like to share strategies...

Have been retired and live in a large community with a life-care center. I'm hearing that others need listening from us. Having high standards, you may be reaching burn-out.

I appreciate your sensitivity and tenderness. I don't think I'm alone near burn-out. The easiest thing would be to walk away. We do have this calling to ministry. I am grateful to have been heard.

It's been so different as the pandemic continues. We continue to pray for all of you.

I did take a week off for retreat despite the risks. My destination felt very safe. It was worth taking the week off. My other chaplains are also making those choices. You do need a break; you need time away from high alert. We are understaffed, with high numbers of positives who need to isolate.

We need to give permission to ourselves to make these self-care decisions. How do we make those self-care decisions.

I've been part of the Listening Hearts, the ability to take calls for chaplains that need support. I also try to be a Listening Heart for staff, not through employee health, but by word of mouth. It's an opportunity to tap into a retired chaplain ability to minister.

For self-care. I was primary care giver to my mom. I went to a care giver team meeting. It was suggested to do yoga and activity. I countered that I didn't have time, it was adding to my to do list.

Suggestions to take a deep breath, a cup of tea, these were positive for self-care because they only took a minute. At our facility we were denied time off, so little things became very important.

Small things – reflecting on why you got here in the first place. I'm new to this, COVID is all that I've known, it's been my normal. It's been exhausting. How and why did this happen? This is where God's got me and it's ok.

Where I am, the faculty and students are having a hard time. So many people are suffering from this. I think in our prayers we need to remember others impacted.

It was good to hear about Prison ministry.

Lifting in prayer – allowing us to be together, we ask blessing for those present and those in ministry and beyond...