

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

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

Addressing the Spiritual Needs in Pictures: <https://www.nacc.org/resources/specialty-care-resources/dementia/>

Welcome -

REFLECTION: Acknowledge our God who is present with us...

I was struck by the word restorative, that is what we hope for here. I think about our gathering last month and today and how much we are in need of restoration. We do pray our time together will be a source of strength for us.

What is in your heart that brought you here for support?

In Chicago, we are experiencing intense heat and warnings. Something that troubles me that I am a registry chaplain. I work in an urban hospital. We have an ethnic group of eastern Europeans. They keep their elders at home. Some are very housebound with no medical care. This is trending. This is my third case like this. I am troubled, it feels so inhumane. My supervisor won't talk about this. It is disturbing to me. There are many adult members in these extended families, It feels like elder abuse. It is typical for this hospital (i.e., bed sore or unsure of what issues other issues are). They are probably in poverty.

Was thinking how lonely you must be not to have anyone share your concern.

What disturbs me is the normalization of this practice.

Not sure what the hospital can do; education, programs for services for care?

In my culture, elders stay at home and are cared for as best as they can. It includes poverty and ignorance. The suggestion of trying to bring outside assistance is important. See if you can reach out through their religion affiliation and ask for support and assistance to these people. Hygiene methods are a basic need. It is often that the elder will withdraw and ask to be denied needs and services because they do not want to impose on their children, yet the family feels bound to support their elder (as best as they can).

I could provide this to my supervisor, to reach out to the religious community. I can't see how they cannot have someone come in and help.

There are communities that have an outreach department.

Often elders would rather die than leave their home. I don't want to be, I have to be away from my family.

From my previous notes, what brings joy and fulfillment to my ministry, what are areas of growth? Do I feel supported? How do ministers support each other?

I am the liaison to healthcare ministry in Los Angeles from the archdiocese perspective – I'm hearing that many of them do not feel they are being supported to increase the number of Catholic Chaplains. I'm trying to figure out how to recruit catholic chaplains

From Florida – its not a matter of chaplains, but its finding ministers. It may be the post-Covid syndrome. People are afraid or unsure. There is a need. We don't have enough ministers on every level. We have issues including COVID. Is this other people's ministry.

We all need chaplains.

It would be good if more organizations would hear about the ministry. I remember working with the military, they didn't know about women chaplains. They didn't want me to minister. I did many firsts for women in ministry.

In Tulsa, like Florida – there is not in the last 4-5 cycles of hiring, I have not had any Catholic candidates. How do we promote chaplaincy as a real job.

Thank you for your soothing Irish voice. I would listen

We need to tell people what our ministry is, how do we promote, show what it is to be a chaplain

I received a grant to promote chaplaincy, showing how the patient is at the center. To look a=how to center the profession for all faiths.

I graduated in December, can't get a job, only few positions open. I cannot sustain myself as a professional chaplain.

We need to advocate for supporting spiritual needs

I worked as a chaplain to public school children, there is a need that is unrecognized.

There is the difficulty of the economics, any thoughts to share.

USCCB held a discussion about pastoral care. Would they want to have a conversation about this? For working in the parish with bereavement. Can we do Listening sessions with bishops, to have their support. I was a volunteer community chaplain, but we have not been called back post-Covid. I've liaison with our bishops and parishes. I love the ministry when I can do it.

There is a difference between Catholic Healthcare and others (for profit) Not sure how bishops can encourage for profit institutions to do anything. How do we as a Catholic Community encourage young people to look at this as a career.

There is this difference, there are places we could be serving if we do not use the word "chaplain", use spiritual director. It is hard to be a minister of the church.

People do criticize the word chaplain. We have evolved. Can we use a different title?

New in my role at CHA, these conversations raise the same issues where we need to move to assist and encourage you in your role.

We need to promote how people can work and support themselves. Sometimes patients who receive the care value their care. We need them to promote this to the administration. Chaplains do not broadcast what they do. We need to encourage people to say how they value their care. Its an identity question. Can we value as clinical partners. How are we at CHA offering recommendations for charting that are sustainable across systems.

When I was in mission leadership, patient satisfaction scores were very valuable. It was a way to support FTEs.

What are you seeing as resiliency among chaplains for retention?

If you don't hear stories, how do you know we exist? I hope our synodal listening document helps us move forward in parish community.

Also looking to celebrate at a "white" healthcare mass honoring all the professionals that work.

In looking for feedback, I did approach students, doctors etc., tell it to teachers, doctors, families on how you find this care important.

There is feedback that evangelization/preaching was not desired, but healing was valued.

Prayer request – I'm retiring as an army chaplain; I will have time off for organizational change development. For 20+ year I've been a chaplain, now returning to studies. This is a real change for me. I'm looking for discernment and asking for your prayers of support.

Even as you do organizational development, you will always be a chaplain.

Let us continue to walk the pilgrim edge ... to the unknown ... bring peace to hearts that are suffering.