

PlainViews[®]

Translating knowledge and skills into effective chaplaincy & palliative care



Special issue on Disaster Spiritual Response

July 20, 2011

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FROM THE EDITOR

From the Editor

Sue Wintz and Stephen Roberts

Disasters bring destruction and sorrow. In the midst of the unthinkable, there are also stories of strength, resilience, and hope. Whatever the emotion, chaplains are called to bring the presence of the Holy to listen, comfort, and sustain those whose lives have been changed forever.

[HealthCare Chaplaincy](#) is pleased to provide this special issue of *PlainViews* for both subscribers and non-subscribers, to highlight the contributions of chaplains and other spiritual care providers in response to disaster.

PlainViews typically contains 5-6 articles per issue. You will find twice as many in this special issue. Within them you will find information and resources to strengthen the care that you may give to those who experience a disaster. You will read stories from chaplains who responded to tsunamis, earthquakes, and tornados. They will touch your heart and your spirit.

We offer our thanks and appreciation to those who submitted articles. While not all could be included in this issue, it is our hope that those and other articles, yet to be written, will be submitted for future issues of *PlainViews* so that spiritual care in disaster may continue to be highlighted, and a topic of professional dialogue.

In a few short weeks, the United States will be observing the tenth anniversary of September 11, a day that brought a new experience of disaster, and a change in beliefs, fears, and lifestyle that have impacted millions.

The September 7 issue of *PlainViews* will be another special, open issue to highlight the experiences, contributions, and perspectives of chaplains who responded to September 11. We are actively seeking articles to be considered for inclusion in that issue. Perhaps you were a spiritual care responder to the sites impacted, or provided a special response to your organization, developed a program, or created resources for staff/community spiritual reflection. The submission deadline for the special September 11 issue is **August 1, 2011**.

Thanks to the support of our paid subscribers, HealthCare Chaplaincy can produce high quality content, like this, twice a month to benefit the professional chaplaincy community. If you are not a paid subscriber, please join your colleagues by subscribing to receive useful content twice a month to help you in your professional practice. You can subscribe [here](#).

Enjoy the issue.

Sue Wintz, BCC
Managing Editor

Stephen Roberts, BCJC
Guest Co-Editor

Share your comments with your colleagues about this editorial by clicking [here](#).

EDUCATION AND RESEARCH

Psychological First Aid
George Handzo

Psychological First Aid – A Field Operations Guide for Community Religious Professionals is available for download at the HealthCare Chaplaincy website [here](#).

The Field Operations Guide was developed by a collaborative effort of the National Child Traumatic Stress Network, the National Center for PTSD, the North Shore-LIJ Health System Adolescent Trauma Treatment Development Center, HealthCare Chaplaincy, and Fuller Theological Seminary.

Psychological First Aid is an evidence-informed, modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. It is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning, and coping.

Principles and techniques of Psychological First Aid meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma.
2. Applicable and practical in field settings.
3. Appropriate for developmental levels across the lifespan.
4. Culturally informed and delivered in a flexible manner.

Psychological First Aid does not assume that all survivors will develop severe mental health problems, or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (spiritual, physical, psychological, and behavioral). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

Psychological First Aid is designed for delivery by community religious professionals,

and other disaster response workers, who provide early assistance to affected children, families, and adults, as part of an organized disaster response effort.

Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorism. Survivors may have a range of religious, spiritual, and existential issues that arise after these events. While many survivors will speak in religious language, others may use philosophical and existential terms to address such issues as loss and meaning.

The Field Operations Guide identifies the importance of faith communities preparing in advance for responding to a disaster, including becoming familiar with available resources, as well as ensuring that the faith community itself is ready. It then describes the eight Core Actions which constitute the basic objectives of providing early assistance within days or weeks following the event.

The appendices of the 184 page Field Guide provide additional information for religious professionals, including the distinction between the terms, religious, spiritual, and existential; how to worship with someone of a different faith; and how to talk to children/adolescents about their religious and spiritual concerns, as well as involving them in religious activities.

Throughout the Field Guide, emphasis is placed on how essential it is for all community religious professionals to speak to the survivor in the language with which the survivor is comfortable, rather than language that the professional wants to impose.

Psychological First Aid – A Field Operations Guide for Community Religious Professionals is a resource that every professional chaplain will want to have for reference and use. It is available for download at the HealthCare Chaplaincy website [here](#).

Share your comments with your colleagues about this article by clicking [here](#).

The Rev. George Handzo holds a BA from Princeton University, an M.Div. from Yale University Divinity School, and an MA in Educational Psychology from Jersey City State College. He did his clinical pastoral education at Yale-New Haven Hospital and Lutheran Medical Center, Brooklyn, N.Y., and is ordained in the Evangelical Lutheran Church in America. George is Vice President, Pastoral Care Leadership and Practice at HealthCare Chaplaincy in New York City. He was Director of Chaplaincy Services at Memorial Sloan-Kettering Cancer Center, a partner institution of HealthCare Chaplaincy, for over twenty years. He is a Board Certified Chaplain in the Association of Professional Chaplains, and is a past president of that organization.

EDUCATION AND RESEARCH

Wisdom Sayings in Disaster Spiritual Care

Timothy G. Serban

The *Disaster Spiritual Care Wisdom Sayings* were created as a practical one page quick-reference guide for disaster spiritual care professionals in the midst of a disaster. These twenty-one wisdom sayings are simple yet profound reminders to help guide teams of chaplains in the midst of an overwhelming disaster event. This professional tool is one of the single best resources for chaplains and spiritual care responders, born out of the direct experience of disaster spiritual care experts who have walked through our nation's greatest disasters.

The *Wisdom Sayings* were designed to be the one page you tear out of the book, fold up, and put in your pocket before heading to the airport to deploy to a disaster. It's the one resource you pray you won't lose because you will be making copies of it for the chaplains on your team who know this stuff better than anyone. But, when they find themselves in the midst of a major disaster, even the basics are sometimes forgotten because the unmet need is so great.

The *Wisdom Sayings* were first published as the sneak peek into the book, [*Disaster Spiritual Care - Practical Clergy Responses to Community, Regional, and National Tragedy*](#), published by Skylight Paths Publishing, which is the most comprehensive resource in the field of Disaster Spiritual Care. The sayings are grouped around six themes: Self care, basics, diversity, connections, I and thou, and practical tools.

Since their publication, there has been widespread use of the *Wisdom Sayings*. It has been presented internationally in conferences and workshops. I've shared them under a shelter in the middle of the tiny island of American Samoa with Americorps and American Red Cross responders following the devastating 8.3 magnitude earthquake and tsunami. Some of the most meaningful parts of this tool are not that they are unique, rather they are reminders that we are affected by the disaster, and each of us needs to remember boundaries and self-care. Sometimes as the waves of grief become overwhelming, it is vital to remember that true wisdom comes from our ability to honor people's need to "pound on God's chest" for example, without judgment, in safety, and with our pastoral presence.

There have also been opportunities to include this tool as a resource to physicians, nurses, and healthcare teams who go on International Medical Missions. Many of our organizations sponsor medical missions abroad and the *Wisdom Sayings* could be included as part of the packet of resources.

Working in the midst of a disaster as a professional chaplain, one will often encounter local or self-deployed religious leaders. For many this will be their first disaster

experience. It is, therefore, not at all uncommon for us to encounter opportunities for education. For some leaders of faith communities, their experience working as members of a team of diverse spiritual care providers is uncommon. In such situations the subtle reminder from the *Wisdom Sayings* about team ministry, rather than being a "lone ranger," is helpful.

During the most recent Spring Tornado outbreak across the Southern states, the American Red Cross Spiritual Care Response team deployed more than 75 professional chaplains from Alabama to Joplin, Missouri. In the midst of these deployments, my personal experience was that the *Wisdom Sayings* became a life-line for individuals on the ground leading this work.

You can find the *Wisdom Sayings* below and formatted as a handout [here](#)..

DISASTER SPIRITUAL CARE WISDOM SAYINGS*

(This material is from Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy, edited by Rabbi Stephen B. Roberts and Rev. Willard W.C. Ashley, Sr., © 2008, published by SkyLights Paths Publishing. The Publisher grants permission to you to copy this handout. Attribution must always accompany the handout.)

OVERVIEW

1. No one who "witnesses" a disaster is untouched by it.

SELF-CARE

2. Everyone responding to a disaster needs to practice self-care and seek the support of others so that they leave the disaster experience changed but not damaged.
3. Self-care is a religious mandate particularly for leaders of faith communities. According to most Western religions, even the Creator of the Universe rested on the seventh day. Practice what we preach about time off!

BASICS

4. The first order of business is helping meeting people's base need of human care— food, water, shelter, medical. Only then are they even able to focus on spiritual needs.
5. Disaster spiritual care is more about team and less lone ranger.
6. Spiritual care and mental health are most effective when working cooperatively for the benefit of the client.
7. When in doubt, check it out.

DIVERSITY

8. The disaster spiritual caregiver must recognize the unknown god in diversity.
9. Spiritual care must be uniquely tailored to the spiritual community and/or individual affected.
10. Every disaster survivor must be treated as an individual created in the image of God. Some will require minimal assistance to regroup and move on, while others will

need intensive support.

CONNECTIONS

11. People do not care how much you know until they know how much you care.
12. Healing happens within human relationships.

I AND THOU

13. Listening to and being with are more important than talking at and doing for. If you cannot improve on silence, do not try.
14. Ministry of presence, not pressure.
15. Always ask, and re-ask: “Whose needs am I trying to meet?”
16. Disaster spiritual caregivers must struggle with the victims as they ask their questions...not answer them. True wisdom is not in the answer when someone asks “Why?”

PRACTICAL TOOLS

17. The best initial spiritual assessment tool in the midst of the initial stages of a disaster begins with open-ended questions such as “How are you doing?” or “How are things going today?”
18. Let them pound on God’s chest; the Creator of the Universe can take our anger.
19. Draw the lines before you jump or you will end up in an overwhelming sea of need.
20. We, as helpers, may not have the power to “heal” but we can through our work as disaster spiritual caregivers plant a seed of hope. Hope is an essential part of all forms of healing.
21. Ritual is an important and effective means of healing.

Share your comments with your colleagues about this article by clicking [here](#).

Tim Serban is Vice President of Mission Integration and Spiritual Care at Providence Regional Medical Center Everett. Tim has served in the field of Spiritual Care, Mission and Ethics for over 23 years. Tim supports a team of 21 board certified chaplains and 3 therapeutic harpists. He is a board certified chaplain with the National Association of Catholic Chaplains. Tim is a National Volunteer Partner and volunteer leader for the Spiritual Care Response Team of the American Red Cross in Washington D.C. Tim is a contributing author of three books & an app on Disaster Recovery: Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy (2008), & The RED Guide to Recovery (2010) (& Apple App in 2011) and Professional Spiritual and Pastoral Care: A Practical Clergy & Chaplain’s Handbook, due out in the Fall of 2011.

**Contributors to Disaster Spiritual Care Wisdom Sayings: Stephen B. Roberts, Willard W. C. Ashley Sr., George Abrams, Yusuf Hasan, John Kinsel, Charles R. Lorrain,*

Pamela Norris Norwood, Naomi Paget, Tanya Pagan Raggio, Timothy G. Serban, Fredrick J. Streets, and Julie Taylor.

MY PRACTICE

First Red Cross Disaster Deployment

Scott Buck

Editors' note: Dozens of board certified chaplains were deployed this spring through American Red Cross (ARC) to respond to the range of tornados which have touched down across the United States. ARC has moved to an Interdisciplinary Care Team approach, similar to what professional chaplains encounter within their home institutions. Here is one account about such a deployment.

On Sunday, May 22, 2011, shortly after 5:00 pm, and the conclusion of the high school graduation ceremony, a large tornado touched down on the west side of Joplin, Missouri, just south of the center of town. Arriving ten days later at Red Cross "DR547" as a Spiritual care Response Team (SRT) member, I, along with 9 other chaplains, was assigned to an Interdisciplinary Care Team (ICT) consisting of a caseworker, health worker (RN or EMT), mental health worker, and chaplain. After a confirmed death was made by the coroner, and the Missouri State Police had notified the next of kin, we were given the name of the deceased and next of kin. Our role was to set up condolence visits with the next of kin, assess their needs, and provide emotional, spiritual, and financial support. Having been a member of various interdisciplinary care teams in the hospital setting for many years, I felt very comfortable being a part of an ICT (an opportunity for improvement would be to include a brief spiritual assessment, or at least some documentation, that a chaplain was present).

The bulk of the ICT visits had taken place by the time I arrived, so when I did not have families scheduled, I was stationed at the Multi-Agency Resource Center (MARC). The MARC is a one-stop location run by the Red Cross for victims to come and register with FEMA, Salvation Army, change their mailing address, apply for replacement Social Security and driver's license cards, speak to legal aid, etc. Approximately 40 agencies were housed under one roof.

Again, even though this was my first Red Cross disaster deployment, this role came very naturally to me. I roamed around the building to initiate conversations with the clients, as well as the Red Cross volunteers. These conversations were similar to my ministry to patients and staff in the hospital setting in which I work. As the clients waited, I offered listening, spiritual support, water, and snacks. I heard many incredible, miraculous stories of survival, and feel blessed to have been the recipient of the stories of so many resilient, faith-filled folks. One gentleman came in not feeling

well, was discovered to have dangerously high blood pressure, and was sent to the hospital by ambulance. I played the familiar role of offering prayer and support to his wife.

After hearing how the bathroom or closet where people took shelter, was the only thing left standing in their house, story after story concluded with, “it’s a miracle I am/we are still here.” One woman summed it up best for me: “The tornado was an act of nature, the lives saved was an act of God.” After seeing first-hand the unbelievable amount of destruction (“like a bomb was dropped”), it is very evident to me that the only reason so many people did survive is by the grace of God.

I am grateful to my wife, my church family and friends, and my colleagues for enabling me to be one of almost 800 Red Cross volunteers deployed to Joplin, and for their faithful prayers and encouragement along the way.

Share your comments with your colleagues about this article by clicking [here](#).

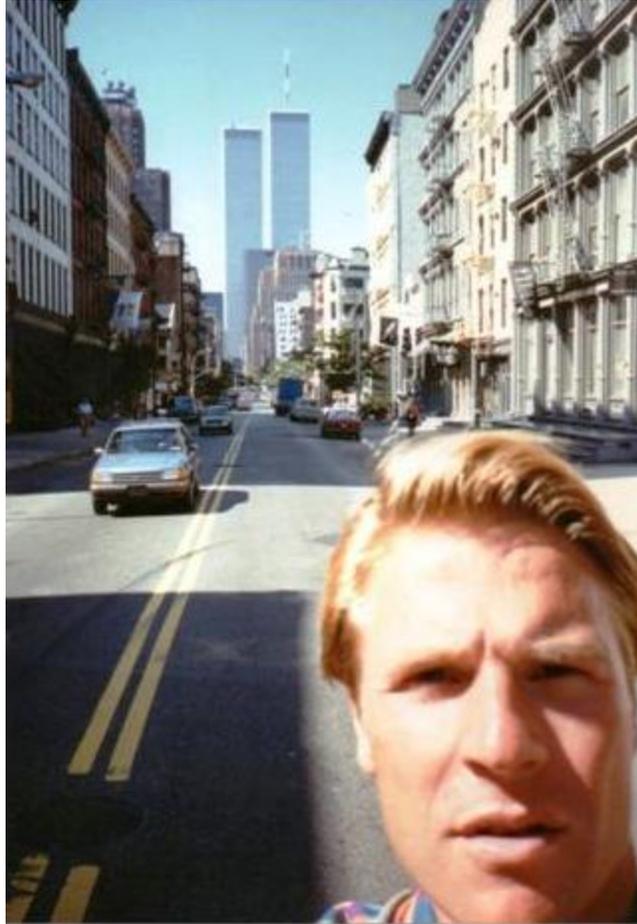
Scott Buck, MDiv BCC has served on the Pastoral Care team at Saint Joseph Heath System in Lexington, KY, since 1994. Although this was his first Red Cross deployment, he has been a volunteer member of the Kentucky Community Crisis Response Team for several years. Scott is an ordained deacon in the Anglican Church.

MY PRACTICE

In My Memories They are Still There

Earl Johnson

In my memories they are still there.



In family memories they are still there.

Almost ten years later, they are still standing there at the tip of Manhattan. They are ghost towers that remain so real to those of us who walk the plaza and smell the donuts in our mind, the escalators, the kiosks, the pizza shop, and automatic teller machines.

* * * * *

Fifteen years ago this month, I was on call at New York Methodist Hospital in Brooklyn, and visiting pre-ops, critical care, and the ER, with every television monitor looking like fireflies in the night forest as helicopters shared continued visuals of water burning through the night. No sign of life. Only distant reporters in the background surmising what could have possibly happened? A rocket? A terrorist attack? A collision? Another airplane had fallen out of the sky. It was TWA 800. I didn't know that I had two acquaintances on the plane until a day later. I hold those confidences still in my soul.

* * * * *

Growing edges. Missouri was the home of Trans World Airlines and when my mother was twelve, she was one of the first people to arrive at the scene near the family farm, there, of a TWA mail plane crash. It was 1929, and small planes were used to move the mail across the country, an armada of airmail propeller pony expresses. She was given a huge responsibility. Run to the highway nearby, and use her shirt to wave down the Greyhound bus going cross state so that the injured pilot with a broken back could be taken to the nearest hospital thirteen miles away. She was successful, the twelve-year-old girl, flagging the bus driver, and watching the farmers place the pilot across the back seat of the bus, insuring a rapid delivery for medical care at the hospital in Columbia. She always remembered that.

* * * * *

Our contributions: A team of disaster-trained healthcare chaplains that responded to mass fatality air crashes. Then expanded: to other transportation and natural disasters. Again expanded: mass murders. The anticipated---the banality of violence.

The process works. Vetted, clinically trained, board certified chaplains expeditiously deployed to a catastrophic mass fatality disaster scene to set up emotional and spiritual support, in coordination with sheltering and feeding to survivors and loved ones. Community-based, in a devastated community. Compassionate presence and reassurance in a fluid, chaotic, post-disaster setting---spiritual care professionals---far away from home---part of the assessment of needs, part of the collaborative response. When almost 3000 died on a September morning. When over 1600 died in late August on the Gulf Coast. And, everyday disasters that kill and maim our neighbors, and those whom we know and love, as well as strangers, where healing begins with hospitality. Where medicine began with theology and prayer was constant and unspoken and lived.

* * * * *

Preparedness is sacred. Management is sacred. Protecting those impacted by the disaster trauma. Developing appropriate rituals to mourn the devastation and change, persons of faith companioning and managing fear and consequence with individuals and community, be not afraid.

Minimizing the second wave of predators and entrepreneurs descending in the chaos to exploit the opportunity of disaster. If we are the sum of our experiences, do our memories fade and silence us?

I think not. They deepen us in wisdom and the present. The honor and privilege of hospice and the arena of care; foundational and anticipated life, protection, dignity, and awe. The continuity of engagement in disaster, again privilege and exposure to the random, unimaginable, real, and unfathomable; what has been given has (blink)

been taken away. A mother picking up high school graduation party pizza sucked out of a car never to be seen alive again. Where is the justice, where is the peace in that? How can that be part of the plan? Part of the peace that passes all understanding?

* * * * *

I spend more time dog wrestling, and really being with the present each day now. I feed koi. I fill bird feeders. I do not postpone twilight walks to the river. I taste food and count calories. I practice dessert. I really listen to rain and watch clouds. I linger. I am so privileged and grateful.

* * * * *

I nurture relationships. The colleague with whom I served at the AIDS Memorial Quilt Display in 1996 in Washington, DC, is the same, who co-edits this special disaster focused edition of *Plainviews*.



Trust enriches time. There are so many arcs in these reflections, life is not linear. Vocation unfolds as we find meaning and purpose every day wherever we are and how we deal with difference. How we deal with and define disaster. How we show mercy as we seek justice. How we love one another.

Share your comments with your colleagues about this article by clicking [here](#).

Rev. Earl E. Johnson, MDiv, BCC, until June 30th was the spiritual care partner manager for the American Red Cross with almost 10 years of service. Part of a staff reduction due to restructuring for financial stability, Johnson is seeking to explore and

expand the professional chaplaincy model to underserved and undersupported venues.

MY PRACTICE

Creating a Spiritual Support Program for Staff: Learning from the Earthquake in Haiti Sara Paasche-Orlow, Mary Martha Thiel, Nancy Cahners

The Earthquake in Haiti in 2010 led Hebrew Rehabilitation Center to insights that now inspire and guide our long term approach to pastoral care for staff.

The whole world was deeply affected by the crisis caused by the 2010 earthquake in Haiti, but for Hebrew Rehabilitation Center's 450 employees of Haitian descent, most of whom have relatives still living in Haiti, the situation was particularly difficult.

These employees serve our patients and residents in essential ways, largely providing direct patient care as CNAs and nurses, as well as cooking and serving meals, roles that support our patients' sense of dignity, safety, and wellbeing. Our hearts broke for our Haitian colleagues and their families, and like many organizations, we in the Department of Religious Services mobilized to support our staff in any way we could.

PRAYER SERVICES: To help our community cope with the uncertainty and loss during the first weeks following the disaster, we offered prayer services three times a day to coincide with shift changes. Managers supported this initiative by enabling staff to take time away from their duties to attend. Over time, the Haitian staff--many of whom are Catholic or Pentecostal Christians—took an active role in leading our prayers and songs, allowing us to see how differently our cultures approach prayer, and, simultaneously, how much we have in common. These prayer services became times of immense learning for all involved, and a chance to bridge our differences in unexpected ways. We chaplains came to understand that our Haitian staff were less interested in a support group style of conversation, but would join us in prayer, and pray spontaneously, and sing from their hearts. By the end of this week, we had established new bonds of fellowship and mutual appreciation.

PRAYER BOARD: We hung in the synagogue a huge prayer board. In the center was the Haitian flag. On one side people wrote the names of persons they were searching and praying for; on the other, the names of persons whose memories they were holding in prayer. This board remained up for a full year, until we marked the anniversary of the earthquake. It was a focus of prayer energy that year, and gave us the idea to create a more formal "chapel" area within the larger synagogue on a permanent basis (see below).

PASTORAL CARE IN HAITIAN CREOLE: This is not to say that before the earthquake, we were disconnected from this segment of our staff. Indeed, our lead staff chaplain, Chaplain Hali Diecidue, has established many deep and sustaining pastoral

relationships with staff members over the years; each time she walks down the halls, she is sought out by employees for moments of sharing and pastoral support. A linguistics specialist, Hali was already well into learning Haitian Creole to serve her chaplaincy before the earthquake.

The effect of the post-earthquake prayer services was to engage more staff chaplains in staff care, to open new friendships and connections among staff, and to re-energize our department's commitment to be culturally competent and accessible to every member of our staff.

Inspired and informed by our work during the earthquake, and supported by a grant from the [Kenneth B. Schwartz Center](#), we were determined to undertake a number of projects for spiritual care of staff during 2011. Many of the initiatives had been on our wish list for some time, just waiting for the resources and focus to bring them to fruition. Other projects were stimulated by the important insights and sensitivities we acquired during the crisis. A selection of these projects is below:

COMMEMORATION OF THE DISASTER: To commemorate the one-year anniversary of the Haitian earthquake, the Department of Religious and Chaplaincy Services organized a special screening of a new documentary, [LIFT UP](#), which follows two brothers who visit Haiti, the land of their birth, to fulfill a promise to their grandfather who died shortly after the earthquake. The showing was located in our synagogue, the most elegant and sacred space on our campus, and the supporting program included a prominent member of the Greater Boston Community of Haitian descent, as well as our most senior corporate leadership.

MEMORIAL SERVICE FOR STAFF MEMBER: When a beloved 23-year-old Haitian member of our Food Services Staff succumbed to liver cancer in the fall of 2010, the Religious Services Staff convened a memorial service in our synagogue within hours of his death, giving members of the staff a chance to grieve and honor this joyful young man who had touched so many of his colleagues. The memorial service was enriched by many of the relationships and sensitivities first established during the prayer services held after the earthquake, and also by the deep level of brotherly caring within the Food Services Department, with managers who had related to this young man as their child. Chaplains provided structure and hospitality, while Food Services staff themselves provided most of the content of the memorial. By setting apart time and space, we strove to unify the different departments in the organization, and to convey Hebrew SeniorLife's appreciation and high regard for every employee and department.

CHAPEL WITHIN A SYNAGOGUE: We are in the process of redesigning our synagogue to welcome personal meditation and prayer for people of all religious traditions by creating a chapel-like space within the larger synagogue. A book for individuals to write down prayer requests stands just inside the synagogue entrance. A table with electric tea light candles and a semicircle of chairs invite individuals to their personal prayers. A piece of art has been commissioned to bring visual focus to this chapel within a synagogue. This project expresses the central Jewish value of

“welcoming the stranger,” and celebrates the traditions of diverse staff who make this community as caring as it is. Just as the Haitian prayer board was sacred to our community, we trust that in time the beautiful new “chapel” area of the synagogue will become so, too.

TEA CART: We have stocked a festively-decorated rolling cart with an array of teas, healthful goodies, blessing cards, and simple prayers in several primary languages. The tea cart will be brought to each unit and department at least once a month by our staff chaplains, and by our CPE chaplain interns. Our intention is to have chaplain pairs serve the tea and snacks to the staff as a way to allow staff a moment of self care, and express our appreciation for the compassion staff show our residents every day. Staff can also opt to have their hands blessed by the chaplains bringing the tea cart. We hope these visits will uplift people’s daily experience of their work, and potentially build familiarity between chaplains and staff that will lead to deeper one-to-one pastoral relationships.

CPE CURRICULUM: We have tried to integrate issues and techniques of pastoral care for staff into our CPE curriculum. For example, one writing assignment requires Chaplain Interns to interview members of the staff to gain an understanding of where they find meaning, challenge, and pleasure in their work. Through presentations from outside speakers, we draw upon the experience of other healthcare organizations, and their programs, for staff support. We plan to expand our CPE presentations on different faith traditions to include a presentation on Haitian spirituality since this is so widely represented among our staff.

WEB-BASED SPIRITUAL THOUGHT FOR THE WEEK: Posting a “spiritual thought for the week” on our in-house web page is in process. This will allow individuals to access, or not, a quotation that might support them in their work.

We consider this an ongoing, ever-expanding program, and we hope this article will stimulate conversation from the readers of *PlainViews*. What best practices can you share about your institution’s spiritual care of staff? We look forward to hearing about others’ experiences and successes.

Special appreciation goes to the [Kenneth B. Schwartz Center](#) for its grant support of this program.

Share your comments with your colleagues about this article by clicking [here](#).

Rabbi Sara Paasche-Orlow is the Director of Religious and Chaplaincy Services at Hebrew SeniorLife. Rev. Mary Martha Thiel is the Director of CPE at Hebrew SeniorLife, and a CPE Supervisor with ACPE. Nancy Cahners is an alumna of the Hebrew SeniorLife CPE program, and a member of the CPE program’s Professional Advisory Committee.

NEWS & JOURNAL WATCH

News & Journal Watch

Sue Wintz

HHS Grants Boost Disaster Preparedness in Hospitals, Health Care Systems

The U.S. Department of Health and Human Services announced on July 1 that it had awarded more than \$352 million to continue improving disaster preparedness of hospitals and health care systems within every state, and three large metropolitan areas.

The complete press release can be found [here](#).

To consider:

- Do you work for an organization that has received a Hospital Preparedness Program grant from the HHS? Did chaplains participate in the program that was developed? If so, how? If not, why not?
- How could chaplains be leaders within their organization to develop a program for disaster preparedness?

Doctors confront burst of mental health problems after disasters

This article from [American Medical News](#) discussed how physicians need to be able to respond to disaster survivors who exhibit confusion, despair, disbelief and disorientation. It also highlights that health professionals, who can experience vicarious traumatization from their experiences, need to engage in self-care.

The article can be found [here](#).

To consider:

- What are the spiritual issues that are experienced along with “confusion, despair, disbelief, and disorientation?”
- What can the chaplain contribute to enhance the physician’s – and the interdisciplinary team’s – response to survivors experiencing these emotions?

What Caused My ‘Meltdown’ in Face of Disaster Drill?

[Psychiatric News](#) published this reflection by a behavioral health physician in February 2011. He describes his resistance to participating in an organizational disaster drill, his realization of the emotions that the drill brought to the surface, and the things he learned from the experience.

The reflection can be found [here](#).

To consider:

- Have you had a similar experience to the “meltdown” experience described by this physician? What were the spiritual dynamics within that experience?
- The author calls for “an experienced mental health professional to meet with all staff involved in the drill after the exercise specifically to address their emotional reactions to the event.” How can chaplains contribute to debriefing following disaster drills within their organization?

Share your comments with your colleagues about these articles by clicking [here](#).

PROFESSIONAL PRACTICE

National Voluntary Organizations Active in Disaster (NVOAD)

Mary Hughes Gaudreau, Earl E. Johnson, Steven Kaye, Kevin Massey, Naomi Paget, Stephen B. Roberts:

Members of the [National Voluntary Organizations Active in Disaster \(NVOAD\)](#) form a coalition of non-profit organizations who coordinate planning efforts in response to disasters as part of their overall mission. NVOAD was founded in 1970 in response to the challenges many disaster organizations experienced following Hurricane Camille, which hit the Gulf Coast in August, 1969. Prior to the founding of NVOAD, numerous organizations served disaster victims independently of one another, and with very limited awareness of what services were being provided.

Today, member organizations provide more effective disaster services and less duplication of efforts by getting together and strategizing before disasters strike. When disasters occur, NVOAD or an affiliated state VOAD, encourages members and other voluntary agencies to convene on site to coordinate relief efforts. This cooperative method has proven to be the most effective way for a wide variety of volunteers and organizations to work together in a crisis. While NVOAD is not itself a service delivery organization, it upholds the privilege of its members to independently provide relief and

recovery services, while assisting them to do so cooperatively and effectively.

NVOAD serves member organizations, and the recipient impacted community, through communication, disseminating relevant and helpful information; through cooperation, creating a cooperative climate at all levels (including grass roots); through coordination, coordinating policy among member organizations and serving as liaison, advocate, and national voice; and through collaboration, sharing resources in awareness and preparation education, leadership development, disaster mitigation, and operational function.

NVOAD's Emotional and Spiritual Care Committee

An important part of NVOAD's strategy is the [Emotional and Spiritual Care Committee \(ESCC\)](#), whose mission is to foster emotional and spiritual care to people affected by disaster in cooperation with national, state and local response organizations and VOADs. The NVOAD ESCC accomplishes its mission in several ways:

- Promote best practices, standards and models to provide effective spiritual and emotional care to those affected by disaster.
- Identify specific issues of spiritual and emotional needs as a significant component of disaster response.
- Embrace the unique contribution of various faith-based groups and mental health disciplines.
- Educate state and local VOADs and non-affiliated partners about spiritual and emotional needs in disasters.

Disaster Spiritual Care and the Need for Consensus

Both professional chaplains and other spiritual care providers (e.g. congregational clergy and laity, “deputized” by their denominations to provide disaster spiritual care) are among the many who respond with caring interventions to support and encourage those who have been impacted by disasters and other crises. These spiritual care providers come from a wide range of agencies and traditions, including Southern Baptist, Salvation Army, Scientology, Buddhist, mainline Protestant denominations, the Roman Catholic Church, Jewish, Islam, and other faiths.

Spiritual care providers come with various levels of training, experience, ability, and motivations. Sometimes, their intentions are good, but their effectiveness does not meet their intentions. Their compassion and caring is not always received in helpful ways due to their lack of clear guidelines, boundaries, and professional borders. Even an attempt at “spiritual good” may result in deep and lasting “spiritual damage.”

In response to this need - the need to improve the quality of spiritual care in disasters - NVOAD’s ESCC created a small writing group composed of representatives from a range of faith-based organizations who typically respond during disasters. The writing

group members (the authors of this article) are all leaders in the disaster spiritual care field, and have responded extensively in a variety of crises - Columbine, Oklahoma City Murrah Federal Building bombing, multiple hurricanes/floods/tornadoes, aviation disasters, 9/11 terror attacks, and international incidents. Most are also Board Certified Chaplains.

This group began to prepare some foundational direction for spiritual care in disaster settings, establishing guidelines for providing spiritual care during times of chaos and uncertainty. Many believed the task of reaching consensus on appropriate disaster spiritual care within NVOAD's membership was impossible. However, this group felt certain that we could accomplish "the impossible," since the ESCC had already completed a significant educational resource on disaster spiritual care, [Light Our Way](#), which was first published in 2006. After several years of research, collaboration, and lively discussion, this booklet began to serve disaster relief organizations by providing a resource to inform, encourage, and affirm the thousands of spiritual care providers who selflessly provide compassionate care during disasters.

We, the writers, intentionally worked from a place of consensus. We felt compelled to find common values in our disaster spiritual care responses. We listened often, spoke less, communicated with the larger ESCC on a regular basis, and regularly incorporated their concerns and language into the drafts. By the end of 2008, the draft was completed, and in May 2009, it was unanimously approved and adopted by the NVOAD Board of Directors, and the full NVOAD membership.

Some highlights of the document include a description of the basic concepts and types of disaster spiritual care, the local spiritual care providers and communities of faith as primary resources for post-disaster spiritual care, the relationship between disaster emotional care and disaster spiritual care, the importance of spiritual care in all phases of a disaster, and the necessity for intentional self-care for spiritual care providers. The document also stresses the importance of building resiliency, the foundational need for respect for diverse cultures and religious values and traditions, the awareness that impacted people are vulnerable to exploitation, and the affirmation of the importance of cooperative standards of care and agreed ethics.

The NVOAD disaster spiritual care "[Points of Consensus](#)" is now THE foundational agreement of all member organizations on how to appropriately provide spiritual care in disaster situations, within the context of religious and cultural diversity. Adopted by more than 20 faith-based organizations in the United States that collaborate as members of the ESCC of NVOAD, the "Points of Consensus" define how NVOAD member organizations agree to respectfully and appropriately respond to emotional and spiritual needs during what is often an especially vulnerable time for disaster survivors.

Readers are encouraged to download and widely share the "[Points of Consensus](#)" and [Light Our Way](#), which is available in both Spanish and English.

The authors of this article are also the members of the writing group that developed the Points of Consensus.

Share your comments with your colleagues about this article by clicking [here](#).

Rev. Mary Hughes Gaudreau is an ordained United Methodist deacon, licensed professional counselor, and national disaster consultant for the United Methodist Committee on Relief (UMCOR). With more than fifteen years of disaster response experience, Rev. Gaudreau is the designer of UMCOR's national disaster spiritual and emotional "Care Team" program. Rev. Gaudreau served as chairperson of the National VOAD Emotional and Spiritual Care Committee through the final development and ratification of the National VOAD Disaster Spiritual Care Points of Consensus.

Rev. Earl E. Johnson, MDiv, BCC, served as the spiritual care partner manager for the American Red Cross with almost 10 years of service. Part of a staff reduction June 30th due to restructuring for financial stability, Earl is seeking to explore and expand the professional chaplaincy model to underserved and undersupported venues.

Rabbi Steven Kaye is a NAJC Board Certified Chaplain. He served as the NAJC's first NVOAD Board member, and also as Emotional and Spiritual Care Committee Representative. He has responded to a large range of disasters, including the Columbine shootings. He is a congregational organizational consultant in Denver, and works closely with a number of local and national police organizations as a chaplain.

Kevin Massey is an ordained pastor of the Evangelical Lutheran Church in America (ELCA), and serves as the Director of Lutheran Disaster Response. Kevin is a Board Certified Chaplain with the Association of Professional Chaplains, and served as a trauma chaplain and Spiritual Care Coordinator. Kevin served on the Red Cross Aviation Incident Response Team, which included service at Ground Zero in New York City in the fall of 2001, and the 2005 response to Hurricane Katrina. He is Vice President of the Board of the National Voluntary Organizations Active in Disaster (VOAD) and was the author of the 2006 National VOAD resource on disaster spiritual care, entitled "Light Our Way."

Rev. Dr. Naomi Paget BCC, FBI Chaplain and Crisis Interventionist, is a certified member of the ARC Spiritual Response Team, Denver Seminary CISM Team, and several Southern Baptist state disaster relief teams. She is a Board Certified Crisis Chaplain, consultant, instructor, and curriculum writer, was awarded a Fellowship in AAETS/NACM, and serves on the N-VOAD Emotional/Spiritual Care Committee. Dr. Paget is a published author, ICISF Approved Instructor, and adjunct professor at Golden Gate Theological Seminary.

Rabbi Stephen B. Roberts, MBA, BCJC, is a past president of the National Association of Jewish Chaplains. He has taught extensively, written, and published research on

pastoral and spiritual care with a particular focus on disaster response. He is co-editor of Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy (SkyLight Paths), the only text book in the field of disaster spiritual care. He is the editor of the upcoming book, Professional Spiritual & Pastoral Care – A Practical Clergy and Chaplain’s Handbook (SkyLight Paths), being published this fall. Rabbi Roberts was the first officer in New York City overseeing American Red Cross’ (ARC) 9/11 spiritual care response, and then oversaw the long term care when National ARC left; he has served on ARC’s National Spiritual Care Oversight Committee for over 12 years; he is Chairman Emeritus of Disaster Chaplaincy Services New York, an organization he helped found; he has served on National VOAD’s Emotional and Spiritual Care Committee, and was part of the writing group which created NVOAD’s Spiritual Care Points of Consensus.

PROFESSIONAL PRACTICE

My Experience in the Joplin Tornado

Todd Decker

May 22, 2011, 5:41 pm. I will never view disasters the same.

I had been through tornados before – F0’s and F1’s. This was different. I didn’t even take time to look. I had ignored the warning. As with Disaster Policies in the office, my response had grown lethargic through the years. Some people describe it as the sound of a freight train. The sound was more like that of being under the train, or the blast of a jet engine.

When I heard the sound, it was too late to seek shelter. I have to admit, I panicked. I ran to the bathroom and closed the door. When I realized that I needed a blanket or mattress over me, it was too late. I could hear it hitting. I knelt in the tub. And I prayed. Realizing I was surrounded by glass shower doors, I had thoughts of being cut. I could hear the roof ripping off as the tornado bore down like a giant blender. I called my wife again. I could not hear if she answered. I told her I loved her and felt that I might die. It would be three hours before I would talk to her again.

I prayed that the tornado would pass. It seemed like it would never end. I could hear and feel it ripping away the walls of my rented home. I knew the longer it lasted, the greater the chance of injury. The quiet finally came and my bathroom was left intact. When I opened the door from the bathroom to living room, I was pelted by rain and hail. I retreated, not believing what I had just seen.

Left standing were 2 closets, my bathroom, and partial walls. As far as I could see, there was total devastation. It was bad. I was stunned from the sound and the scare. My heart could not take in the ruins my eyes were seeing.

I immediately starting looking for my elderly neighbor, Helen. As I called for her, I could hear her crying. I was able to help her out of her duplex, flag down a car, and tell them to, “take her somewhere.” I later learned this family took her home and she stayed with them for the next three days.

I threw what I could salvage in a large suitcase, and started walking toward the hospital.

When I arrived, I began looking for the chaplain on duty. She was white as a sheet and she said, “I saw things I never thought I would see.” We were unable to call for additional help from our staff. We did not know if they had been hit. All lines of communication were down.

Shock and adrenaline did not feel good, though I think that is what enabled me to function. We did what we could. We learned that two other chaplains had lost everything, but they survived. Another chaplain arrived to help. We encountered over 500 people in our Emergency Department, and over 1,000 people in our lobby area, either injured, or looking for family members. Mothers and fathers were looking for children, and sons and daughters were looking for mothers and fathers. It was overwhelming, and the injuries were horrific. I later learned that the first person who “walked” into the ER was holding his intestines with a terrible abdominal wound. He died three days later. Many more critically injured followed.

I assumed morgue duty. We had taken pictures of the deceased in the temporary morgue and we were helping families identify their loved ones. We prayed over the bodies. I saw things I cannot write about. We attempted to connect families and the wounded. This proved to be too difficult a task. We did the best we could.

Many were taken away from our facility after being triaged. People were flown to Fayetteville, AR; Tulsa, Grove, and Miami, OK; Wichita, KS; Kansas City, Springfield, Carthage, Neosho, among other hospitals in Missouri. At 5:00 am, the hospital began to deflate. We had shipped out hundreds. We were able to get a few hours of rest. It was surreal the next day. And I had no idea that the hardest work had just begun.

Usually someone who journals, I did not write for two weeks. The initial feelings were shock, numbness, and disorientation. It was the third week before I could begin to write again.

As a Director of Pastoral Care, I felt some responsibility for the department that I may not have felt as a chaplain. I have since felt some failure for disaster preparedness. Only the previous week, we had gone through a four day disaster drill. Many complained during the drill how it was “interrupting” our work flow, and being new to the health system, I put the plan for our department on the back burner.

I learned that I did not know the meaning of the word, “disaster.” Overwhelmed was an understatement. I did not begin to understand how something of such destruction could affect a community for weeks, months, and years to come. The injuries were apocalyptic, and the traumatic stress experienced by the staff continues to be haunting.

Some of my learning:

1. Procedures. Get your “act” together before the disaster strikes. My backup plan was simply to call in chaplains if, and when, I needed them. Communications were down for 24 hours. There needs to be a plan when there is no communication.
2. Disaster Schedule. Create a disaster schedule. Plan a week of work that allows coming and going and rest. You can always “tweak” the schedule. You may not be in a frame of mind to make good decisions later.
3. Triage and prioritization of work. If you are an administrator, then you must administrate. The temptation will be to throw yourself into patient care, and the department will lose its leadership and effectiveness.
4. Plan for processing chaplain “volunteers.” Who will you allow to volunteer in your hospital? What do they need to do to be processed? We decided only chaplains with hospital experience, and/or training, would be utilized by our department. We had 140 hours volunteered by hospital chaplains.
5. Disaster Pay. How do those affected schedule time off? How will the department function without those present?
6. Debriefing and Counseling. Require those under your supervision to attend mandatory debriefing. Co-workers are traumatized as they were called upon to do things they were not prepared clinically to do. Two co-workers were killed. Of the 6,000 homes destroyed, 350 belonged to co-workers. This calls for a long range plan to provide consistent support for staff. Work with local mental health agencies to coordinate education and debriefing schedules. Work with Human Resources to provide counseling sessions through EAP. Utilize trained, professional chaplains to debrief pastoral care staff.
7. Relationship with Administration. Administration will rely on pastoral care presence. We have stepped up. It has not been easy work. We have added an FTE to our department. We have increased our value to our health system.
8. Volunteers and offers of assistance. Like in grief, many will mean well. Some will be helpful, some not so much. “Quilts of Compassion” came from Toledo, OH, and were a real blessing to our department, patients, and families. Hospital chaplains came and volunteered. You have to know when to say “yes” and when to say “no.” Keep a

record and acknowledge those who have helped.

9. Self Care. Begin immediately. This was a self-care mistake I made early on: as a person who journals, I did not take time to write thoughts and reflect. The first two weeks were a sprint. The marathon phase has begun. We lost an entire hospital in our community. Our patient census, acuity, and deaths continue to rise and take their toll.

10. Reflect theologically. Psalm 46 became a source of comfort to me as the Psalmist found refuge and strength in God when the earth had reacted violently, and society was in turmoil.

A key question our department is asking is, “What is the department’s long range plan to sustain itself?” We are also asking each other, “What will your personal plan be to sustain yourself long term as you continue to minister to those affected by the disaster for months and years to come?”

There will be new demands: special services, media interviews, and appealing requests. Let others share in this. and don’t be afraid to say “no.”

The chaplain question went from “Were you in the tornado?” to “How you were affected by the tornado?” to no longer even having to ask the question. We have all been affected. I have found meaning in sharing my story. I hope it has helped you. Disaster does come. Be as prepared as possible.

Share your comments with your colleagues about this article by clicking [here](#).

Todd Decker is Director of Pastoral Care, Freeman Health System, Joplin, MO. Todd earned his Doctor of Ministry from Midwestern Baptist Theological Seminary and was Board Certified by APC in 2007. He is a past manager of Pastoral Services with Mercy Health System, a husband for 28 years, the father of two children and an expecting grandfather. Todd enjoys bicycle spinning, hiking, reading, and listening to music.

PROFESSIONAL PRACTICE

Calling Culturally Competent Caregivers

Will Ashley

Our work as disaster spiritual care responders calls for culturally competent caregivers. We specialize in crossing borders.¹ We are constantly crossing borders be they geographic, demographic, religious, ideological, philosophical, ethnic, national, race, gender, or sexual orientation. Disasters, tragedies, medical emergencies, and

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human realities are not limited to one particular geographic or demographic location. Chaplains, clergy and caregivers can ill afford to hide behind specialization and intellectual elitism as the criteria for responding to human need. Just as God told Elijah, God assures us we are not alone in this work. We have allies, local and distant, trained and untrained, who wait to partner with us.

Headlines have made it clear that the caregivers' calling is to cross borders. Equipped with both compassion and competence, caregivers are called to cross borders to bring healing to those who are hurting or in need. The caregivers' goal must always be to, "Do No Harm."²

How can we cross borders with compassion, competence and cultural proficiency? What are some areas of exploration for chaplains, clergy and caregivers to consider? Allow me to suggest five areas of exploration in responding to our call to cross borders as compassionate, culturally competent caregivers. Let us explore the following areas: (1) Partnerships; (2) Planning; (3) Purpose; (4) Procedures; and (5) Practices.

Compassionate, culturally competent caregivers collaborate with local clergy. So much of what we do is based on trust. The quickest way to build trust in a congregation or community is acknowledge, respect, learn and partner with the indigenous caregivers of the community.

We may know techniques; but the local caregivers know the customs, nuances and concerns of the people. One size never fits all. Even national chains like McDonald's or J C Penny make allowances for local needs, habits and customs. Our response must be one that includes partnership.³

There is a difference between a partnership and the illusion of a partnership. We are asking local caregivers to combine their knowledge with ours to bring about the best possible result for the people in pain. That may mean you are not taking the lead; but instead, following the expertise of the indigenous caregiver.

"If you fail to plan, you plan to fail." Tragedy and disaster may hit us without warning, and without proper preparation. Nevertheless, how we respond to such events is best served through planning. What resources are needed to be of help? What can you offer that fits into the local culture, and aids their practice of healing? What action steps will you take in collaboration with your various partnerships and collaborative planning?

In this day and age of multi-million dollar grants and careers that are built on disaster response, we must ask ourselves a dangerous question: "Why am I here?" In our self-reflective moments our task is to explore, "What is the purpose of my being here?" Chaplains, clergy and caregivers perform interventions. This is what we do. However, we need to be clear about our purpose. Is my task to hand out cold water to those in need, be a listening ear, or something else? Whose agenda is this? What does the patient, congregation, or community need? Whose needs are being met? What is my espoused purpose vs. my actual practice? Can my purpose be achieved and yet, "Do no harm?"

Procedures are important. Procedures are necessary. However, once again, so is trust, and relationships. When we partner with local caregivers, and plan together, we are clear about our purpose, and we can design procedures that provide structure, safety and security, while at the same time honoring the customs of those who we are attempting to help.

There are times when procedures and policies do not work for a particular demographic. It is those times that we must partner to be the prophetic voice, or an advocate. Procedures must help those in need, and not be a weapon of exclusion or dominance.

Finally, we must be aware of our practices. One of the best ways to ensure that our practices do no harm is to listen to the narratives of those we attempt to help. People tell us what they need if we listen.

Share your comments with your colleagues about this article by clicking [here](#).

¹ Jerry Gill. *Borderland Theology*. Washington, DC: EPICA, 2003.

² Margaret Kornfeld. *Cultivating Wholeness*. New York: Continuum, 2009.

³ Laura van Dernoot Lipsky. *Trauma Stewardship*. San Francisco: Berrett-Koehler Publishers, 2009.

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SPIRITUAL DEVELOPMENT

Reflections From Japan

Naomi Paget



Searching for Signs of Life

The little, seaside town of Onagawa was one of many Japanese towns in Miyagi Prefecture that was destroyed by the tsunami following the 9.0-magnitude earthquake March 11, 2011. A typical fishing village, Onagawa's hope was in the sea and its future was in the community of people who fished and lived their daily lives in harmony with land and sea. The city lay quietly between steep hills that formed the harbor, the city, and the community. As the water rumbled into Onagawa, the same picturesque hills acted as a deadly funnel that crested the water at heights of 100 feet and more – three times the height of cresting waves in most other communities.

Today, we see splintered remains of homes, businesses, fishing boats, and lives. Cars were launched to tops of four-story buildings. Wheel chairs cast their occupants aside. Fishing nets ensnared shrubs and light poles, instead of mackerel and tuna. People fled to higher ground to escape the death threat that the tsunami promised. A smashed and battered car remains in the entrance of the Onagawa Hospital – a silent testimony of the catastrophe that nearly took the lives of vulnerable patients who lay sick and suffering already. More than half of Onagawa is reported dead or missing. They continue to search for signs of life.

We watch from high above Onagawa as a team of National Police carefully, meticulously search through a house that has been hurled across the town, finally resting at the foot of a steep hill. Someone is hopeful that there may be a body – could we even hope that there would be life? How do you search for life when there is no hope for life? How do you search for a body when your very soul cries out for a living person? How do you face the reality of human death when your soul weeps in hope of

life? Our silent prayer is for this little town – Onagawa – and its people who are facing reality with diminishing hope. Can we help them live in hope, even in death?

“Yes, my soul, find rest in God; my hope comes from him.” Psalm 62:5 (NIV)



Strong Woman of Ishinomaki

The stench is terrible – mud, organic decomposition, mold – death and destruction. No one will ever forget the sights and smells of Ishinomaki and the tsunami that has left its horrible mark. There are piles of trash and debris – neatly stacked, awaiting pick-up by government trucks that are besieged with rubble, and overwhelmed by the monumental task ahead of them. In the manner of the Japanese, collected debris is orderly, and neatly stacked along the narrow streets. But the roads are muddy – sickly, smelly.

As we walk along the narrow, debris-lined streets, we see mile after mile of twisted metal, shredded wood, broken glass, and crushed plastic. The sights don't change. They are like reruns of nightmares with little hope of waking up. Cars are stacked in piles of wreckage, with mud acting as mortar, to create obscene walls hiding the broken remains of hurting lives in muddy houses.

As we approach, we watch a small woman carry a 2 gallon bucket of mud and debris. She has cleaned one more bucket from her humble little home. During the last four weeks, she has managed to clear her small yard – it's neat and tidy, even without the landscape of shrubbery and trees that certainly were a part of this traditional home site. In the Japanese way, she carries her bucket about 20 feet down the street to

dump the contents in an appropriate place – maintaining the integrity of the wall of debris. I think she would never have considered dumping it anywhere else. Convenience, expediency, or ease would never have dictated where she deposited the bucket of mud. She would dispose of it in the “right” way.

We stop to visit with her, inquiring about her well-being and needs. She doesn’t need help – she is managing. She bows to thank us for inquiring about her situation. We notice her flowerbed of pansies and petunias, gaily dancing in the breeze. The contrast is so great, we comment on how beautiful they are. “My world is so ugly when I look at my neighborhood. I could not bear to see it anymore. The flowers give me pleasure. There is still beauty in the world – somewhere.”

This is a strong woman in Ishinomaki – a woman who waits patiently for her world to change. How do I help her see the beauty that lies in hope? How do I help her be strong and take heart, waiting patiently for something truly worthwhile? Hope could be the dancing face of pansies in the middle of the mud and wreckage that is Ishinomaki.

“One thing I ask from the LORD, this only do I seek: that I may dwell in the house of the LORD all the days of my life, to gaze on the beauty of the LORD and to seek him in his temple. For in the day of trouble he will keep me safe in his dwelling; he will hide me in the shelter of his sacred tent and set me high upon a rock. . . . Wait for the LORD: be strong and take heart and wait for the LORD.” Psalm 27:4-5, 14.

Share your comments with your colleagues about this article by clicking [here](#).

Rev. Dr. Naomi Paget BCC, FBI Chaplain and Crisis Interventionist, is a certified member of the ARC Spiritual Response Team, Denver Seminary CISM Team, and several state disaster relief teams. She is a certified crisis chaplain, consultant, instructor, and curriculum writer, awarded a Fellowship in AAETS/NACM, and serving on the N-VOAD Emotional/Spiritual Care Committee. Dr. Paget is a published author, and ICISF Approved Instructor. She earned a DMin from Golden Gate Theological Seminary where she is an adjunct professor. She recently returned from her third deployment to Japan where she assisted in disaster relief following the earthquake and tsunami.

SPIRITUAL DEVELOPMENT

Why Respond to Disasters?

Stephen Roberts

Why respond to disasters? Or more accurately: what compels me to respond to disasters to provide appropriate professional spiritual care? This is a question that all professional chaplains need to ask themselves on a regular basis. Each of us WILL respond to disasters. It is not an “if” but a “when.” It is not a theoretical question. The answer is important, particularly in helping each of us to be able to set appropriate professional boundaries and borders. Without a solid understanding of our personal motives, we risk both our professional and spiritual lives.

I respond to disasters to “pay forward” the amazing disaster spiritual care I and my family received in August, 1985. This was long before I was even thinking of being a clergyman, let alone a chaplain, let alone one who spends hours every month helping in disaster response.

August 2, 1985. Delta Air Lines Flight 191 crashed in Dallas, Texas. I knew three people on that flight. Two died, one lived. One of the three was like a brother to me. I grew up with him, I stayed with him when I went back home to visit, and he was best friends with two more of my siblings, plus a sister-in-law. My family considered him more than a friend; rather, he was considered a close family member.

The image is seared into my brain when my mother called to tell me that Scott, my friend, and the man he was seeing, were both on that flight. I see without trying, what I was wearing, and where I was. Another image seared into my soul is going to my brother’s dental practice with my brother to get Scott’s dental records for identification purposes. Another image is the standing room only funeral for Scott. Finally, the most painful image is from the other funeral, the funeral of the man Scott was seeing. The mother was a Holocaust survivor, this was her only child, and she was so angry – angry that her son was dead, angry that Scott had “killed” him, angry with those of us who knew Scott, who had come to the funeral to support her in her grief.

My family, our friends, the community we live in, spiritually survived this disaster experience because of the great disaster spiritual care we received. The community rabbi who worked with us did all the “right” things. His spiritual care has stayed with me as it helped me grow spiritually, and helped me respond in a positive fashion when I felt “called” to become a rabbi, and then a chaplain.

Fast forward to 1998 when I was serving on the NAJC Board. A proposal was made to become part of the chaplaincy groups working with American Red Cross to provide chaplains after plane crashes. The NAJC accepted the challenge, and I was part of the initial group of NAJC chaplains to become trained.

Prior to applying to get involved, I asked myself: “Why am I interested in responding?” I brought this question with me to supervision – both individual and group. I spent significant time on this. Issues raised, which I dealt with, included: was it too soon (13 years), would I be able to have the proper boundaries and borders to do a professional job, and what was I expecting to get out of this work? These are the same type of

issues which we ask ourselves as we become professional chaplains, and it is equally important that we know the answers as we plan on responding to disasters.

Once I had clarity and understanding, then I volunteered. I received training from American Red Cross, I volunteered to serve on the national task force overseeing the program (on which I continue to serve 12 years later), I got involved with my local Red Cross chapter, I made local and national connections with other responders, and I began to understand the system with which I was getting involved. I recruited a number of other professional chaplains in the New York region to also get involved. We worked hard on building an infrastructure. We expected to “someday” be deployed to help respond to air disasters, we never dreamed it would be of the magnitude of 9/11.

I live less than a quarter mile from Ground Zero. The NYC attack took place in my home neighborhood. Two nights prior to 9/11, I had ridden my bike, and seen a movie at a theatre just across from the Twin Towers. When 9/11 occurred, I was the first Spiritual Care Officer in New York City for the American Red Cross. Local people knew me, and I knew them. When I called New York colleagues on 9/11 to help respond, many had already been previously recruited, and had prior training. When colleagues from out-of-town left, I remained, and continued to oversee operations. I feel blessed that I could “pay forward” after 9/11 the gift I received of amazing spiritual care after a disaster my family went through.

Another way of “paying it forward,” in which I continue to participate, is to help others prepare to respond to disasters prior to the need. After 9/11, the awareness of how little professional training was available to leaders of faiths impelled me to work with Rev. Dr. Will Ashley on creating a text book for the field: [Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy](#) (SkyLight Paths Publishing). “Paying it Forward,” the reason I respond, also impelled me to get involved with [National Voluntary Organizations Active in Disasters](#) (N-VOAD), to begin to serve on the organization’s Emotional and Spiritual Care Committee, and finally, to become part of the Writers' Group, which created N-VOAD’s Spiritual Care Consensus Points.

Sooner or later, each of us will be asked to respond to a disaster. Now is the time to ask yourself: “Why respond?” and now is the time to prepare.

Share your comments with your colleagues about this article by clicking [here](#).

Rabbi Stephen B. Roberts, MBA, BCJC, is a past president of the National Association of Jewish Chaplains. He has taught extensively, and written and published research on pastoral and spiritual care, with a particular focus on disaster response. He is co-editor of Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy (SkyLight Paths), the only text book in the field of disaster spiritual

care. He is the editor of the upcoming book: Professional Spiritual & Pastoral Care – A Practical Clergy and Chaplain’s Handbook (SkyLight Paths), being published this fall. Rabbi Roberts was the first officer in New York City overseeing American Red Cross’ (ARC) 9/11 spiritual care response, and then oversaw the long term care when National ARC left; he has served on ARC’s National Spiritual Care Oversight Committee for over 12 years; he is Chairman Emeritus of Disaster Chaplaincy Services New York, an organization he helped found; he has served on National VOAD’s Emotional and Spiritual Care Committee, and was part of the writing group which created NVOAD’s Spiritual Care Points of Consensus.

SPIRITUAL DEVELOPMENT

Alabama Narrative

James Croegaert

It is now more than a month since I returned from Alabama. The intensity of the experience gradually recedes, but the memories will linger long. After some days in Tuscaloosa, I was asked to prepare to manage our group of chaplains there. A model that was new to me was in use there: Integrated Care Teams (ICT), composed of a nurse (who was the lead), a client caseworker, a chaplain, and sometimes a mental health worker. These teams tracked down people who had lost family in the storms. ARC was prepared to give them some financial assistance, to help them access other sources of help, to see that they had their medications, and that their physical health needs were being met.

The role of chaplains has not always been well understood in Red Cross circles, although Earl Johnson BCC, did much in his time there to advocate for, and represent, chaplaincy. But it was interesting to me to observe what took place there with the ICT’s.

In most cases, a pattern developed for relating to these families once the team had located them and arranged a meeting: the chaplain would often take the lead in reaching out to the family personally, to find out how they were doing, and to convey genuine personal interest. Once some trust was established, the teams found it greatly facilitated the handling of paperwork, of health questions, and the other matters that were important toward offering practical assistance. It also, in some cases, meant some profound sharing took place.

Much of my experience of this came through debriefing sessions with the chaplains. Their stories conveyed to me a consistent picture of experienced chaplains having to call upon their professionalism to help people navigate turbulent waters of emotion and loss. Bringing prayer was often a very meaningful component to the persons. And

something that became increasingly clear to me, was that the chaplains also came to play a role within the ICT itself. Many of the other team members were not accustomed to dealing with emotional intensity of that kind, and the chaplains in many instances also helped their other team members get through this, debriefing them afterward, giving basic pastoral care.

There are two aspects of this I would like to lift up:

1. I think the other health care professionals got a “close-up” look at chaplaincy that they had never had, and chaplains were looked upon with increasing respect as time went on.

2. My own feeling was (and is) one of enormous pride in my fellow chaplains for what they were bringing to the situation there. The spiritual sensitivity and attunement to the personal dynamics at play were, I believe, what professional chaplains are uniquely positioned to provide. It is not a given, of course, that just any certified chaplain can so provide. But these chaplains were prepared, particularly through their experience “as chaplains,” to bring something to the equation that no one else could, and that something is part of the essence of what draws us to chaplaincy.

Another question, of course, is the care for the chaplains, and for our own self-care once we got home. A story is worth sharing:

A chaplain (Miriam Dakin) shared a visit made to family members of a woman who had been killed, along with her two grandchildren. The woman’s mother was still alive and present (this elderly matron soon thereafter died, not storm-related), and the deceased woman’s sister, the great-aunt of the two children.

This sister said to the chaplain at one point: “Did anyone tell you about the sky before the tornadoes hit?” She said no, and the woman said, “The clouds were moving all around, and then they all of a sudden came together and formed two hands.” Miriam asked what she made of this. “I think it was God’s hands gettin’ ready to catch everybody that was gonna be comin’ that way.”

This image became important to that chaplain as she dealt with so many stories of loss, and to me also. To have lost a sister, and the sister’s grandkids, and be able to trust that, in spite of the terrible, seeming randomness of the furious storm that had taken them, God’s hands had received them – this is not just faith, but Faith.

For myself, it took being home for some time, living a “normal” life that seemed not so normal, eventually telling stories (I found I did not want to much do that the first few days), and experiencing the support of my church community, and my workmates.

But for me, a very important piece was writing a song based on that story, “Alabama Skies.” There really is something so disturbing about tornadoes. Thomas Howard, a

Christian writer, and Tuscaloosa native, wrote an article in *Commonweal Magazine* – “Clouds of Unknowing” – in which he identifies this. “...(U)nlike hurricanes, which arrive gradually and affect a wide area, tornadoes are localized, sudden, and furious. For that reason, I’ve often thought they raise questions of theodicy in a particularly acute manner. Why was my house leveled, while my neighbor’s stands? Why did the tornado’s path come down Fifteenth Street and not Lurleen Wallace Boulevard? Why did the Angel of Death visit here and not there, now and not then?”

As I say in my song: “I don’t understand/So much of what I’ve seen/How it comes out of nowhere/And changes everything/But I will remember/And try to see with Sadie’s eyes/How it was before the storms came/Out of Alabama skies.”

Editors Note: You can listen to Jim’s song, *Alabama Skies*, [here](#).

ALABAMA SKIES

Jim Croegaert

She said she saw the sky
It seemed so very strange
The way the clouds were forming
How rapidly they changed

And then they came together
And she found it so odd
That she found herself thinking
Looked like the arms of God
And I don’t understand
So much of what I’ve seen
One moment there’s such beauty
And all seems so serene
And then it comes with such fury
That it’s hard to visualize
How it was before the storms came
Out of Alabama skies

It’s hard to comprehend
When someone has lost
A sister and her grandkids
How you count the cost

Clinging to an image
So deep and so broad
That somehow they’re flying
Into the arms of God

And I don't understand
So much of what I've seen
How it comes out of nowhere
And changes everything
But I will remember
And try to see with Sadie's eyes
How it was before the storms came (What she saw before...)
Out of Alabama skies

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Jim Croegaert is a Board Certified Chaplain and Coordinator of Spiritual Services at Resurrection Medical Center, a community hospital on the Northwest side of Chicago. He is also a songwriter whose works have been recorded by artists such as Sandy Patti, Noel Paul Stookey and Steve Bell. His own recordings are available through his website, www.RoughStonesMusic.com. Jim lives in Evanston, Illinois, with his wife of 40 years, Janalee. They have three adult children, and three grandchildren.

TALKBACK

TalkBack

Readers Respond

Responses to George Handzo, [Chaplains Can Help When Surrogates Make Decisions. Professional Practice](#). Vol. 8, No.10. June 15, 2011

I agree with your observations. It is difficult for a surrogate because, despite a clear Advance Directive by the patient, the doctors keep coming back to the surrogate for clarification, additional treatments, etc. In an ideal world, the patient and surrogate would have discussed choices with the patient's physician prior to a hospitalization. The latter would be the overseer of treatment or non-treatment based on that discussion, or the hospital notes upon admission would include the points of the discussion. My husband and I made all of our funeral arrangements prior to his death. We had the discussion with the surrogate and his physician. It is "full code" by default when you come into the hospital. For that reason my husband and I chose a DDNR whenever he went into the Emergency Room or the hospital, to ensure his wishes were carried out. It clarified his position with the medical profession, and his surrogate. He had as much quality of life as possible up to an hour prior to his death. It was a "good death." Oh, that more patients and families could achieve that end!

- Emily Harkins Filer, CVA, L.H.D

As a chaplain working in Critical Care, I am well aware of the stress and trauma many family members experience when faced with EOL decision making. However, in my institution we don't have a protocol for referrals to spiritual care when EOL decisions are being made. Most of us self refer by building a relationship with patients and families in our clinical areas. This is problematic as significant cases can be missed. Often, the physicians and nurses offer to contact spiritual care and the family members may or may not choose to have a chaplain involved. My hunch is that the refusals occur due to a misconception of our role. Surrogates who don't claim a religious background tend to reject the involvement of the chaplain. At the same time, physicians and nurses who don't provide the option to have spiritual care available in these cases, possibly lack understanding of how spiritual care contributes to the decision making process, or in what way the chaplain supports the surrogates. Educating our colleagues, patients and surrogates is an ongoing task. Unfortunately, spiritual care research has been weak in this area and there is not enough literature to actually support the role of the chaplain in situations where surrogates are faced with difficult EOL decisions. Anecdotally and intuitively, we believe that we do make a difference and alleviate some of the trauma, but without research our claims cannot be substantiated in institutions that make most of their clinical decisions on evidence based medicine. I would be most interested in conducting research in this area. You are asking for feedback from readers about practices in our hospitals. Similarly in the previous issues, you asked about the role of a chaplain in reducing ICU stays. I found both these articles stimulating. Sadly, they don't provide recommendations that we could share with our evidence driven colleagues. I hope that you have received feedback from others. I would like to see these practices presented in a future PlainViews article.

- Klara Siber

Thanks for alerting us to these articles and comments. As a chaplain who works in Minneapolis at another teaching hospital, I can vouch for the truth of Dr. Rosielle's observations. Our department has a protocol. But amazingly, the biggest problem is physician buy-in. What have you and other chaplains done to educate physicians about what chaplains do for them, and for surrogates, and convince them routinely to consult chaplains on cases? What steps do you take to convince physicians of our "value-added services"?

- Rev. Margaret Richardson

Great article. At our hospital, Chaplains do serve on a Palliative Care Team and have been designated as the person to educate and/or execute Advance Directives and Medical Power of Attorney documents with patients and their families. Needed is a tool to rate benefit to patients with regard to their length of stay and enhanced spiritual

comfort.

- Joe G. Jaime

Responses to Alexander Lloyd, [Music and Memory: Enhance Spiritual Connection with a Music Therapy Program](#). Professional Practice. Vol. 8, No.10. June 15, 2011

Finally! We reinvent the wheel! We used to have musical therapy about 15 years ago in psychiatry; but like the schools, it was the first to be cut. Silly when you think about its benefits, but we needed a study to prove it!

- Ruth Brooks

Thank you for the information. This brought back a great memory of when my mother was in the care center. There was a lady that lay on the couch every day and never moved. Month after month, she never seemed to move. At Christmas, a group came in and started singing Jingle Bells. The lady got up, started smiling, and danced around to the music the whole time they were there. When they left, she collapsed back on the couch. Music lifts the soul.

- Afton Chipman

Dance works in the same way. I asked an Alzheimer's pt to dance to the music. His body remembered every dance step! Every chaplain needs to carry an I-Pod...with speakers.

- Amy J Jones

Response to Katy Allen, [A New Tool in My Chaplaincy Toolbox](#). My Practice. Vol.8, No. 9. June 1, 2011

Thank you, Katy, for this great idea! I have purchased one and now use it regularly. Elderly patients, especially, seem to appreciate my being on their level, getting close enough for them to hear and see me. My feet appreciate it, too.

- Sudie Blanchard

Responses to Sue Wintz, [Ask Yourself: Are You Asking the Wrong Question?](#) Vol 8. No.11 7/6/2011

I appreciated the points you made about the responsibility of chaplains demonstrating the value of professional chaplaincy. I have been in healthcare since 1970 (In varying capacities: RN, PA, Pr. Counselor, and Chaplain) and would add that in addition to understanding and working with the physicians, that it is critical for chaplains to also apply the steps that were identified in the article to our work with the other members of

the healthcare team. This then provides an opportunity for the chaplain to contribute to the over-all care plan. It is in this process, then, that we as chaplains are seen as collaborative and adding value. Two examples from my experience that may help are:1. When working with oncology services / clinic, I made it a point to make the daily service rounds with the other providers on the team. During that time I would add my findings to the discussion. The full-time healthcare staff began to seek my input regarding the care of the patient from the patient's 1st visit in the clinic or when the patient / family were in the infusion center. Perhaps more importantly though, provider residents and students began to learn the value of professional chaplaincy.2. When an interdisciplinary committee for evidence based practices was being established, I volunteered to be a voting member. This required me to read the articles and data that were to be presented and to bring in perspectives that the science based providers may not have considered. The feedback of this participation even filtered up to the center's executive leadership; thus giving broader definition to the pastoral care department.

- David W. Girardin

Excellent article. I especially like the emphasis on demonstrating why chaplains are needed. Having worked as a medical assistant to surgeons and nurse practitioners for the better part of 20 years, you're so right -- brevity and directness in relating something of value to a doctor, and documenting it, is ever so important; as is recognizing their "person-ness". A simple question can create meaningful rapport when you ask a doctor during an opportune moment "How are you?" with a relaxed smile. Just don't expect a lengthy answer, or, a desire on their part to have you tell them about yours! A physician's short answer with quick smile or direct look speaks volume's and is worth the moment's investment in building collegiality. Again, thank you for your well-spoken, insightful article.

- Pauline Morrison

Thank you for this excellent and practical article. The challenge to demonstrate our value as spiritual care providers to the team we work with is an important one. As I enter into my program year as a chaplain resident, I will keep this in front of me.

- Christine Enfield

Links for PlainViews Disaster spiritual response issue July 20, 2011

Psychological First Aid – A Field Operations Guide for Community Religious Professionals is available for download at the HealthCare Chaplaincy website:
<http://www.healthcarechaplaincy.org/userimages/Psychological%20First%20Aid%207-09.pdf>

The Wisdom Sayings were first published as the sneak peek into the book, [Disaster Spiritual Care -Practical Clergy Responses to Community, Regional, and National Tragedy](#), published by Skylight PathsPublishing, which is the most comprehensive resource in the field of Disaster Spiritual Care:
<http://www.skylightpaths.com/page/product/978-1-59473-240-9>

Inspired and informed by our work during the earthquake, and supported by a grant from the [Kenneth B. Schwartz Center](#), we were determined to undertake a number of projects for spiritual care of staff during 2011:
<http://www.theschwartzcenter.org/>

COMMEMORATION OF THE DISASTER: To commemorate the one-year anniversary of the Haitian earthquake, the Department of Religious and Chaplaincy Services organized a special screening of a new documentary, [LIFT UP](#), which follows two brothers who visit Haiti, the land of their birth, to fulfill a promise to their grandfather who died shortly after the earthquake:
<http://liftupmovie.com/>

The U.S. Department of Health and Human Services announced on July 1 that it had awarded more than \$352 million to continue improving disaster preparedness of hospitals and health care systems within every state, and three large metropolitan areas.
The complete press release can be found [here](#).:
<http://www.hhs.gov/news/press/2011pres/07/20110701a.html>

This article from [American Medical News](#) discussed how physicians need to be able to respond to disaster survivors who exhibit confusion, despair, disbelief and disorientation. It also highlights that health professionals, who can experience vicarious traumatization from their experiences, need to engage in self-care.:
<http://www.ama-assn.org/amednews/2011/06/06/hll20606.htm>

[Psychiatric News](#) published this reflection by a behavioral health physician in February 2011. He describes his resistance to participating in an organizational disaster drill, his realization of the emotions that the drill brought to the surface, and the things he learned from the experience:
<http://pn.psychiatryonline.org/>

Members of the [National Voluntary Organizations Active in Disaster \(NVOAD\)](http://www.nvoad.org/) form a coalition of non-profit organizations who coordinate planning efforts in response to disasters as part of their overall mission. NVOAD was founded in 1970 in response to the challenges many disaster organizations experienced following Hurricane Camille, which hit the Gulf Coast in August, 1969. Prior to the founding of NVOAD, numerous organizations served disaster victims independently of one another, and with very limited awareness of what services were being provided:

<http://www.nvoad.org/>

An important part of NVOAD's strategy is the [Emotional and Spiritual Care Committee \(ESCC\)](http://www.nvoad.org/committees/emotional-and-spiritual-care-committee), whose mission is to foster emotional and spiritual care to people affected by disaster in cooperation with national, state and local response organizations and VOADs. The NVOAD ESCC accomplishes its mission in several ways:

- Promote best practices, standards and models to provide effective spiritual and emotional care to those affected by disaster.
- Identify specific issues of spiritual and emotional needs as a significant component of disaster response.
- Embrace the unique contribution of various faith-based groups and mental health disciplines.
- Educate state and local VOADs and non-affiliated partners about spiritual and emotional needs in disasters.

<http://www.nvoad.org/committees/emotional-and-spiritual-care-committee>

This group began to prepare some foundational direction for spiritual care in disaster settings, establishing guidelines for providing spiritual care during times of chaos and uncertainty. Many believed the task of reaching consensus on appropriate disaster spiritual care within NVOAD's membership was impossible. However, this group felt certain that we could accomplish "the impossible," since the ESCC had already completed a significant educational resource on disaster spiritual care, [Light Our Way](#), which was first published in 2006. After several years of research, collaboration, and lively discussion, this booklet began to serve disaster relief organizations by providing a resource to inform, encourage, and affirm the thousands of spiritual care providers who selflessly provide compassionate care during disasters.: