

# Spiritual Care When Disasters Strike

DAVID LEWELLEN

**C**haplain Mary Reichert was roused from her sleep when her phone rang around 2:30 a.m. on June 12, 2016. A gunman had opened fire inside the Pulse nightclub, and dozens of casualties were arriving at Orlando Regional Medical Center, where she had finished a shift hours before. Extra chaplains were needed immediately.

Also, her supervisor passed along a circulating report that the gunman was inside the hospital. It turned out not to be true, but as Reichert drove to work she texted her son to say she loved him. “I knew what I was supposed to do, and it didn’t feel right to say no,” she remembered. “Not from an employment perspective but from a human perspective.”

Inside the hospital were gunshot victims and family members who needed her help. Reichert “did what I was trained to do, and everything else went away.” She collected names and numbers for patients who had been admitted as Does, passing the information to the liaison officer, and as families arrived looking for loved ones, she tried to match the information to unknown patients. She sat with family members in a conference room, offering rosaries and a listening presence. She escorted people to the restroom through the locked-down corridors.

When Mary Reichert and her colleagues tended to people that night of the shooting, which ultimately left 49 people dead, they did what spiritual care workers train for in case of disaster. People who are injured, uprooted or suffer losses during a hurricane, a fire, a plane crash, or any other catastrophe will have spiritual needs as well as material concerns. Along with every other health care department, spiritual care staffs both plan in

advance and then improvise in the moment, using therapeutic skills to minister to those in need of support.

## AROUND-THE-CLOCK RESPONSE

Of the three major hospitals in Santa Rosa, Calif., only St. Joseph Health Sonoma County was far enough from the danger zone to remain open when wildfires blazed in northern California for two weeks in the fall of 2017. “A hospital is one of the few places in a community that is open 24/7,” said Katy Hillenmeyer, director of mission integration for St. Joseph Health Sonoma County. “It became a place that people gravitated to if they needed refuge.” And when residents fleeing the fires arrived, “chaplains were very important first responders. They weren’t just at bedsides. They were out in the lobbies and cafeterias and wait-

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ing rooms, extending themselves to people who seemed disoriented or lost or in need.” Chaplains also met with patients evacuated from the other hospitals to St. Joseph, and hospital personnel went into shelters to treat people whose needs were less acute.

Joint Commission-mandated disaster drills, as well as previous experience with fires and earthquakes, helped St. Joseph respond, Hillenmeyer said. All chaplains in her department are trained in critical incident stress management, a way to help first responders or caregivers process a traumatic event soon after it happens.

“The disaster absolutely brought out the best in every one of our caregivers,” Hillenmeyer said. “People pitched in where they were needed. We had doctors directing traffic, and executives and painters cooking meals in the cafeteria. People who lost their homes still came in to work.”

Two weeks later, when the fires were under control, human resources undertook “welfare checks on every single one of our caregivers,” who were “dealing with the stress of the fire, insurance claims, temporary housing, rebuilding.” One-sixth of the hospital’s staffers lost their homes in the disaster, Hillenmeyer said, and spiritual care provided a listening presence for them. And while the fires were still burning, St. Joseph’s converted office space into temporary apartments and set up a housing task force to find anything available, including hotel rooms, for displaced employees.

Staff housing was also a priority for the CHRISTUS Southeast Texas system, after Hurricane Harvey struck, paused, and then struck again in 2017. “No one expected that within a few days we would get six feet of water,” said Dan Ford, regional vice president for mission. “We literally had nurses coming in by boat and helicopter.” The hospital put up employees who couldn’t get home in unused patient rooms, and stocked a “hurricane lounge” with snacks and games. “All of those things can be tools of spiritual care,” Ford said.

As the rebuilding effort began, CHRISTUS expanded its emergency employee assistance fund in southeast Texas, and a committee with representatives from mission, spiritual care, finance and human resources worked to “help as many as we could as quickly as we could.” Most of the awards provided people with just a few

hundred dollars, but a small contribution can be a help when people are handling unforeseen circumstances and “long after the money is spent, it communicates that we care about you.”

In meeting after meeting during the crisis phase of the hurricane, Ford said, he was asked for a reflection, a prayer, or a few words of encouragement, and he had to have something ready at all times or be able to improvise. “In a disaster, our chaplains just have to increase their awareness and up their game of what they already basically know,” Ford said. “Their ministry skill of listening was amplified by organizing listening circles. Their gifts of compassion were used by showing empathy and offering help to more associates than normal, but responding and organizing as needed is an expectation in our culture at CHRISTUS Health.”

#### TIME-OUT FOR SELF CARE

During a crisis, a chaplain may “arrive on a unit where you could cut the tension with a knife,” said Coletta Barrett, vice president of mission at Our Lady of the Lake Regional Medical Center in Baton Rouge, La. Just by calling staffers together for a brief moment of prayer, silence or mindfulness, “that 30-second time-out can do a lot to build resiliency.”

Hurricane preparation is a constant for Barrett’s system; she coordinates with Louisiana State University, the state health association, and other groups. Barrett and her team also use small disasters to prepare for big ones. The spiritual

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care department responds to every trauma, heart attack or stroke code to assist those in immediate need and also “to know what our capacity is in the face of true disaster. We know we can surge when we need to.” In those cases, “we’re not there necessarily for the patient, but for the family and caregivers,” Barrett said. If 10 or 15 relatives are getting upset in the emergency room, a chaplain will find a conference room for them to have a



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space where the chaplain can listen to whatever is on someone's mind and respond appropriately.

A few months ago a police officer was shot, and 150 people gathered at the Baton Rouge hospital waiting for news, including the police chief, the mayor, the district attorney and others. Spiritual care staff made the decision to move the group from the emergency waiting area to the auditorium. The hospital chaplain was the first to know that the officer had died, and spent a few minutes with the police chaplain, "ministering to their minister" before making the announcement to the larger group.

When weather forecasts suggest a possible hurricane, the spiritual care department's plan activates. Barrett said, "Unfortunately, we have it down to a science." Some chaplains must plan to be onsite for as long as 72 hours, if necessary; others are sent home to be the relief shift. During Hurricane Barry in 2019, the hospital provided sleeping accommodations for 800 staffers at night and 600 during the day. During a very unexpected ice storm last winter, Barrett had to let staffers already working know, "You're not going home," because the next shift couldn't safely drive to the hospital.

**RED CROSS INCLUDES SPIRITUAL CARE**

When the Red Cross mobilizes for major disasters, its response includes spiritual care. As of 2015, the organization recognizes spiritual care as an integral part of its disaster response, on par with relief supplies and mental health — the culmination of decades of working with certified chaplains' groups to assist people in the aftermath.

Some Catholic hospitals give their chaplains time off to respond to a disaster in another loca-

tion, and capture it as part of the hospital's community benefit work, according to Tim Serban, who has volunteered as part of the American Red Cross' efforts to provide disaster spiritual care since 1999. Most Catholic health care systems do not have formal response teams in place to send to a disaster, but deploying a trained chaplain and those from other caregiving professions is "a unique opportunity to support response," said Serban, chief mission officer - Oregon region, Providence Health & Services.

However, the Red Cross does not have enough board-certified chaplains, of any faith, on its rolls of willing volunteers to meet the needs in a disaster. Therefore, other chaplains, or local clergy, are also called upon, after they have completed Red Cross training about how to minister appropriately to survivors in a disaster situation. Chaplains learn about "psychological first aid," a critical incident stress management process that is not psychotherapy, but provides a way to learn about stress reactions, vent emotions and refer people for additional help when needed.

They work with nurses, social workers and counselors to meet victims' needs, whether locally after a house fire or traveling elsewhere in the nation after an event such as a hurricane. That work can even extend to conducting memorial services. Groups that distribute supplies or meet other material needs have to sign a pledge to abide by Red Cross neutrality rules. The Red Cross' priority is to "ensure no one's vulnerability is taken advantage of," Serban said — as part of that, proselytizing is not tolerated.

The Red Cross divides disaster phases into preparation, response, recovery and mitigation. At the first stage, as organizations plan for disasters, trained chaplains can "help spiritual care teams anticipate what the needs might be," Serban said. Response is the heated, harried phase that makes national news and includes the arrival of outside teams, including chaplains. The recovery phase is usually when outside chaplains go home, but ideally they will have first cooperated with local chaplains and faith leaders to plan for ways to tend to ongoing needs. The mitigation phase is considering lessons learned for use at other times and places.

**TAKING THE LONG VIEW**

After the immediate crisis abates, local chaplains still have to keep attending to the spiritual needs

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— KATY HILLENMEYER

of victims, families, staff and sometimes community members, too. Following the Pulse nightclub shooting, Orlando Health gave its employees a chance to grieve and to process what had happened, through support groups and memorial events. “We’re more aware now of the importance of supporting staff members’ emotions,” Reichert said.

The hospital later published an e-book of the response to the disaster in every department. (See it online at <https://www.orlandohealth.com/campaigns/g6iv8jkzop719>). “Every single person was affected in some way,” she said, “no matter if they were there or not, or what their role was. It was a defining moment, and it brought the staff together as a community.”

The spiritual care department, which was used to getting the calls that no one else was sure what to do with, also responded to community members who wanted to help. “The event hits the news and everyone wants to do something,” Reichert said. “But we don’t know who you are, and you don’t know our protocols. You’re another person we have to worry about.” She learned how to say “thanks, but no thanks” to offers to come in and console victims and family members — and for callers who were stubborn, “I went back to my customer service training and just kept repeating the message.”

The Santa Rosa system, too, had to grapple

with eager volunteers during the wildfires. Restaurants would drop off donated pizza or sandwiches at the hospital lobby. In those cases, “normal circumstances don’t apply,” Hillenmeyer said. “You say OK, we have to take it on faith that people will use good judgment.” For people who wanted to volunteer to help area residents or hospital caregivers, “we had to have some sense of professionalism, and that they were not a security risk,” she said. “It was almost like an interview situation. If we got the sense that they were truly there to care for people, we found a way to put them to work.” Volunteers with verifiable licenses offered massage therapy, grief counseling and pastoral care in the weeks following the fires.

In conjunction with local mental health agencies, St. Joseph’s spiritual care department established support groups, in English and Spanish, “extending basic mental health first aid to one another,” Hillenmeyer said. “We could not have cared for people as effectively as we did if we had not coordinated with community partners.”

Almost two years after the fires, “the people who lost their homes are not back to normal,” Hillenmeyer said. But when another wildfire hit Butte County, about 150 miles northeast, in 2018, “it felt like déjà vu,” she said. St. Joseph took some transferred patients from the affected area, the local air quality got worse, and “we had to be prepared to jump back into the mode of crisis intervention. Wildfires and quakes will be part of our lives as long as we live here. The capabilities we showed in our own disaster can also be put to the service of our neighbors in their once-in-a-lifetime occurrence.”

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