Happy New Year to One and All!!

As I was preparing for my homily for the second week in ordinary time, it made me think of the work you do. You meet people in the most difficult time in their lives. You walk with them in their pain, suffering and grief. By doing so you declare:

“What are you looking for?” Then you quietly move out of the way and allow them to respond to His call, “Come, and you will see.”

As we enter this new year, may you continue to be the hands and feet of our loving Savior here on earth in everything you do.

Blessings,

Jim

“John was standing with two of his disciples, and as he watched Jesus walk by, he said, “Behold, the Lamb of God.” The two disciples heard what he said and followed Jesus. Jesus turned and saw them following him and said to them, “What are you looking for?” They said to him, “Rabbi” which translated means Teacher, “where are you staying?” He said to them, “Come, and you will see.” So, they went and saw where Jesus was staying.”

-JN 1:35
Dear Brothers and Sisters,

The Church’s service to the sick and those who care for them must continue with renewed vigour, in fidelity to the Lord’s command (cf. Lk 9:2-6; Mt 10:1-8; Mk 6:7-13) and following the eloquent example of her Founder and Master.

The theme for this year’s Day of the Sick is provided by the words that Jesus spoke from the Cross to Mary, his Mother, and to John: “Woman, behold your son ... Behold your mother. And from that hour the disciple took her into his home” (Jn 19:26-27).

1. The Lord’s words brilliantly illuminate the mystery of the Cross, which does not represent a hopeless tragedy, but rather the place where Jesus manifests his glory and shows his love to the end. That love in turn was to become the basis and rule for the Christian community and the life of each disciple.

Before all else, Jesus’ words are the source of Mary’s maternal vocation for all humanity. Mary was to be, in particular, the Mother of her Son’s disciples, caring for them and their journey through life. As we know, a mother’s care for her son or daughter includes both the material and spiritual dimensions of their upbringing.

The unspeakable pain of the Cross pierces Mary’s soul (cf. Lk 2:35), but does not paralyze her. Quite the opposite. As the Lord’s Mother, a new path of self-giving opens up before her. On the Cross, Jesus showed his concern for the Church and all humanity, and Mary is called to share in that same concern. In describing the outpouring of the Holy Spirit at Pentecost, the Acts of the Apostles show that Mary began to carry out this role in the earliest community of the Church. A role that never ceases.

2. John, the beloved disciple, is a figure of the Church, the messianic people. He must acknowledge Mary as his Mother. In doing so, he is called to take her into his home, to see in her the model of all discipleship, and to contemplate the maternal vocation that Jesus entrusted to her, with all that it entails: a loving Mother who gives birth to children capable of loving as Jesus commands. That is why Mary’s maternal vocation to care for her children is entrusted to John and to the Church as a whole. The entire community of disciples is included in Mary’s maternal vocation.

3. John, as a disciple who shared everything with Jesus, knows that the Master wants to lead all people to an encounter with the Father. He can testify to the fact that Jesus met many people suffering from spiritual sickness due to pride (cf. Jn 8:31-39) and from physical ailments (cf. Jn 5:6). He bestowed mercy and forgiveness upon all, and healed the sick as a sign of the
abundant life of the Kingdom, where every tear will be wiped away. Like Mary, the disciples are called to care for one another, but not only that. They know that Jesus’ heart is open to all and excludes no one. The Gospel of the Kingdom must be proclaimed to all, and the charity of Christians must be directed to all, simply because they are persons, children of God.

4. The Church’s maternal vocation to the needy and to the sick has found concrete expression throughout the two thousand years of her history in an impressive series of initiatives on behalf of the sick. This history of dedication must not be forgotten. It continues to the present day throughout the world. In countries where adequate public health care systems exist, the work of Catholic religious congregations and dioceses and their hospitals is aimed not only at providing quality medical care, but also at putting the human person at the centre of the healing process, while carrying out scientific research with full respect for life and for Christian moral values. In countries where health care systems are inadequate or non-existent, the Church seeks to do what she can to improve health, eliminate infant mortality and combat widespread disease. Everywhere she tries to provide care, even when she is not in a position to offer a cure. The image of the Church as a “field hospital” that welcomes all those wounded by life is a very concrete reality, for in some parts of the world, missionary and diocesan hospitals are the only institutions providing necessary care to the population.

5. The memory of this long history of service to the sick is cause for rejoicing on the part of the Christian community, and especially those presently engaged in this ministry. Yet we must look to the past above all to let it enrich us. We should learn the lesson it teaches us about the self-sacrificing generosity of many founders of institutes in the service of the infirm, the creativity, prompted by charity, of many initiatives undertaken over the centuries, and the commitment to scientific research as a means of offering innovative and reliable treatments to the sick. This legacy of the past helps us to build a better future, for example, by shielding Catholic hospitals from the business mentality that is seeking worldwide to turn health care into a profit-making enterprise, which ends up discarding the poor. Wise organization and charity demand that the sick person be respected in his or her dignity, and constantly kept at the centre of the therapeutic process. This should likewise be the approach of Christians who work in public structures; through their service, they too are called to bear convincing witness to the Gospel.

6. Jesus bestowed upon the Church his healing power. “These signs will accompany those who believe... they will lay hands on the sick, and they will recover (Mk 16:17-18). In the Acts of the Apostles, we read accounts of the healings worked by Peter (cf. Acts 3:4-8) and Paul (cf. Acts 14:8-11). The Church’s mission is a response to Jesus’ gift, for she knows that she must bring to the sick the Lord’s own gaze, full of tenderness and compassion. Health care ministry will always be a necessary and fundamental task, to be carried out with renewed enthusiasm by all, from parish communities to the most largest healthcare institutions. We cannot forget the tender love and perseverance of many families in caring for their chronically sick or severely disabled children, parents and relatives. The care given within families is an extraordinary witness of love for the human person; it needs to be fittingly acknowledged and supported by suitable policies. Doctors and nurses, priests, consecrated men and women, volunteers, families and all those who care for the sick, take part in this ecclesial mission. It is a shared responsibility that enriches the value of the daily service given by each.
7. To Mary, Mother of tender love, we wish to entrust all those who are ill in body and soul, that she may sustain them in hope. We ask her also to help us to be welcoming to our sick brothers and sisters. The Church knows that she requires a special grace to live up to her evangelical task of serving the sick. May our prayers to the Mother of God see us united in an incessant plea that every member of the Church may live with love the vocation to serve life and health. May the Virgin Mary intercede for this Twenty-sixth World Day of the Sick; may she help the sick to experience their suffering in communion with the Lord Jesus; and may she support all those who care for them. To all, the sick, to healthcare workers and to volunteers, I cordially impart my Apostolic Blessing.

From the Vatican, 26 November 2017
Solemnity of Our Lord Jesus Christ, King of the Universe

FRANCIS
The theme of 2018’s World Day of the Sick is derived from the words of Jesus, as He hung on the cross: “When Jesus saw his mother and the disciple there whom he loved, he said to his mother, ‘Woman, behold, your son.’ Then he said to the disciple, ‘Behold, your mother.’ And from that hour the disciple took her into his home.”

As I reflected on this reading, I realized that it provides us with a beautiful example of caring for other. Pope Francis spoke to Mary’s maternal vocation for all humanity, but this reading also reminds us of John’s vocation, and ultimately the vocation of all disciples of Christ, to care for other, across the lifespan. I’d like to share some of my thoughts as they relate Pope Francis’ Message to Faith Community Nursing.

Granger Westberg, the Lutheran minister whose vision in the middle of the last century led to the practice that we now know as Faith Community Nursing, is reported to have said that nurses seem to have one foot in the physical world and the other foot in the spiritual world. He saw nurses as the bridge between medicine and religion.

Pope Francis wrote about putting the human person at the center of the healing process, while carrying out scientific research with full respect for life and for Christian moral values: Evidenced Based Practice is the science that determines how nursing practice in today’s world is shaped; however, remembering to keep the human person at the heart of our care is what draws so many to this specialty nursing practice. We need to find ways to blend the scientific research with the creative, caring, compassionate side of nursing. Today, throughout the Archdiocese of Boston, Faith Community Nurses are involved in bereavement and support groups, home/hospital/nursing home visits, health and educational activities that include blood pressure screenings, CPR & AED instruction, Palliative Care education, exercise and activity programs, and immunization clinics.

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“The unspeakable pain of the Cross pierces Mary’s soul, but does not paralyze her… as the Lord’s Mother, a new path of self-giving opens up before her”: The Saturday Healing from Addictions Rosary groups began with one mother’s call to turn to her faith in the midst of her pain. Like Mary, she was not paralyzed by her pain, but allowed God to work through her, and opened up a ‘new path of self-giving’ by developing a Rosary support group for families struggling with addiction. Two other similar groups have arisen from the original, and now exist on the South Shore. The mother who followed this new path to ministry is a Faith Community Nurse.

“Charity of Christians must be directed to all, simply because they are persons, children of God” We have an obligation as Catholic Christian nurses to rise above stigma, discrimination, ignorance, poverty, dirt, etc., and remember that BECAUSE we are all children of God, we MUST extend Charity and love; this is what Faith Community Nursing practice IS.

“Health care ministry will always be a necessary and fundamental task, to be carried out with renewed enthusiasm by all, from parish communities to the most largest healthcare institutions”. Faith Community Nurses have the opportunity at the parish level to be the bridge between faith and health, between medicine and religion, between science and creativity, just as Granger envisioned. We have an opportunity to embrace, as Mary and the disciple John did, the vocation to care for humanity.
Listen

Please keep all those attending the 2018 March for Life in Prayer

All Photos by George Martell
Listen

Please keep all those attending the 2018 March for Life in Prayer
Listen

Holy Hour for Life, Forgiveness and Healing

An Hour of Prayer with Exposition of the Holy Eucharist
In Support of the Dignity of Human Life from Conception to Natural Death

Marking the 45th Anniversary of Roe v. Wade
(January 22, 1973 – January 22, 2018)

Sponsored by Boston Deacons for Life in collaboration with the Office of Diaconal Life and Ministry & the Pro Life Office of the Archdiocese of Boston

The 10th annual Holy Hour for Life will be held in parishes and collaboratives across the Archdiocese leading up to the anniversary date of Roe v. Wade, January 22, praying in solidarity with thousands of pilgrims going to Washington, D.C. for the March for Life. The March for Life in Washington, D.C. will be held on Friday, January 19th, 2018. We will pray together in solidarity for an increased respect for the dignity of human life from conception to natural death, for those who have been wounded by abortion, for those facing death and terminal illness, and that all who govern us may be guided by justice, truth, and a love for the precious gift of life.

The U.S. Conference of Catholic Bishops has declared January 22 a day of prayer and penance called the Day of Prayer for the Legal Protection of Unborn Children that “shall be observed as a particular day of prayer for the full restoration of the legal guarantee of the right to life and of penance for violations to the dignity of the human person committed through acts of abortion.”

All are invited to join as a sign of public witness in support of the Gospel of Life.

For updated information about Holy Hour locations, consult the Holy Hour for Life webpage at http://www.bostoncatholic.org/HolyHourForLife.aspx

For additional information, contact the Pro Life Office at 508.651.1900 or DeaconsForLife@rcab.org.

Please view “The Pilot” January 13 Issue for listing of Parishes
Listen

Prison Ministry

A wonderful celebration of Baptism at the Middlesex House of Correction coordinated by Prison Chaplain Deacon Michael Charchaflian

Billerica -- Derek Elledge didn't know if he had been baptized as a child, but to him, that didn't really matter. What he did know was that now, as a middle-aged adult, he heard the Holy Spirit calling him, and it was calling him to enter the Catholic faith.

While Elledge's story may seem a familiar one, what sets his apart is where his faith journey took place -- not in a local parish, but in the Middlesex House of Correction.

For the past 13 months, Derek Elledge had been in custody. About two months of that time was spent in Worcester County Jail, and the rest was spent in the Middlesex House of Correction in Billerica, in the jail's housing unit for military veterans.

He received the Sacrament of Baptism Sept. 1, ten days before his release, from chaplain Deacon Michael Charchaflian, in the presence of a number of his fellow inmates.

For Elledge, the decision to enter the faith came suddenly. Speaking to The Pilot by telephone Sept. 7, Elledge said that when he first heard church services were being offered, "The spirit just moved me" to attend them.

"I hadn't given it any forethought or anything; I just decided I was going to go to church," he said during the phone call that also included Deacon Charchaflian and Middlesex Sheriff's Office public information officer Kevin Maccioli.

Elledge said he left that first service feeling "good," and so decided to attend the next service, and then the next one. Soon, he approached Deacon Charchaflian with a request to be baptized. The deacon was surprised.

Deacon Charchaflian told him it would take a few months of preparation before Elledge would be ready, and Elledge agreed.

His demeanor was "conducive to this process," said the deacon.

Continued on next page
Elledge had to pick a godparent, or sponsor, for the ceremony, someone who is Catholic and in good standing with the Church, the deacon noted. He settled on fellow inmate Brendan Trainor, who, like Elledge, was also in the veteran’s housing unit.

"He couldn't have picked a better sponsor," Deacon Charchaflian said, noting that he contacted St. Theresa Parish in Billerica before the baptism to make sure "everything was in accordance with the procedures of the Church."

The ceremony itself was "beautiful," Elledge said.

"It was a very joyful process for all of us," Deacon Charchaflian added.

"I was in tears during this ceremony, because obviously I'm used to being in ceremonies where a child is being baptized... but someone who is over 50 asking me to baptize him is very humbling," he continued.

When it was over, Elledge said, it "felt almost like a load had been lifted off of me."

"I felt refreshed. I felt a lot of guilt I've had over things, the way I lived my life -- a lot of it had been lifted," he said.

It was the first baptism in "recent memory" to occur in the jail, said Maccioli, but Deacon Charchaflian hopes to see more.

"This baptism was kind of like a breakthrough to many other spiritual activities that we can embark on," he said, adding that he plans to speak with the facility’s religious service coordinator and make it known to inmates that they can pursue these types of sacraments.

Speaking to The Pilot separately Sept. 7, Middlesex County Sheriff Peter Koutoujian spoke about his office's willingness to provide inmates with spiritual assistance.

"We understand that people that become criminally justice involved need help on different levels," including in the departments of education, vocation, and mental health, he said.

"But, one that we are acutely aware of ... is that need for spiritual foundation, and that's something that's not lost on us here," said the sheriff.

He added, "For those in our care, custody, and control that seek spiritual council, guidance, support -- we provide that for them. We know that it is an important part of their recovery and an important part of their re-entry."

"In the long-term, it's important to them as individuals, their families, and our communities as well."
A number of years ago, when Pope John Paul II visited Los Angeles, a young man played the guitar for him. Thousands of people then and since were inspired by his performance. Perhaps you have seen the performance on YouTube. This man is a very different kind of guitar player. He has no arms. He uses his toes to make marvelous music. The young man's name is Tony Meléndez. When his mom was pregnant with Tony, she took a prescription drug called thalidomide. It caused her son to be born without arms. Tony's mom was devastated, but she was not defeated. She gave an enormous amount of love and attention to her son and he responded by developing a wonderful talent for music. Tony and his mom made the best of a very difficult situation. Pope John Paul II was so moved by Tony's performance that he left his chair and warmly embraced Tony when he finished, telling him, “My wish to you is for you to continue to give this hope to all, all the people.”

In Chapter 16 of the Gospel of St. Luke, Jesus tells a parable about a man who also found himself in a difficult situation. Unlike Tony, however, this man’s difficulty was completely his own fault. The man was a steward who had been discovered cheating his boss, and he was about to be fired. Like Tony, the steward didn’t despair of his situation, but instead used the little time he had left in his job to win some friends who would be kind to him when he was out of work. Interestingly, his master praised him for his cleverness - and so does Jesus. While Jesus clearly disapproves of the steward’s dishonesty, he admires the man for acting boldly in adversity - and he encourages us, his disciples, to act in the same way. He teaches us that we should not give up in adversity, but should act. How do we do that? Let me offer two little thoughts.
The first thought comes from St. Teresa of Calcutta. As a priest, I sometimes hear people tell me they feel stymied and powerless - either because of something someone else has done; or because they themselves have made a mess of things; or they simply feel that life has dealt them a losing hand. When I encounter someone who is frustrated - or even feel that kind of frustration myself, I try to give others and myself the advice that Mother Teresa used to give her sisters when they felt down. She would tell them, “Get out with the people.” What she meant by that was that no matter how bad you feel about your life, there is always someone close-by who is worse off than you or me. In other words, we are never as alone as we think.

The second thought is that it would be good for us to pay more attention to the good example of our brothers and sisters who are in desperate situations. Very often they teach us by the generosity of their own example. Those of you who know Cardinal Seán O’Malley know that he loves to tell a good story. Like the Lord, he uses stories well to teach us about the Lord and our beautiful faith. One of my favorites is his story of an American relief worker in Africa who reported on being at a camp for a food distribution line. The worker said that it was very chaotic, even scary to be there. He could see that they were running out of food and that these starving people were desperate. At the end of the line, the last person was a little nine-year-old girl. All that was left was one banana. They handed it to her. She peeled the banana and gave half each to her younger brother and sister. Then she licked the banana peel. The relief worker said that in that moment he began to believe in God.

No matter how difficult things can be for any one of us at any given time, there is always someone whose situation is just a little more desperate than mine. And very often - whether it is Tony Meléndez or the steward in Luke’s Gospel or the nine-year-old girl in Africa - those folks who are most desperate don’t curl up into a ball and retreat, but rather do something bold that involves an act of giving to others. That’s a nice reminder to each of us that given God’s grace in our lives, it is always possible to make much out of little, to turn a difficult or even desperate situation into a moment of promise and hope. That, in fact, is the heart of the message of the cross, which is at the center of our faith. It is in the desperation of suffering and death that God brings resurrection and new life. We need only to open our hearts in hope to this promise, to welcome God’s gifts into our lives, and to learn, as St. Francis teaches us, that it is in giving that we receive.
Listen

“Blest are you who weep and mourn, for one day you will laugh.”

The mission of The Emmaus Ministry for Grieving Parents is to:

a. In the Catholic, Franciscan tradition of “All are Welcome,” serve the spiritual needs of grieving parents whose children of any age have died by any cause; and

b. help interested parents, as well as Clergy, Religious, Diocesan Staff, and/or Spiritual Directors bring this ministry to their own parishes or regions

Words of Comfort

“It is God who gives life, and when God gives, it is forever.” ~Anonymous

“Even in your sorrow, remember that your child is enfolded in God’s love, mercy, peace, and joy.” ~Fr. Brian Smail

“Thus says the Lord…I have heard your prayer and seen your tears. I will heal you.” ~Isaiah 38:5

“To live in hearts we leave behind is not to die.” ~Thomas Campbell

“Death is the starlit strip between the companionship of yesterday and the reunion of tomorrow” ~Mark Twain

“And can it be that in a world so full and busy, the loss of one creature makes a void in any heart, so wide and deep that nothing but the width and depth of eternity can fill it up.” ~Charles Dickens

“All the earth, though it were full of kind hearts, is but a desolation and a desert place to a mother when her child is absent.” ~Elizabeth Gaskell

“It is God who gives life, and when God gives, it is forever.” ~Anonymous

“Thus says the Lord…I have heard your prayer and seen your tears. I will heal you.” ~Isaiah 38:5

“To live in hearts we leave behind is not to die.” ~Thomas Campbell

“Death is the starlit strip between the companionship of yesterday and the reunion of tomorrow” ~Mark Twain

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Words of Comfort

“Run with endurance the race that is set before us.” ~Hebrews 12:1

“Should his heart break and the grief pour out, it would flow over the whole earth, it seems, and yet, no one sees it.” ~Anton Chekhov

“After you had taken your leave, I found God’s footprints on my floor.” ~Rabindranath Tagore

“It is so easy to think we have some ultimate claim on those we love, rather than that we have been privileged to share one another’s lives for a time—they with us, and we with them”. ~Martha Whitmore Kickman

“But all the time we are struggling with our grief and its meaning, the seeds of a new compassion are germinating in our psyches. Because we have suffered, we are tenderhearted toward others.” ~Martha Whitmore Kickman

“So he passed over, and all the trumpets sounded for him on the other side.” ~John Bunyan

“Though memory, love transcends the limits of time and offers hope at any moment of our lives.” ~Henri Nouwen

“Weeping may linger for the night, but joy comes with the morning.” ~Psalm 30

The Emmaus Ministry For Grieving Parents
194 Bishops Forest Drive
Waltham MA 02452
Phone: (800) 919-9332
Email: info@emmausministryforgrievingparents.com

https://www.emfgp.org/
Parish Outreach to the Sick and Homebound

Listen

Pastoral Care to the Sick and Homebound Workshops

Spring 2018

Saint Barbara, Woburn-North
Tuesdays, April 3 to May 8
6:30 PM to 8:30 PM
Instructor Dr Mary Beth Moran

Saint Joseph Manor, Brockton-South
(Need to attend both Saturdays)
Saturdays, May 5 and 12
9:00 AM to 3:00 PM
Instructor Tim Duff

Saint Mary, Foxborough-West
(Need to attend both Saturdays)
Saturdays, February 24 and March 3
March 10 Snow date
9:00 AM to 3:00 PM
Instructor Tim Duff

Blue Hills Collaborative, Hyde Park-Central
(Need to attend both Saturdays)
Saturdays, April 21 and 28
9:00 AM to 3:00 PM
Instructor Tim Duff

Saint Patrick, Lawrence-Merrimack
(Need to attend both Saturdays)
Saturdays, June 2 and 9 - Dates are tentative
9:00 AM to 3:00 PM
Instructor Tim Duff

Please Note All Workshops Consist of 12 Hours of Instruction

For Information/Registration please contact
Karen Farrell
kfarrell@rcab.org or 617-746-5843
OFFICE OF CHAPLAINCY PROGRAMS
Pastoral Ministry Courses
2018 Registration Form

Individual Information

Please Circle: Mr. Mrs. Ms. Rev. Dn. Br. Sr.

Name: _____________________________________________

Home Address

________________________________________________________________________

City/State _________________________ Zip Code ______________________

Phone (Work) ____________________________

Phone (Home)* ____________________________

E-mail: ______________________________________

Name of Parish/city/town: ______________________________

City where workshop is located: __________________________

Fee to be paid by: Individual __

Parish __

Location registering for:

Registrations and checks (payable to the Office of Health Care Ministry) please mail to:

Karen Farrell
Office of Chaplaincy Programs
Archdiocese of Boston
66 Brooks Drive
Braintree, MA 02184-3839
Information: 617-746-5843
e-mail: kfarrell@rcab.org

Course Name: Pastoral Care to the Sick and Homebound

Fee: $40
My day at the hospital is mapped out, and I have patients to see, a meeting to attend. Suddenly, my pager goes off: “Code Blue Team. ED.” A patient is in cardiopulmonary arrest and requires immediate resuscitative efforts.

As the chaplain member of the Code Blue team, I immediately re-route myself to the Emergency Department, my day’s priorities now shifted to providing spiritual support to the patient and possibly family in crisis. While Code Blues can occur anywhere in the hospital, the majority I have responded to have been in the ED, where often little is known about the newly arrived patient. They are true crisis situations, and, in my experience, the patient usually does not survive. While the medical team strives to resuscitate the patient, I focus on supporting any gathered family and friends, responding to their varying spiritual needs during a difficult and often surreal time.

During ED Code Blues, meeting people where they are generally involves meeting people who are in shock, mentally reeling. I recall a Code Blue involving a former Marine, accompanied by a good friend who was also a former Marine. When I introduced myself, the friend said, “Is he dead? Is he dead? I do not want another Marine to die alone.” When I responded, “I know the medical team is still working on him,” he jumped up and began pacing, pausing occasionally to take deep breaths, beads of sweat on his brow. Clearly, this was not the time for any kind of in-depth conversation or meaning-making efforts, and I assessed that any spiritual support must begin with checking the patient’s status. Unfortunately, the patient did not survive. After sitting for some time with his now-bereaved friend, I said, simply, “I’m so sorry for your loss.” As silence enveloped us, I remembered his desire to be there at the end for another Marine, and so I added, “You were here today for your friend. You’ve done him a good service. One Marine to another.”

During ED Code Blues, meeting people where they are generally involves meeting people who are in shock, mentally reeling.

I also try to help people in crisis stay focused on the present moment, not on the regrettable past or the terrifying future. Once I offered spiritual support to a woman whose husband had unexpectedly fallen down some stairs. Although the ED medical team had restored the husband’s pulse, and his vital signs were promising, his wife kept repeating, “Now he’s going to be brain dead … now he’s going to be brain dead … all the things we had planned, all the things we wanted to do together. And now he’s going to be brain dead.” Initially, I responded, “I know you are afraid your husband is brain dead, but no one has said that yet. There are still some unknowns and I know how scary this may be, and I know how much our human minds can jump to scary conclusions. For now, though, as far as we know, the worst has not happened, and maybe it won’t.” As it turned out, her husband did survive and proceeded to make a highly successful recovery, brain and all.

Continued on next page
When patients do not survive, families and friends generally have strong feelings about whether or not to view their loved one’s body. Once a woman was found drowning and was brought in by her husband. She was pronounced dead very quickly, and her husband sobbed, “How could this have happened? How could this have happened?” As other family members arrived, new waves of grief washed over them all. After some time had passed, I quietly asked the husband, “Do you feel that you or any of your family here would like to view your wife?” His response was clear and resounding, “No. No. I don’t want anyone of us to remember her this way. She was a beautiful woman. Now … she doesn’t look like herself at all.” I scanned the family’s faces, noticing only looks of agreement, of relief. “That’s fine,” I said. “If any of you decide you would like to see her, just let me know.” I spent some time praying with the family and, as they departed, the patient’s husband asked if I would go and pray over her body, which I did.

Other families, however, require permission and even encouragement to leave the deceased’s bedside. One patient was the matriarch of a large family, and their grief was intense. Her son and family spokesperson told me, “I want each family member to have a chance to pay his or her personal respects.” But as some family members were coming from distant places, it took almost two hours to gather the full group of 25 or 30, and staff was beginning to get concerned. The son told me they were planning a big funeral, so I replied, “I think it’s important to know that this is only goodbye for now. They will have another chance to pay their respects at the service you are planning.” He nodded, and yet everyone just seemed to linger. So I approached him again, and said, “We are going to need to care for her body soon, so shall we say a final prayer and then you all can leave her with us for now?” Fortunately, he understood, and after a final prayer, the family was able to say goodbye-for-now and depart.

After a Code Blue, I look to focus immediately on the spiritual needs of the ED staff. They, too, have experienced the crisis, and yet they usually have to “keep calm and carry on” to meet the needs of other patients. I remember complimenting a nurse after a Code Blue about how she handled the patient’s family. She immediately teared up and said, “I just felt so bad for the patient. I heard he just lost his wife, and he had a tattoo that said ‘I love you forever.’ I bet he had had that done in honor of her when she was alive. I felt so sorry for him.” While this nurse had already moved on to the next patient, her feelings were still fresh and raw, and I was glad she was able to voice them.

To meet people in crisis where they are, I must be where I need to be, physically, emotionally, and certainly spiritually. To this end, I have sought to establish and maintain disciplines of prayer, spiritual direction, self-care, self-reflection, supervision, peer support and more. Jesus said, “The wind blows wherever it pleases. You hear its sound, but you cannot tell where it comes from or where it is going. So it is with everyone born of the Spirit.” (John 3:8) I seek both to hear and honor the wind of the Holy Spirit within the crisis, and I seek then to guide others into whatever relief, wisdom, and solace the Spirit may be offering. It is my prayer that the Holy Spirit, in partnership with my efforts and disciplines, will enable my service as a chaplain to be truly a ministry of presence — presence to the Spirit, presence to others, presence to myself.

Anne Millington is a chaplain at Beth Israel Deaconess Hospital in Milton, MA.
The families of behavioral health patients can often feel like people at sea, doing their best to navigate the challenges of their loved one’s illness. Behavioral health issues are often difficult to diagnose, challenging to manage, and resistant to cure, and families often find themselves struggling to manage their loved one’s ever-changing and complicated symptoms. As challenges continue, behavioral health families experience tempests of feeling, including denial, anger, shame, regret, hope, love, frustration, burnout, and all kinds of shoulda-woulda-couldas. I recall the look of disbelief and denial on the face of a father confronted by his teenage son’s diagnosis of schizophrenia. I also recall the anguish of a son at the time of his father’s death, defeated that he was never able to find a cure for his father’s psychosis.

To navigate a loved one’s behavioral health issues, families require a lot of support and guidance. Proper medical attention is needed to diagnose illnesses as accurately as possible and manage symptoms. Behavioral health counselors and social workers are needed to help manage family dynamics and locate supportive resources. Support from extended family, friends, and community is also critical.

Where there are physical and emotional injuries, there are also spiritual injuries, and as pastoral caregivers we are called to minister to these sensitive and often painful places. Behavioral health families are certainly not alone in experiencing stormy weather. Indeed, in the Gospels we find Jesus’ disciples at sea during a storm so furious they feared they would perish. Scared and overwhelmed, they were astonished that Jesus, also aboard, remained soundly asleep, exhibiting that “peace of God that passeth all understanding” (Philippians 4:7). As Jesus demonstrates, peace is possible for us, regardless of weather, and I believe this peace is available to every human being of every faith background and belief. As ministers, we can help families heal by guiding them to locate this peace and claim it for themselves.

Our skills at active listening give families the time, space, and support to tell their stories, to speak their truth, to share their deepest feelings about what they are experiencing. We can begin by “building the boat,” forming, through our listening presence and support, a container to hold them and keep them afloat during whatever they are navigating. Unlike so many in our fast-paced, understaffed, insurance-company-driven world of health care, we can approach those we serve with no goal beyond listening. Our skills at active listening give families the time, space, and support to tell their stories, to speak their truth, to share their deepest feelings about what they are experiencing. Often they have been holding it all in for quite some time, in their focus on caring for their family members’ needs.
Early on in my pastoral ministry, I recall listening to a woman in the throes of managing her child’s mental illness. Once she began talking she talked and talked and talked, one word tumbling out after another. Initially, I felt compelled to say something clever or to reassure her in some way, but after a few minutes I gave up, relaxed, and just let her words flow, supporting her nonverbally by nodding my head and by gazing at her with empathy and concern. Finally, she told me she felt better than she had felt in a long time, and that she felt a marked sense of relief and renewal. By having as much time as she needed to express herself, she was able to achieve a catharsis formerly inhibited by the time and agenda constraints of caring for her son.

Once families have the space and safety to pour out their hearts, we then facilitate peace by helping them name and explore the depths of their feelings. I remember speaking with a mother furious that her daughter had been diagnosed with paranoid schizophrenia. In sitting with her fury, she noted her own struggle with mild schizophrenic symptoms, and together we explored how her anger was masking the sadness and guilt she felt over the notion that her daughter may have inherited this illness from her. When we bring to the surface and name all troubling feelings, these feelings begin to lose their power over us, and a space opens in the soul where increased peace may enter.

Once deep feelings have been recognized and named, possible avenues toward peace naturally emerge. Unmet needs can be identified and remedied; God’s calling can be discerned. A woman I know has felt angry and defeated by her husband’s unwillingness to get help for his depression, but she has managed to find solace in playing competitive tennis. One couple found peace around their adult daughter’s bipolar condition by mentally moving on with their lives, continuing to support her, and yet also making some time for travel and other interests. Families may need to grieve their broken dreams, put firm boundaries in place, or perhaps rekindle old friendships and interests. Although families may not be able to fix their loved one’s illness, peace takes root in their hearts as they access God’s ways of fulfillment, deep meaning, and even joy in life amid dealing with behavioral health illness.

Regardless of what issues a family currently faces, we know all too well that life is an ongoing series of challenges. If we live for the day that a certain problem or challenge is resolved, we find only that another has taken its place. But I believe that God provides in each difficulty some sort of opportunity for growth, and, most important, God makes it possible for us to live peaceful, fulfilling lives amid our ever-changing challenges. Our continual task is to locate and cultivate God’s way of peace in our hearts, in every kind of weather. The families of behavioral health patients, in their profound struggles, have profound opportunities to grow in this way.

Anne Millington is director of pastoral care at Beth Israel Deaconess Milton Hospital in Milton, MA.
The patient had been suffering from behavioral health and substance abuse issues, and the emergency department, although clearly not the right place for him, was where he was “boarding” now. But where could he go? The social worker and a case manager raised possibilities — an inpatient psych unit, a detox facility? But as the chaplain for the Care Integration Program, I had more information. I had asked the patient about his hopes, about what he was praying for, and he told me it was to move to a different city, where he currently had a very solid job opportunity waiting for him. As a result, the care integration team immediately pursued follow-up care options to ensure he could take this job and have professional support in his new city.

I have been honored to serve as a member of the Care Integration Program, an interdisciplinary group set up to serve the growing number of behavioral health patients arriving at the emergency department at Beth Israel Deaconess Hospital-Milton in Massachusetts. Behavioral health patients are frequently in serious crisis, maybe suffering from acute schizophrenia, manic depression, suicidal thoughts, drug and alcohol abuse, and many more complex issues that emergency departments are generally ill equipped to manage. Inpatient psychiatric facilities and other placement options may be limited, and with no other appropriate alternatives, behavioral health patients can well turn into emergency department “boarders,” having a prolonged stay — even up to 21 days and longer — in the emergency department, their only safe haven if no other option is available. This benefits no one, as behavioral health patients cannot receive the specialized care they need. Meanwhile, emergency departments become more crowded, and the overall environment becomes less conducive to care for everyone.

Funded by a $2.1 million grant from the state of Massachusetts’ Health Policy Commission, the BID-Milton care integration team consists of a nurse director, two social workers, a music therapist, a chaplain (me), an emergency department physician and nurses, a pharmacist, a security officer, as well as administrative and analytical support personnel. Behavioral health patients receive a bundle of services to reduce their risk of symptom escalation, including more timely crisis evaluation, insurance verification, and care transition management; therapeutic interventions (such as cognitive behavioral therapy), medication management, music therapy, faith counseling, peer services, familial counseling and support. The physician, nurses, and social workers meet regularly, and additional meetings also occur regularly for the whole C.I. team.

Continued on next page
When a patient is discharged, the team develops a return care plan to expedite future treatment, ensuring patient and staff safety and facilitating timely patient access to behavioral health services. In addition, the team provides a “warm hand-off” to all receiving providers and follow-up by a community behavioral health navigator (a social worker who follows the patient into the community and helps him/her access services) and a peer worker (a person with “lived” experience with a behavioral health disorder). Through medical charting and additional technologies, C.I. team members coordinate to provide active and ongoing patient support. Members also get daily census reports and a real-time dashboard of core patient indicators. “Tiger Text” secure/encrypted texting ability enables us to provide timely clinical interventions and rapid interdisciplinary input.

As the chaplain, I encourage patients to reflect on their spirituality and its presence in their current circumstances. I focus on questions such as: What are their hopes? Their regrets? Their dreams? Where is God in their lives? If they do not believe in God, who or what brings meaning to their lives? In the time I have spent with behavioral health patients, I have come to appreciate how much spiritual healing is possible, even for patients whose reality is very troubling and even quite distorted. One woman was inconsolably upset that her boyfriend had just shot her ex-husband and her two children. But in reality, her boyfriend had not seen her in 10 years and had certainly not shot her ex-husband and children, who were very much alive and well and had taken a restraining order out against her. Even though her despair was not grounded in reality, I was able to bring some comfort and peace to her within the parameters of her world, mainly by entering that world and companioning her in her sadness and anger over losing these important family relationships, and permitting her feelings of abandonment.

When a patient is discharged, the team develops a return care plan to expedite future treatment, and provides a “warm hand-off” to all receiving providers.
Because I have no other agenda than to listen and explore, behavioral health patients have at times shared with me formerly uncovered facets of their lives and experiences that have made a critical difference in clinical outcomes. Also, I have become more visible and thus more integrated with health care teams throughout BID-Milton, and I have found that I receive more clinician requests to visit patients in every area of the hospital.

The care integration program has become a model for other programs seeking to offer integrated services to behavioral health patients. The program gives them quicker access to the clinical services they need, and emergency room service for other patients greatly improves. The program has reduced emergency department length of stay for “boarding” behavioral health patients, in spite of an increase in patient volume, a shortage of inpatient psychiatric beds, and a statewide opioid crisis. In 2016, its first year, the program achieved a 20% reduction of behavioral health patient length of stay, reversing what had been a 30% increase in 2015. This greatly improved emergency department accessibility; previously, behavioral health patients accounted for 1% of emergency department patient registrations yet consumed 11% of resources.
Going forward, the C.I. team will continue to provide organizational development and training for staff to manage behavioral health patients more safely and effectively. The program was recently implemented on the BID-Milton inpatient floors for certain medical and surgical patients who also have behavioral health conditions, and we will seek funding opportunities to expand the program to all complex patient populations.

I am truly honored to serve on the team, and I have great respect for my colleagues’ commitment to caring for behavioral health patients. Recently I complimented our C.I. director of care for her efforts to “help the hopeless.” She looked me straight in the eyes and quickly responded, “To me, no one is beyond hope.” Truly, people can and do recover, particularly with the compassionate commitment of clinicians who believe in them. As a Catholic, I see the care integration team exhibiting day in and day out the cherished values of Catholic social teaching, including a belief in universal human dignity, a preferential treatment for the poor and marginalized who are also the face of God in our world, and a fierce commitment to the common good.

*Anne Millington is a chaplain at Beth Israel Deaconess Hospital in Milton, MA.*
Listen

Ash Wednesday

World Day of the Sick

February 11

March for Life
1/19
World Day of the Sick
2/11
Ash Wednesday
2/14

MARCH for LIFE

Winter 2018