

Hospital Chaplains Try to Keep the Faith During the Coronavirus Pandemic

They are used to serving as vessels for others' grief and fear, but the outbreak has changed how they practice their work, and how they feel.

By Emma Goldberg

April 11, 2020

The Rev. Leah Klug isn't a stickler on religious rituals. As a hospital chaplain for Swedish Medical Group in the Seattle area, she makes do with the supplies she can find. Recently, she performed an anointing of the sick with mouthwash, because she didn't have any oil on hand. She is accustomed to seeking the sacred in sterile rooms, reading psalms above the steady beep of a heart monitor.

She described a visit last month to the room of a Covid-19 patient where she performed commendation of the dying. A nurse stood just outside, holding a phone on speaker so the woman's family could say goodbye. Ms. Klug touched her mask for protection, then lowered a container of oil toward the patient's head. She read out a verse from the Gospel of John. She suddenly felt a grief so profound that it seemed to swallow up her words. "It's not supposed to be like this," Ms. Klug said she thought to herself. "Her family is supposed to be here."

She was frozen, then, in another wave of sorrow as she remembered: There would be many more solitary deaths in the months to come.

As emergency rooms are flooded by coronavirus patients and I.C.U.s exceed their capacities, hospital chaplains are finding their jobs changing. Certified in clinical pastoral work and tending to people of all faiths, chaplains are no strangers to daily tragedies. They serve as vessels for the grief and fear of patients and their families. They grasp the hands of the dying. They recite poetry to parents in mourning. When called upon, they deliver blessings to hospital staff.

But now chaplains are carrying more of their own grief and fear. Many worry about being infected with the virus and bringing it home to their families. They struggle to keep pace with new safety regulations that change how they minister to patients dying alone at a frequency few have seen in their chaplaincy careers.

"We are walking in the valley of the shadow of death, along with our patients and their families," said the Rev. Katherine GrayBuck, a chaplain at Harborview Medical Center in Seattle. "My work usually brings me close to the end of life, and to death, but this is a whole new era."

Carly Misenheimer, a chaplain in Seattle, had her first brush with the fear of exposure in late February. It was the first day of Lent. The hospital hadn't yet recognized the scale of the outbreak and full precautionary measures weren't in place, so Ms. Misenheimer's only equipment was a plastic container filled with ashes used for ceremonies, no gloves or a mask.

Latest Updates: Coronavirus Outbreak in the U.S.

- [Trump announced a pause in issuing green cards but backed off plans to also halt guest worker programs.](#)
- [Senate passes the \\$484 billion relief package.](#)
- [The record oil market collapse is continuing.](#)

[See more updates](#)

Updated 15m ago

More live coverage: [Global](#) [Markets](#) [New York](#)

She visited a Catholic man in critical care and bent close to smudge ashes on his forehead. She sat by his bedside and read to him from Genesis: “Remember you are dust, and to dust you shall return.” Three days later, the man was pronounced Washington state’s first coronavirus death.

The days after were a haze of self-isolation for Ms. Misenheimer, who “learned a bit about what patients experience behind the glass.” As she waited for the results of her own Covid-19 test, she relied on others for support.

“I’m just overwhelmed by the reality that everyone is grieving the same thing right now,” Ms. Misenheimer said. “And it’s challenging to grieve in isolation.”

When she learned she had tested negative, she steeled herself to return to work.

[Like the Science Times page on Facebook. | Sign up for the Science Times newsletter.]

The Rev. Milad Nakhla is a chaplain at Evergreen Hospital in Kirkland, Wash., less than two miles from the nursing home that was one of the country’s most prominent sites of outbreak. At the start of March, much of his work consisted of phone calls to coronavirus patients from his home. But when families requested in-person visits with dying patients, Mr. Nakhla sat and offered words of comfort, because no one wants their loved ones to die alone.

“I pray for peaceful transition and provide compassion with my presence,” Mr. Nakhla said. One 52-year-old patient asked Mr. Nakhla to call his son and request his forgiveness for a long-simmering fight. Another asked to hear the words of Psalm 23, “The Lord is my shepherd.”

Sign up to receive an email when we publish a new story about the **coronavirus outbreak.**

Sign Up

“First I feel good that I helped the patient and family,” Mr. Nakhla said. “Then I feel fear. I ask, ‘Did the virus infect me?’ I believe God called on me to do something for these patients, but it’s a lot of mixed feelings.”

In mid-March, he came down with a sore throat and spent five days confined to his couch with a 104-degree fever. Mr. Nakhla, who has a 4-year-old daughter, said he was not able to be tested to determine whether he had Covid-19. He thinks it was likely, given his exposure; he took Tylenol and isolated himself,

while his wife prayed for his recovery.

At some hospitals, particularly in New York, safety regulations for patients infected with coronavirus are changing the way chaplains offer care.

At Mount Sinai and NYU Langone Medical Center, chaplains are now doing much of their work by phone. Some said this method challenges their ability to interpret a patient's emotional state, making it hard to determine what words of comfort or advice to offer.

At SUNY Downstate, in Brooklyn, many are speaking to patients from the doorways of their rooms. The Rev. Sharon Codner-Walker, director of pastoral care at Downstate, said she offers sacraments from a distance of six feet. She passes a sealed container of grape juice and a communion wafer to the nurse, who hands it to the patient.

Ms. Codner-Walker said the six-foot distance rule disrupts the intimate conversations she typically has with the ill.

“‘Have I been forsaken by God?’ That’s the type of question we tend to hear at the bedside,” she said. “Whatever sacred sign happens in the doorway, we can’t connect in the same way.”

She believes, too, in offering words of prayer to those who are intubated and nonresponsive; she herself was once in a coma and credits the voice of a chaplain with easing her recovery.

Another change to her work is the increased time she spends tending to front-line staff. Ms. Codner-Walker says that in the face of illness and loss of life, nurses and physicians are typically stoic about their emotions. But the fear of infection they feel and the grief they are witnessing during the pandemic is making it difficult to compartmentalize their feelings. Ms. Codner-Walker said she listened for the “tremor” in their voices and offered them time to vent.

Some chaplains are finding that they are better able to offer comfort to staff and patients because of their own anxieties about the pandemic. When Ms. Klug, in Seattle, hears from doctors and nurses scared of bringing the virus home to their families, she responds: “I’m scared of the same thing. How are you going to make it through?”

Ms. Klug now has to take the same precautions as hospital staff so as not to expose her family to coronavirus. Her aging in-laws have moved out of their shared home. When she goes home to her 6- and 7-year-old children, she changes in the garage and sanitizes her car. And when she leaves them in the morning, she does her best to explain her work of spiritual care: “When they wash their hands I say, ‘You’re being a helper and fighting germs,’” she said. “When I go to the hospital I say, ‘It’s mommy’s turn to be a helper.’”

Ms. Klug finds that her days are weighed down with worry for her children, for her patients and their children. So she tries to bring sources of joy to the hospital floor. She played reggae for a patient who requested upbeat music. When a family called to say that one of her elderly patients is a “staunch Democrat,” Ms. Klug sat by her bed and read aloud news about Joe Biden and Bernie Sanders. And for the nurses and doctors, she distributed pocket-size photos of Fred Rogers from “Mister Rogers’ Neighborhood.”

“There’s no playbook for this,” she said. “It’s just showing genuine care.”

Many chaplains said that providing spiritual care felt to them like “answering a call.” Now, the opportunities to answer that call are coming more frequently, and desperately, than ever before.

Nathan Pelz is a chaplain at California Hospital Medical Center in Los Angeles. Last week, hospital administrators asked him to come and pray for the I.C.U. staff at their morning check-in. So he awoke before the sun was up and met the physicians and nurses at the “safety huddle” before their 7 a.m. shift.

Mr. Pelz handed each medical worker a prayer he had printed.

“May healing be upon all those who are suffering through this season,” he intoned.

They slipped the blessings into their pockets and turned toward the ward to begin their day.

The Coronavirus Outbreak >

Frequently Asked Questions and Advice

Updated April 11, 2020

- **When will this end?**

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: “How will we know when to reopen the country?” In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

READ MORE ✓