

## Chaplain Ministry During Pandemic: From Awareness to Implementation



Street car conductor in Seattle not allowing passengers aboard without a mask. 1918. <sup>1</sup>

*Dr. Naomi Paget, B.C.C., B.C.E.T.S.*

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## **Chaplain Ministry During Pandemic: From Awareness to Implementation**

**Dr. Naomi Paget, B.C.C., B.C.E.T.S.**

### **Introduction**

*“While the Federal Government will use all resources at its disposal to prepare for and respond to an influenza pandemic, it cannot do the job alone. This effort requires the full participation of and coordination by all levels of government and all segments of society... perhaps most important, addressing the challenge will require active participation by individual citizens in each community across our Nation.”<sup>2</sup>*

*George W. Bush, President  
United States of America*

What do you know about pandemics? Some people don't believe it's a real threat. Others believe it will be Armageddon. Chaplains will be essential partners in providing spiritual care ministry during pandemic. This caring ministry must begin with awareness, include preparation, and facilitate effective implementation of compassionate interventions that minister to the physical, emotional, and spiritual issues of people in need. Chaplains must understand the basics of influenza and pandemic. They must recognize its signs and symptoms while educating and preparing those in their care for prevention and treatment. From historical evidence, statistics, definitions, and current status, chaplains can begin the critical path of educating and preparing clients and institutions for the entirely *possible* occurrence of pandemic. What are the threats? What are the needs? What are the spiritual issues? Chaplains must begin the intentional preparation that puts them on the forefront of spiritual care ministry during pandemic. No one person or one agency will be able to meet the needs of the thousands—the millions—that may be affected by pandemic.

## **PART I AWARENESS**

### **Chapter 1 Overview of Influenza and Pandemic**

An influenza (flu) pandemic is a global outbreak of flu disease that occurs when a new strain of influenza virus emerges—one which people have not been exposed to and have little or no immunity. This flu virus causes serious illness in humans and can affect people of all ages, all cultural groups, and in all geographic locations. People are susceptible to this flu virus because they have either never been exposed to it or they have not been exposed to it in a very long time.

*Pandemic: global outbreak of disease affecting unusually high numbers of people*

Pandemics are different than the seasonal outbreaks of flu we see every year. Seasonal flu is less severe than pandemic and has less impact on the overall functioning of society. There are usually flu shots and nasal-spray vaccines available to help prevent epidemic proportions of seasonal influenza.

*Pandemic flu has a critical impact on people*

Pandemics usually last much longer than most seasonal flu outbreaks and can spread quickly and easily from person to person. Vaccines are often unavailable or only slightly effective. Pre-pandemic vaccines would be used until virus specific vaccines could be developed for the specific strain of virus that had emerged. Consequently, there are many complicating factors for individuals, families, organizations, businesses, and governments.

*Pandemics last longer than seasonal flu*

Influenza attacks the respiratory system by destroying the cells that line the lungs and airways. People often develop bacterial pneumonia as a fatal result. When infected virus particles are spread through coughs and sneezes, they are inhaled deeply into the lungs of well people who quickly become infected, too. Influenza is spread quickly when people are closely confined, especially when they do not exhibit symptoms that would otherwise cause them to take more precautions. In our global society, influenza could spread worldwide in a matter of hours.

*Influenza could spread worldwide in a matter of hours*

## **Terminology**

As with all study and new subject matter, there is a language that is common to the topic of pandemic influenza. The words may be familiar but sometimes the meanings have specific applications to the topic. To avoid confusion, several words that are often used in relation to the study of pandemic influenza are listed below. These definitions are taken from [www.pandemicflu.gov](http://www.pandemicflu.gov), an official U.S. Government Web site managed by the U.S. Department of Health & Human Services. Some words to highlight include *pandemic*, *influenza*, *isolation*, and *quarantine*.

*Know the language*

### **Glossary from [www.pandemicflu.gov](http://www.pandemicflu.gov)**

**avian flu:** A highly contagious viral disease with up to 100% mortality in domestic fowl caused by influenza A virus subtypes H5 and H7. All types of birds are susceptible to the virus but outbreaks occur most often in chickens and turkeys. The infection may be carried by migratory wild birds, which can carry the virus but show no signs of disease. Humans are only rarely affected.

**contagious:** A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

**epidemic:** A disease occurring suddenly in humans in a community, region or country in numbers clearly in excess of normal.

**H5N1:** A variant of avian influenza, which is a type of influenza virulent in birds. It was first identified in Italy in the early 1900s and is now known to exist worldwide.

**influenza:** A serious disease caused by viruses that infect the respiratory tract.

**isolation:** A state of separation between persons or groups to prevent the spread of disease. The first published recommendations for isolation precautions in United States hospitals appeared as early as 1877, when a handbook recommended placing patients with infectious diseases in separate facilities. Isolation measures can be undertaken in hospitals or homes, as well as in alternative facilities.

**pandemic:** The worldwide outbreak of a disease in humans in numbers

clearly in excess of normal.

**panzootic:** The worldwide outbreak of a disease in animals in numbers clearly in excess of normal.

**parasite:** An organism living in, with, or on another organism.

**pathogenic:** Causing disease or capable of doing so.

**pre-pandemic vaccine:** A vaccine created to protect against currently circulating H5N1 avian influenza virus strains with the expectation that it would provide at least some protection against new virus strains that might evolve. It would likely be the best vaccine defense available until a vaccine specific to the new strain could be developed.

**prophylactic:** A medical procedure or practice that prevents or protects against a disease or condition (eg, vaccines, antibiotics, drugs).

**quarantine:** The period of isolation decreed to control the spread of disease. Before the era of antibiotics, quarantine was one of the few available means of halting the spread of infectious disease. It is still employed today as needed. The list of quarantinable diseases in the U.S. is established by Executive Order of the President, on recommendation of the Secretary of the Department of Health and Human Services, and includes cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers (such as Marburg, Ebola, and Congo-Crimean disease). In 2003, SARS (severe acute respiratory syndrome) was added as a quarantinable disease. In 2005 another disease was added to the list, influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.

**seasonal flu:** A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.

**vaccine:** A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces an immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

**virulent:** Highly lethal; causing severe illness or death.

**virus:** Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core

of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

**History and Statistics**

There is evidence that pandemics have existed and been recorded from very early history. Typhoid fever killed 25% of the Athenian troops during the Peloponnesian War in 430 B.C., small pox killed 5000 people a day in Rome during 165-180, bubonic plague killed 40% of the inhabitants of Constatinople in 541-750, the Black Plague decimated Europe in the 1340’s, cholera has plagued the world from Bengal, India in 1816 to 1966 in Russia, and typhus, measles, and whooping cough eradicated New World populations with Old World diseases. Lest we think pandemics are limited to ancient history, today there are real concerns about Ebola, HIV, SARS, and Avian Flu.

*Pandemics have included typhus, small pox, bubonic plague, cholera, measles, and whooping cough*

*New concerns are Ebola, HIV, SARS, and Avian Flu*

During the twentieth century, there were three influenza pandemics that caused worldwide havoc. The most notable of these occurred in 1918 and was first publicly reported in Spain although it was observed at Fort Riley, Kansas on March 11, 1918 and spread to 48 states in one week. The “Spanish Flu” was a category 5 influenza pandemic caused by a virus known as H1N1.

*Three influenza pandemics in the 20<sup>th</sup> century*

*Spanish Flu - 1918*

**Center for Disease Control Pandemic Severity Scheme**

<i>Category</i>	<i>Case-Fatality Ratio</i>	<i>Example(s)</i>
1	Less than 0.1%	Seasonal flu
2	0.1% to 0.5%	Asian Flu Hong Kong Flu
3	0.5% to 1%	
4	1% to 2 %	
5	2% or higher	Spanish Flu

**Fig. 1 Pandemic Severity Scheme.** Released by the US Dept. of Health and Human Services, February 1, 2007.

Many of the Spanish Flu victims were otherwise healthy young adults rather than the typical victims of flu fatalities—elderly adults and those who were already in weakened conditions. The pandemic was recorded in the Arctic and even in remote Pacific islands. The death toll was once estimated to be 40-50 million worldwide and has in recent years been corrected to reflect twice that number, or a conservative 100,00 million—more than the Black Plague of the 1340's which eradicated almost 50% of the European population.<sup>3</sup> An estimated 2-20% of all persons infected died as a result of Spanish Flu. In the United States, approximately 500,000 to 675,000 people died while in India, 17 million died. In two weeks, 14% of the inhabitants of the Fiji Islands died of pandemic influenza. By October 1919, the influenza strain vanished.

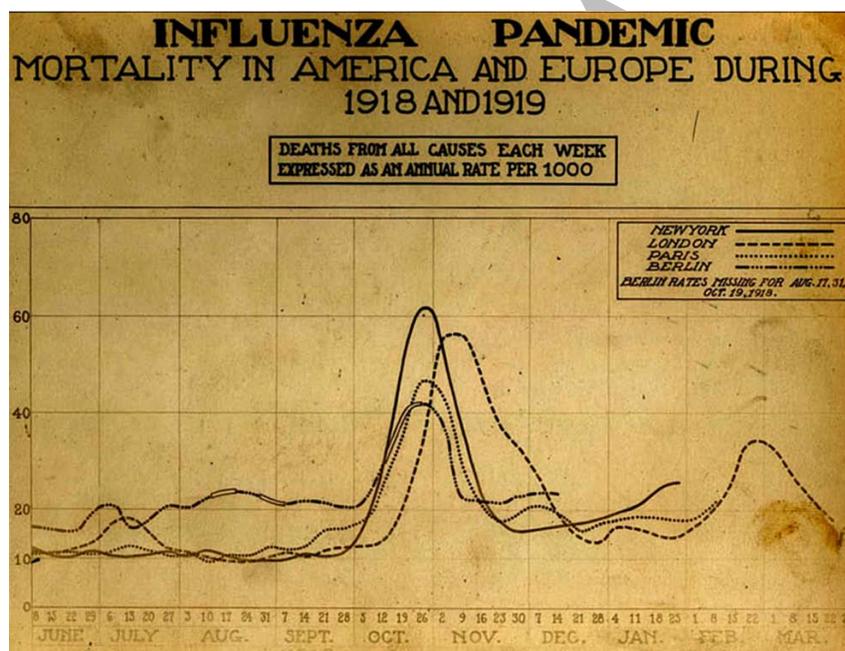


Fig.2 **The Spanish Influenza.** Chart showing mortality from the 1918 influenza pandemic in the US and Europe. Published: February 14, 2006. Nicholls H, PLoS Biology Vol. 4/2/2006, e50 in *Pandemic Influenza: The Inside Story*. Available online at <http://dx.doi.org/10.1371/journal.pbio.0040050>. (Image: courtesy of the National Museum of Health and Medicine)

The second pandemic influenza of the twentieth century occurred in 1957 as a category 2 influenza. The “Asian Flu” originated in China as a

*Asian Flu – 1957*

virus mutation in wild ducks that combined with a human strain of virus to become known as H2N2. The Asian Flu virus was first identified in Guizhou in 1956, spread to Singapore in February 1957, reached Hong Kong by April, and attacked the US by June, lasting until 1958.

Approximately 70,000 people died in the US and depending upon sources, about 2 - 4 million worldwide.

The third major pandemic influenza occurred in 1968 and entered the US as troops returned from the Viet Nam War through California. This H3N2 virus originated in birds and infected humans and swine. The Hong Kong Flu mutated from the Asian Flu of 1957 and infected 50 million people in the US and about 33,000 of these died. The first record of outbreak was in Hong Kong on July 13, 1968 and by September it had reached all of Asia, India, the Philippines, Australia, Europe, and the United States. Within months it reached Japan, Africa and South America. Estimates record approximately 1 million deaths in 1968.

*Hong Kong Flu - 1968*

Since 1968's Hong Kong Flu, several other flu scares have occurred. In 1976, the Swine Flu scare originated at Fort Dix where five soldiers died within two weeks. President Ford issued a directive for vaccinations and about 24% of the US population was vaccinated before the program was cancelled. The most negative outcome of the Swine Flu scare was that about 500 people were diagnosed with Guillain-Barré syndrome after receiving the vaccinations and twenty-five people died of pulmonary complications—five times more than the Swine Flu itself.

*Swine Flu - 1976*

In 1977 the Union of Soviet Socialist Republics reported widespread epidemic of a mild influenza among their younger population—less than 25 years old—in schools and military populations.

*Russian Flu - 1977*

And in 1997, scientists were shocked to learn that humans had fallen ill and died as a result of being infected with a strain of H5N1 virus that was killing chickens throughout Hong Kong. The first human death was a three year old boy who died a slow and painful death after playing with infected chicks in a day school. As investigations continued, department officials

*Avian Flu - 1997*

discovered a shocking truth—the H5N1 virus was being spread through the poultry farms and markets. By March 1998, 1.5 million birds had been slaughtered, but tragically after 6 people had already died from Avian Flu.

In our global society, pandemic influenza could spread worldwide in a few weeks. History could record that a new strain of influenza was identified in Hometown, USA and reach every continent by nightfall.

*Pandemic Influenza can spread worldwide quickly*

### ***Current Status***

There is currently no human pandemic influenza in the United States. There are a few reported cases of Bird Flu abroad. The viruses do exist in animals and the outbreaks in humans have been as a result of direct contact or close proximity to infected birds (chickens, in particular). The disease has been transmitted from animal to human, and human to human transmission is rare. Scientists are primarily concerned with mutations that would allow the virus to be quickly transmitted from human to human. On a threat level of one to six, we are currently at a level three (one represents no evidence of bird flu and six represent widespread infection and transmission from human to human).<sup>4</sup>

*No current pandemic*

The US government is closely working with other countries and with the World Health Organization (WHO) to strengthen detection methods and more accurately track the spread of influenza viruses. Scientists are working with the avian influenza viruses, agencies are monitoring the migratory habits of fowl and their interaction with poultry, and health officials are educating and preparing individuals and communities to prevent and treat pandemic influenza.

*Government and agencies are collaborating*

You are a part of this movement to educate, prepare, and implement strategies to reduce the risk of pandemic influenza. As President Bush has stated, "...perhaps most important, addressing the challenge will require active participation by individual citizens in each community across our Nation."

*We all have an important role in pandemic preparation*

## Chapter 2 Signs and Symptoms

Many people have experienced seasonal influenza or influenza-like symptoms. They are often associated with a “bad cold.” Sometimes family groups are affected by their close contact. In pandemic influenza, the onset of these symptoms may be sudden and severe and large populations would be affected, spreading globally within a matter of hours, days, or months.

*Pandemic flu symptoms are more severe and onset is sudden*

Pandemic influenza is an outbreak of a new form of influenza virus. Because people have no previous history with it and they have no natural immunity from it, they are very vulnerable to it. Because this influenza virus is new, there are also no vaccines already created to combat it. Therefore, the symptoms may rapidly progress and serious complications may develop, including pneumonia.

*No pre-made vaccines for pandemic influenza*

Although there is no certainty about possible symptoms, pandemic influenza will exhibit symptoms similar to seasonal flu—high temperature, cough, sore throat, stuffy or runny nose, muscle aches and pains, fatigue, and general malaise. However, the symptoms may be much more intense. Many people spread infectious virus particles without realizing they are seriously ill—they are asymptomatic to pandemic influenza (without noticeable symptoms).

*People may spread pandemic flu because they are asymptomatic*

People should be on alert if flu symptoms become very severe or if they spread quickly to other people in several geographic locations. In a severe pandemic, 30% of the population could be affected and many would suffer from complications and die.

*Watch for flu symptoms that spread quickly to large numbers of people*

### Chapter 3 Prevention and Treatment

The World Health Organization, the US Department of Health and Human Services, and many state and local agencies—both private and public—are collaborating in efforts to prevent pandemic influenza. Once pandemic begins, it may not be possible to control its spread.

*Government and agencies are collaborating to prevent pandemic influenza*

Personal hygiene and education may be the two most effective methods to prevent the death tolls that pandemic typically causes. Preparedness planning includes measures to prevent contamination, prevent spread, and mitigate complications.

- Be informed
  - Learn about symptoms, prevention, and treatment
- Don't spread germs
  - Cover your cough and sneeze with tissues
  - Wash your hands frequently or use hand antiseptics and sanitizers
  - Stay home if you are sick
- Be prepared
  - Plan for the worst and pray for the best
  - Check with the Center for Disease Control when traveling to southeast Asia

*Be informed  
Don't spread germs  
Be prepared*

Since there is no specific vaccine for pandemic influenza (there is no way to know how the existing virus will mutate and what antibodies will be needed), there is no specific treatment for bird flu. The best that medicine can accomplish is treating symptoms and managing their severity.

*There is no vaccine or treatment for bird flu*

There are national drug stockpiles that include drugs such as Tamiflu®, an antiviral medication that treats and prevents flu while also reducing flu symptoms. No country in the world has enough antiviral medication to inoculate its entire population and stockpiled antiviral medications are often reserved for healthcare providers and first responders. Community Emergency Medication Centers will be established and mass prophylaxis will be provided. Most major and well-prepared communities have public health mass prophylaxis response plans

*Antiviral drugs are limited in supply*

in place.

Healthcare providers will also provide antibiotics for secondary infections (e.g. bacterial pneumonia) and rehydrate people through intravenous fluids. In severe cases, infected people may also require oxygen therapy or even medical ventilators.

*Severe cases will require specialized medical care*

Once a pandemic has started, measures to mitigate its impact are drastic—tremendously inconvenient and economically devastating. During the Avian Flu scare of 1997, it required over 2,000 workers from seven governmental agencies in Hong Kong to cull 1.5 million birds (chickens, ducks, geese, quails, and pigeons) from poultry farms and markets, both retail and wholesale sites. “The Asian Development Bank estimated that the economic impact of SARS was around \$18 billion in East Asia, around 0.6% of gross domestic product.”<sup>5</sup> Schools may be closed, public gatherings may be cancelled, people may be asked to voluntarily isolate or quarantine. At some point, individuals, families, and entire communities may be quarantined. Stopping an epidemic requires drastic measures.

*Stopping an epidemic—pandemic influenza—may require drastic measures*

If pandemic influenza occurs, vaccines may not be available for up to six months. Meanwhile, antivirals may only be available or dispensed to first responders, healthcare providers, and other essential personnel. Society, government, business, schools, and other institutions will be severely affected or disrupted—perhaps even closed. We will need to take individual measures to prevent sickness and prevent the spread of disease.

*Pandemic influenza will disrupt life as we know it*

One of the most significant preventative measures that individuals and groups can employ is the principle of *Social Distancing*. Social distancing is a strategy to limit the spread of infectious diseases by minimizing social contacts that enable the transmission of viruses. This could include reducing the frequency of contact between people and reducing the closeness of contact between people. Generally, social distancing is a strategy to minimize social contact to limit the spread of disease.

*Social distancing is a preventative measure to limit the spread of disease*

Social distancing may include limiting events that require large –or small—assemblies of people in confined spaces. This might include

religious services, funerals, weddings, conventions, sports events, schools, fairs, movie theaters, concerts, and work. You will think of many other occasions when people gather in groups. People may have to employ creative strategies that include rotating work shifts to off hours, telecommuting, teleconferencing, using pod casts and web based information gathering, and taking turns with various tasks. People may utilize online worship, banking, shopping, entertainment, and sports. Children may stay home from school for an extended period and day care facilities may be closed. People may be required to implement at-home funeral services. Pandemic influenza will require people to temporarily alter their social habits and customs.

*Social distancing may limit assembling of people*

Individually, people may employ social distancing practices that include:

- Avoiding handshakes
- Avoiding hugs, kisses and other public physical contact
- Avoid gathering in confined spaces
- Avoid rush hour dining, shopping, public transportation
- Employ the 3' Rule – stay at least three feet away from others
- Use larger meeting rooms when face-to-face meetings are necessary
- Avoid touching public convenience tools (e.g. counter pens, whiteboard markers, remotes, electronic touch screens, ATM machines, gas pumps, turn stiles)

*Use social distancing practices*

Another form of social distancing may include *snow days*—times when people are asked to stay home, reducing public gathers and limit their contact with other people. Snow days are often utilized when weather conditions make it hazardous for buses to transport children to school or when it is too hazardous for people to drive or use public transportation to get to work. The principle is the same—requested, but voluntary, quarantine to reduce risk to self and others.

*Snow days may be enacted to reduce contact*

*Self shielding* is another form of social distancing. This is a totally voluntary and self initiated form of social distancing wherein the person stays home without an official snow day being declared. This may also be

*Self shielding is self initiated and voluntary*

known as *shelter-in-place* to reduce the likelihood of exposure to contagious diseases or dangerous situations.

Social distancing will be difficult for children and those who touch as a matter of personality, culture, or custom. During a time of great distress, physical contact is often a form of spiritual can compassionate care. When social distancing practices are employed, many may perceive they are isolated from care or that others do not care at all. Education and disclosure will be important aspects of preventing misunderstandings and suspicion.

*Social distancing may cause misunderstanding or suspicion*

DRAFT

## PART II PREPARATION

### Chapter 4 Administrative Issues

There will be many administrative issues for chaplains, caregivers, institutions, and agencies. The very nature of pandemic influenza issues—sickness, scarcity of resources, social distancing, quarantine, reduced public, social, and retail service capabilities, etc.—will cause many administrative issues. Perhaps one of the most significant issues will surround the ability or inability to communicate—individually and corporately.

*Communication will be a significant issue during pandemic*

#### ***Communication***

In the event of pandemic influenza communication must be timely and accurate. People will be fearful about the unusual events that are occurring and they will be anxious about receiving necessary information quickly. If information is power, then informed people feel empowered to survive the unusual and difficult situation of pandemic.

*Communication must be timely and accurate*

During chaotic events such as pandemic, institutions and agencies must coordinate the information that is being disseminated. People will be confused about which information is accurate if more than one perspective is being offered as correct within the organization. It will be necessary to designate an information coordinator and a central information access point. People need to hear *one voice* during crisis—one voice with accurate information.

*Information being communicated must be coordinated*

*There must be a central information access point*

Communication must also be exchanged with other agencies and institutions that are impacted by the pandemic. Churches need to know what schools are doing and relief organizations need to know who else is providing emergency services. No organization is an island. . .everyone needs to share information and receive information to be effective.

*Information must be shared between agencies and institutions*

When the usual events of life (e.g. school, work, worship, medical care, shopping, extracurricular activities, religious education, pastoral ministry) are being disrupted by pandemic, people will need to use unconventional or alternate methods to communicate and conduct business. Social distancing may require that people communicate without face-to-face contact.

*People may have to communicate without face-to-face contact*

In the church setting, communication procedures must be planned well in advance of the crisis. Churches may deal with issues such as:

*Communication procedures in churches must be planned before the pandemic*

- chain of command
- methods of communication
- appropriate disclosures
- privacy and confidentiality
- special needs of parishioners

Who will disseminate the information? What methods of communication will be used (e.g. email, telephone, newsletters, web page)? What information can be disseminated without violating privacy or confidentiality? Are there some parishioners who have special needs related to communication (e.g. no internet capabilities, are deaf, are blind, don't have telephones, don't speak or read English)?

*There are many questions to answer*

What information will be communicated? How will sermons, religious education (Sunday School, Bible Study, AWANA, Team Kid, Vacation Bible School, etc.), and pastoral care and prayer meetings be conducted if social distancing measures are being employed? What if there are quarantines? Does the church just stop doing ministry?

*What information will be communicated?*

What methods of communication will be utilized? Some possibilities include the following:

*How will communication take place?*

- Telephone
- Pray chains
- Web page
- Email
- Pod casting
- Internet groups
- Snail mail – letters, newsletters
- Teleconferencing<sup>6</sup>

- Audio calling service (voice broadcasting service)
- Other methods?

In order for any of these strategies to be effective, 1) churches must have accurate information in advance, 2) contact lists must be current and correct, 3) family member names, addresses, phone numbers (home, cell, and work), email, and emergency contacts must be available, 4) members must be familiar with the communication strategy, and 5) members must make their special needs known to the planning team. The church must be prepared and the church must prepare people to prepare.

*Churches must have accurate contact information*

During the confusion of pandemic, chaplains may be called upon to be the voice of calm...the voice of truth...the voice of hope. Chaplains must be prepared to assist churches and other institutions as they plan their communication strategies for pandemic.

*Chaplain must assist in the planning for communication in pandemic*

### ***Leadership***

The effects of pandemic could certainly affect the leadership in churches, organizations, and agencies. Carefully considered succession plans could become essential if leaders are unable to function as a result of sickness for a long period of time. When members of the church or organization are able to discuss and plan succession in advance of the crisis, they are much more likely to accept the temporary (or long term) leadership of those who have been named to function in roles where leadership is absent due to pandemic. Some essential elements of succession plans should include the following:

*Plan for succession of leadership*

- Name the conditions under which succession occurs, or does not occur
- Include all leadership and ideally name at least two others who will succeed the previously named successor (be three deep)
- Describe the level of authority the successor will have
- Name the essential services of the church or institution which should be maintained during the pandemic (also name the services that could be suspended during the pandemic [e.g. weddings, quarterly business meetings])
- Identify and name specific laity to temporarily assume ministerial

*There are some essential elements of succession planning*

- roles during pandemic if all ministerial staff is incapacitated
- Name the method and time by which the organization will be informed when succession plans are being implemented

### ***Worship and Religious Education***

In the event of pandemic, many communities may enforce social distancing, snow days, self shielding, isolation, or quarantine. In times of crisis, churches may be the one place people find solace and yet, they will be discouraged from meeting. Churches must identify ways to provide a sense of community and worship in spite of physical isolation. Although everyone may not be able to participate in any one form of electronic worship, using multiple forms will help people feel connected during isolation. Some possibilities for corporate worship during pandemic include the following:

*People will not be able to worship in traditional ways*

- Conference calls
- Three-way calling
- Videotapes and DVDs
- Audio tape and CDs
- Copies of worship bulletins, sermons, and Bible studies posted on a website or email to members
- Others?

Providing a sense of hope and peace during pandemic will be a challenge for everyone, but when congregations are informed in advance of the crisis, they are much less shocked by the changes that will be made.

*Providing a sense of hope will be challenging*

### ***Pastoral Care***

Pandemic will cause fear and distress for many people. The usual methods of pastoral care may be limited by the need to isolate and quarantine, or by the limited number of pastoral care providers who are available to provide pastoral ministry. Chaplains and other ministers will be frustrated by the inability to provide spiritual presence and comfort without physical presence. Again, we must rely on electronic media to assist us when physical presence is impossible.

*The usual forms of pastoral care may be limited*

During war, prisoners-of-war often provided morale to each other by tapping on pipes and other forms of communication when they were unable to see each other or talk to each other.

How will pastors, chaplains, and churches deal with funerals and memorials when people are not allowed to gather? If mass graves are utilized, how will pastoral caregivers provide comfort to the survivors? When funeral rituals require ritualistic washing and cleansing, how will pastoral caregivers provide assurance of *rightness* when the *right* things have not been done? Pastoral caregivers will be challenged by the inability to provide the most significant ministry in their tool bag—the ministry of presence.

*How does the pastoral caregiver provide ministry without physical presence?*

### ***Facilities***

Churches and other institutions (e.g. schools, businesses, or corporations) could provide a great service to the greater community by allowing their facilities to be used during pandemic. Facilities may be used as immunization sites, temporary emergency healthcare facilities, community emergency medication centers, temporary shelters, temporary morgues, triage centers, or disaster relief service centers for operations, warehousing, incident command, food distribution, or staging.

*Churches and other institutions could be used for other temporary purposes during pandemic*

Making the decision to use the facility for other purposes than its intended purpose could cause distress if people are not prepared or if they have not been part of the decision making. Congregations could corporately decide under what conditions their facility might be used and define how long “temporary” will be. They could prepare detailed descriptions of their facilities and provide a list of available resources. Information about capacity of kitchen, number of bathrooms, and size of large gathering rooms will be helpful to emergency management during times of crisis events.

*Property descriptions are helpful to emergency management*

### ***Education and Training***

Education and training prior to a pandemic event is crucial to preparedness. Churches, institutions, and agencies empower their constituents when they provide the education and training that enables constituents to accept and survive difficult situations. Training could be overwhelming if care is not taken in sharing essential information and providing resources of more comprehensive educations. People need to be reassured of their safety and the steps being taken to protect them.

*Education and training prior to pandemic is important*

Some topics to include in training congregations and other constituents include the following:

- Overview of influenza and pandemic
- Differences between seasonal, avian, and pandemic flu
- Current status
- Signs and symptoms
- Prevention and treatment
- Social distancing, isolation, and quarantine
- Individual and family preparation
- Stress symptoms and coping strategies
- Communication plans

*There are many possibilities for education and training*

Other topics may be included as the need requires. Parishioners and other constituents often appreciate written lists that provide information about other resources that may be available during pandemic.

### ***Recreation, Entertainment, and Fellowship***

Pandemic will limit socialization for people in all walks of life. For Christians, isolation, social distancing, and quarantine will also mean the end of many recreation, entertainment, and fellowship opportunities. How will the church find ways to provide *koinonia* when physical gatherings are prohibited? One could suggest various ways to use electronic media and other forms of telecommunications, but each church, institution and agency must be creative in finding ways to recreate and entertain. Lack of fellowship during a time during isolation could cause a great deal of depression and loneliness.

*Pandemic will limit socialization*

## Chapter 5 Legal and Financial Issues

In the event of pandemic influenza, the nation and world will be dealing with a myriad of legal and financial issues. Because government is making intentional preparations for the event of pandemic, there have been some serious considerations to these legal and financial issues. There are, in fact, some plans with notable efforts to mitigate the legal issues and financial impact of pandemic.

*There are many legal and financial issues in pandemic*

During this writing, September 2007, over 2,700 banks and financial institutions are conducting a three week exercise to determine whether or not they could sustain functioning in the event of pandemic.

*Banks and financial institutions are planning for the effects of pandemic*

One of the biggest challenges financial institutions will face is how to cope with absenteeism. In week one, the Treasury exercise directs the financial organizations to assume that 25 percent of their work force is not coming to work, either because of illness or because of fear of being infected or because they are staying home to take care of children who can't go to school because the schools have closed. . . . Absent employees won't be the only troubles facing the financial institutions. Under Treasury's scenario, they also will have to cope with shrinking Internet bandwidths as more and more people try to work from home. Cash withdrawals from ATM machines are expected to rise sharply and getting the machines refilled will present problems because of rising absentee rates at the armored car companies and the difficulty of getting fuel for the armored trucks as gasoline refineries curtail their production.<sup>7</sup>

This exercise is only one of many exercises being conducted in the business and financial world to address issues identified by President Bush's directive to plan for pandemic. Other exercise must address issues around the possibility of black markets emerging, financial impact as disastrous as the stock market crash preceding the Great Depression, and rationing. There is little doubt that financial issues will abound.

*Will pandemic cause another Great Depression?*

Milan Brahmhatt, a senior economist with the World Bank's East Asia and Pacific region estimates that ". . . a new flu pandemic could lead to

between 100,000 and 200,000 deaths in the US; more than 700,000 hospitalizations; up to 40 million outpatient visits and 50 million additional illness. . . .The present value of the economic losses associated with this level of death and sickness was estimated at between \$100-\$200 billion for the US in 2004 dollar terms. . . .If we extrapolate from the US to all high income countries, there could be a present value loss of \$550 billion.”<sup>8</sup>

*Pandemic could cost the US \$550 billion*

On a parish level, churches will be faced with smaller collections and ministers and staff who expect regular salaries but cannot work because of illness or quarantine while no previous policy was established for staff compensation and sick-leave that far exceeds the typical provisions for colds, flu, or surgery. Will there be hazardous duty pay and how long will the church remain solvent when doors are shut for extended periods or when the economy faces collapse? Does the church insurance cover risk and issues related to pandemic (i.e. use of buildings, contents, disability)? Bi-vocational ministers could face serious financial losses while being required to work more hours due to a reduced workforce. Which chaplain ministries will be cut because there is a sudden lack of funding?

*Churches will deal with financial issues related to smaller collections, salaries for people unable to work, extended disability, insurance, unemployment, and layoffs*

Legal liability becomes a serious issue in the event of pandemic, too. In the past, when there have been vaccine shortages, institutions that dispensed the prophylactics (i.e. drugs, vaccines, etc.) did so on a first-come first-served or lottery basis. Perhaps a strange way to practice medicine, but no one wanted the legal liability of deciding who should get medical resources first, thereby eliminating the possibility of being sued by a family member whose loved one died as a result of not receiving the available prophylactics. It has become imperative that government make some strong decisions and provide legal guidelines for dispensing drugs and other issues such as forced isolation and quarantine, right to refuse vaccinations, temporary authorized dispensers of prophylactics, limited liability for practitioners, and other legal issues.

*No one wants the legal liability of deciding who gets medical attention and who does not*

For example, in Connecticut, the Governor signed the Public Health

Emergency Response authority Act, P.A. 03-236 of July 9, 2003, which strengthened certain powers and authorities of the Governor, the Commissioner of Public Health and local health directors during a public health emergency.<sup>9</sup> And on May 3, 2006, President Bush announced the implementation plan for The National Strategy For Pandemic Influenza.<sup>10</sup>

*Government is making laws related to pandemic*

Public health decisions fall under the direction of local public health officials. They make the local decisions about how to protect the welfare of their citizens and community. Some quarantine decisions are made by the state government while the federal government is the only authority to quarantine national borders or to restrict international travel.

*There are different levels of authority in public health issues*

While chaplains usually don't make legal decisions, they may provide ministry to those who make these difficult decisions or who must enforce them. In the event of sickness or death, explaining the law will probably not be helpful, but understanding why people are so upset or angry will enable the chaplain to provide spiritual comfort to those who hurt from losses they cannot explain, justify, or understand.

*Chaplains will minister to people who make or are affected by legal and financial decisions*

## Chapter 6 Ethical Issues

*He has showed you, O man, what is good.  
And what does the LORD require of you?  
To act justly and to love mercy  
and to walk humbly with your God.  
Micah 6:8 (NIV)*

On January 14, 2006, a Russian-American who had been unsuccessfully treated for drug resistant tuberculosis for many months in Russia flew by commercial airliner to New York and then on to Phoenix. He was very sick and contagious. He visited a fast food restaurant and other stores without wearing a prescribed mask while in Phoenix. Having been diagnosed with a very serious form of tuberculosis, he knew the public health risk he carried. Failing to follow medical orders after a more serious diagnosis in Phoenix, health officials obtained a court order and locked Robert Daniels in the prison wing of a Phoenix hospital, where he spent almost a year in hermetically sealed isolation. He later was transferred to Denver, CO for surgery. On September 18, 2007 Daniels was released from National Jewish Medical and Research Center in Denver with a clean bill of health, and flew by commercial airliner to Phoenix. However, he was escorted by a private security guard hired by the Maricopa County Public Health Department in Arizona.

*Robert Daniels flies from Russia to Phoenix while very contagious with drug resistant TB*

Are there ethical issues involved in Robert Daniel's case? Is medical treatment by gunpoint constitutional? Is his decision to mingle in public places on public transportation without a face mask criminal behavior? Does the government have a right to forcibly isolate people who are sick? Do the resulting consequences of the government's actions or Daniel's actions make a difference? What is right? What is fair? Does anyone have a duty or obligation? Who decides what is ethical?

*Who decides what ethical behavior is?*

In the realm of ethics, there are at least two very broad perspectives. While this is not a study of biblical ethics, leaders and caregivers will be constantly faced with ethical decision making. Whether one is an ethicist, minister, philosopher, or lay person, understanding at least two distinct

*People make decisions from broad philosophies including teleology and deontology*

possibilities will help us deal with the angst we feel when we make tough decisions. So, are you a *teleologist* or a *deontologist*? You may be thinking, “Well, I’m a vegetarian or I’m a Christian or I’m a geologist.” Let me explain—basically these two philosophies describe how most of us make decisions—perhaps not all the time, but at least some of the time.

The teleological viewpoint is one in which decisions are made based on what is *good*—a good outcome or at least more good than evil. The *good* may be for oneself or for the greater community—the church, the institution, the nation, or even the world as a whole. Teleologists may be secular as well as religious and are sometimes said to use *situational ethics*. An interesting complication is *who determines what is good?*

*Teleologists tend to make decisions based on what is good or what leads to a good consequence*

I will vaccinate only first responders even though I told family members and patients I could give them flu shots.

People who refuse to self quarantine must be arrested at gunpoint and incarcerated.

People who are terminally ill, on death row, in penitentiaries, or over 65 will not receive any of the limited supplies of flu vaccines.

The deontological viewpoint is one in which decisions are based on *duty*—regardless of the consequences. In other words, sometimes, we must consider the value of the decision rather than the outcome. For example, it is more important to obey the rule—of self determined moral principle or the institution or of God—than it is to consider the outcome or consequences of the decision to obey the rule. Deontologists may be secular or religious, may obey *the law of the land*, or may have a higher obedience to *God’s commandments, God’s will, or God’s example*. So one must consider the possibility of obeying one law, knowing that there may be consequences based upon another *higher law*.<sup>11</sup>

*Deontologists tend to make decisions based on duty regardless of consequences*

After Katrina-----I must feed my starving family so I will steal food from the flooded grocery store. Or, God's law says do not steal, so I must let my family starve until there are legal ways to get food.

I took an oath to protect and serve, so I must risk my life to save others.

Even though I will be exposed to pandemic flu, I must physically go and provide spiritual care to those in my area of responsibility—my church, my station, my hospital, my squad.

Ethical dilemmas in the event of pandemic influenza may include such issues as transparency—in communication, disclosures, intentions; minimizing consequences or maximizing results; focusing on responsibilities, duties, and obligations as individuals and institutions; consideration of rights—universal rights, constitutional rights, human rights; and respecting cultural and religious diversity as represented in the values, beliefs, expectations, and the standards of a particular group.

*There are many ethical issues that arise in pandemic influenza*

Some specific pandemic influenza related ethical issues include triage, how to utilize limited or scarce resources, duty to be prepared, and jurisdiction. Who will decide who gets medical treatment or gets the hospital bed or gets the oxygen tank? Within the church, there may be issues related to duty or obligation to staff, congregants, and those with special needs. The church will be faced with decisions about use of facilities for public quarantines, as emergency medication centers, or as distribution center for other necessary supplies. Will the church provide limited food and shelter supplies to non-members and members?

*Issues: triage, using resources and facilities, duty, jurisdiction, and community involvement*

Corporate and other institutional chaplains may be called upon to consult on the ethical aspects of even legal and financial decisions as a result of pandemic. Bi-vocational chaplains may have to make some difficult decisions pertaining to duty to care for a congregation, family,

*Chaplains will often be ethical consultants*

institution whether they are volunteers or paid. Chaplains will be essential contributors in all discussions regarding ethical practice.

When people and organizations are faced with ethical decisions, they often make their decisions based on either *what is the best* or *what is the rule*. As chaplains, our responsibility is not to make the decision, but to help clarify the basis for the decision and explore the consequences and results of those decisions. But as chaplains, we must have a clear understanding of our own ethical decision making process so we are not caught off guard when we have strong emotions about the decisions others make.

*Chaplains don't make ethical decisions for people, but help clarify the situation and outcomes*

For the Christian chaplain we find guidance in the Scriptures through God's commandments, through the inspiration of God through others, and through our own understanding and interpretation through the work of the Holy Spirit. Some may literally follow the Ten Commandments or some might heed the words of Paul, "Be on your guard; stand firm in the faith; be men of courage; be strong. Do everything in love" (1 Cor. 16:13-14 NIV). Others might take the deontological viewpoint and make decisions based on following Matthew's reminder of Jesus' words, "What good will it be for a man if he gains the whole world, yet forfeits his soul" (Matt. 16:26a, NIV). Some may heed Peter's words about consequences, "It's better to suffer for doing good, if that's what God wants, than to be punished for doing bad" (1 Pet. 6:17 The Message). Or will we be the chaplain who has no King, allowing every man to do "what was right in his own eyes" (Judges 17:6 NASB).

*Chaplains rely on God through Scriptures and the Holy Spirit to make ethical decisions*

Micah seems to suggest finding a balance between doing what is *good* and *doing what follows the rules*. So can we, in fact, make our ethical decisions based on acting justly—doing the right, fair thing as a people of God? Do we love mercy—demonstrate a compassionate heart that acts out of *hesed*—covenant love—mercifully? Micah suggest that we could do both and still walk humbly with our God—in obedience to His will, His word, His way.

*He has showed you, O man, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.*

*Micah 6:8 (NIV)*

10/1/07

Chaplains will be called upon to clarify the muddy waters of making ethical decisions during the planning and implementation of spiritual care in pandemic influenza. We will be challenged to find definitions and standards for *good*. We will be expected to guide people into doing what is fair and just. We will be the advocates for cultural and religious diversity needs when no one else seems to understand the values and standards of the people to whom we minister.

DRAFT

## Chapter 7 Individual, Family, and Institutional Preparedness

Preparing for pandemic influenza means *being* informed and *doing* some basic preparation—it's about the head and the hands. There are several ways in which this may be accomplished.

*Preparation includes being informed and doing some tasks*

Some people will prefer attending lectures, workshops, and seminars on pandemic influenza. Others will prefer to read literature or surf the web. The means for acquiring the information is much less significant than the importance of receiving accurate and helpful information—information that will enable individuals and families to adequately prepare—physically, emotionally, and spiritually—for the onset of pandemic flu.

*People must prepare physically, emotionally, and spiritually*

Being informed means understanding the nature and significance of pandemics and influenza, in particular. Knowing the differences between seasonal flu and pandemic flu will alleviate panic or undue worry when one catches a common cold. Recognizing the signs and symptoms of pandemic influenza and learning basic prevention and treatment will be essential, too. Familiarity with pandemic influenza planning for one's church, school, work, and community will reduce the confusion when social distancing becomes inadequate and policies of isolation or even quarantine go into effect. Being informed will help mitigate the distress and anxiety experienced during pandemic influenza.

*Being informed will help mitigate distress and anxiety*

Physical preparation includes everything from having a plan for what you will do to finding out what others will do. Begin with the basics:

- Know where to get accurate information and updates
- Utilize good hygiene and self-care practices (wash your hands frequently, cover your mouth when you cough, and frequently sanitize telephones, keyboards, counters, hand rails, etc)
- Maintain an accurate contact list of family, friends, church members, work associates, essential businesses (doctors, bank, insurance company, etc.)
- Create a family communication plan (to keep family members in other locations informed)
- Make a family plan for taking care of each other if you get sick
- Keep a written copy of the plan and policies for pandemic of your workplace, schools, daycares, etc.

*There are some basic preparations . . .*

- Keep a two-week supply of non-perishable food, water, electrolyte drinks, and other essential household and hygiene supplies (alcohol based hand sanitizer, paper towels, tissues, anti-bacterial soap, diapers) on hand
- Keep a two-week supply of essential prescribed medications and fever reducing medications (acetaminophen/aspirin/ibuprofen—for adults and children)
- Maintain a supply of pandemic flu caregiving supplies (facemasks, thermometer, tissues, bleach, disposable gloves, etc. Listed in Appendix E)
- Have a reserve of cash (ATM's and bank may have limited services during crisis)
- Inform other family members about location of legal documents (wills, insurance policies, next-of-kin information ,etc)
- Be aware of special needs of neighbors (shut-ins, disabled, elderly)
- Maintain materials for home worship, Bible study, and other religious services
- Provide for temporary guardianship of children and other dependents
- Maintain good health and well-being through regular physicals, inoculations, dental care, and flu shots as appropriate
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Institutional or agency preparation involves educating employees and staff about individual and family preparation AND about policies and procedures for the particular institution or agency. Some essential elements of institutional planning include the following:

*Institutions and agencies must also prepare—start with a plan*

- A communication plan
- A pandemic plan that includes at least four detailed phases
  - Preparedness
  - Prevention
  - Response
  - Recovery
- Regular drills or practice
- A clear chain of command or line of succession
- Clear information about employee benefits and compensation (sick-leave policies, disability, non-punitive open-ended leave, hazardous duty pay, etc.)
- A temporary revised work schedule, including telecommuting, flexible or staggered shifts, and collateral duties
- Length of time and conditions under which employees are entitled

to pay and benefits

- Temporary travel restrictions
- Review and evaluation in concert with stakeholders (employees, staff, first responders, community partners, etc)
- Continual updating of plan as new information becomes available from [www.pandemicflu.gov](http://www.pandemicflu.gov) (the main information source for planning and response)
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Each institution and agency will have some specific issues that must be addressed in the planning and preparation. Schools must plan for school and day care closings, social distancing in small classrooms, or rescheduling sports events and other extracurricular activities. Law enforcement agencies may deal with reduced forces and longer shifts. Churches will deal with ministry through the internet and reduced contributions and offerings. Businesses will deal with less income and slow supply chains. Correctional facilities will deal with distancing issues in confined and communal spaces. Healthcare institutions and facilities will deal with highly contagious disease while experiencing unprecedented numbers of patients and reduced numbers of healthcare providers while triage becomes a greater distress and ethical issue. Each institution will have unique problems and must address these as they do their planning and preparation.

*Each institution and agency will have unique issues to address in planning and preparation*

What preparation must your institution or agency do? What will be the issues that direct the preparation? Who will do the preparation?

## Chapter 8 Spiritual Dimensions of Pandemic

Spirituality and religion will be important factors in dealing with pandemic influenza. Even when people are not a part of organized religion, critical events generate spiritual issues. People in crisis seek meaning in chaos and comfort through spirituality and religion. Many people will expectantly seek spiritual support and others will at least be open to the possibility that spiritual care may alleviate some of their emotional distress.

*Spirituality and religion will play an important role in pandemic flu response*

### ***Overview of Spirituality in Pandemic***

By incorporating spirituality in the crisis response, physical healing increases, mortality rates decrease, depression decreases, and there is a positive effect on diseases, ranging from cervical cancer to stroke.<sup>12</sup> Chaplains and other spiritual caregivers will be essential partners in providing meaningful care to those who are ill, those who survive, and those who have experienced great losses. Spiritual faith will have a positive effect in responding to the distress of pandemic influenza.

*Spirituality has a positive effect on pandemic flu distress*

Spiritual care will provide emotional support during a time of great distress. Spirituality and religion may assist in making difficult decisions, maintaining a hopeful attitude during difficult circumstances, and providing a “safe” way to ventilate anger, despair, or sorrow. “Whether the crisis and loss are property or death, faith is reexamined in the light of one’s spirituality. Personal values and beliefs may be shattered or transformed. Assumptions about life and death, people and God, good and evil—all may be challenged and redefined. Crisis shakes the very foundation of one’s being, and spirituality redefines hope and future.”<sup>13</sup>

*Pandemic influenza may redefine one’s spirituality*

During pandemic, people may use spirituality and religion to mitigate the severity of the crisis they are experiencing. People may use spirituality and religion to help cope with feelings of isolation, fear, or depression.

*The role of spirituality and religion during pandemic influenza*

Spirituality and religion could also provide a means for people to ask questions and seek answers or to problem solve. “Prayer provides a ‘listening ear’ during crisis. It allows the victim to *vent* his crisis as a hopeful response. Prayer provides an avenue for processing the chaos and reducing the stress through repetition, communion, and meditation. . . . Prayer and rituals help victims connect with others and God. They integrate the past, the present crisis, and the future ‘different present.’ They create new traditions and future hope.”<sup>14</sup>

During pandemic influenza, people will ask many difficult questions. Most of these questions are very spiritual in nature. Chaplains and other caregivers will not have adequate answers, but in asking the questions, people express their need for spiritual care.

*People ask difficult spiritual questions during pandemic influenza*

- Why did God allow this?
- Why me?
- Why did \_\_\_\_\_ have to die?
- Why does God make innocent people suffer?
- Why won't God answer my prayers?
- Is there a heaven? Is there a hell?
- Is pandemic flu the *pestilence* in *Revelation*?
- Will \_\_\_\_\_ go to heaven?
- Others?

### ***Spiritual Issues During Pandemic***

Chaplains and other spiritual caregivers often hear people ask, “Why would my good God allow people to suffer like this?” The words may be different, but the question has often been asked in the face of adversity. The need to justify God’s actions in the context of good and evil or His providence in suffering is known as *theodicy*. Christians often struggle with defending God’s goodness in the presence of evil and suffering.

*Theodicy - the justification of God's actions in the context of good and evil*

When people are forced to isolate or are quarantined, they may develop a sense of abandonment by people, institutions, and God. “No one cares about me.” “Does God remember me?” “I’m so lonely and scared.” These are the words of people who feel separated from God. They are fearful and

*Sense of abandonment by God*

lonely. There is little sense of communion with God or with others. People feel estranged and alienated—they feel alone. The chaplain brings the hope of God’s message, “The LORD himself goes before you and will be with you; he will never leave you nor forsake you. Do not be afraid; do not be discouraged” (Deut. 31:8 NIV).

Another spiritual issue that people face during pandemic influenza will be the possible change in what is perceived as *holy*. If people believe that God is holy—filled with wonder and awe—then when relief agencies provide medications, supplies, and resources, people often confuse God who is *holy* with institutions and agencies that provide necessary assistance. Transferring worship from God to institutions results when there is a changed awareness of what is *holy*.

*New perceptions of what is holy*

Survivors may often have a sense of God’s grace—His favor and blessing that allows them to escape sickness, be healed, or survive when others have succumbed to pandemic influenza. The issue of grace is faced with joy and happiness if one is on the receiving end. But for the one who feels unworthy of good health when others suffer, grace is a burden that is complicated by guilt and a sense of unforgiveness.

*God's grace or guilt?*

For some, pandemic influenza may seem like “the end of the world.” For others, pandemic will cause them to question the will of God—His purposes, His divine design, His providence. Some will experience despairing helplessness and other will experience renewed strength—“They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint” (Isa. 40:31 NIV). Some people will want to repent and others will be apathetic about righteousness. Issues such as trust, self-denial, rationing, right-to-die, obligation, “life boat ethics” (Who shall live and who shall die?), or conflict of interest will stretch the ethical and moral ability of people and the chaplains who struggle with them.

*There are many spiritual issues people will face during pandemic flu*

## PART III IMPLEMENTATION

### Chapter 9 The Role of the Chaplain

The role of the chaplain encompasses many ministry tasks and responsibilities. But the most important role of the chaplain during pandemic influenza is to represent the presence of God during a frightening and traumatic circumstance.

*Chaplains represent the presence of God during pandemic*

Chaplain ministry has often been called the “ministry of presence.” Presence is both physical and emotional. First, the chaplain makes a conscious choice to be physically present with the client. Second, the chaplain is emotionally present with the client through empathetic listening. Through presence the chaplain begins to build the relationship that eventually brings comfort to those who feel alone in their suffering or despair.

Some become frustrated with the ministry of presence. *Goals* don’t seem to get accomplished. *Tasks* don’t seem important. *Doing* seems secondary to *being*. Both the chaplain and the public may perceive that nothing is happening. But for the experienced spiritual care provider, the art of “hanging out” with patients, clients, victims, or team members becomes an intentional event that leads to providing a calm presence during times of stress or chaos. The law enforcement chaplain practices intentional presence—“loitering with intent,” to calm, to build relationships, to provide compassion. The healthcare chaplain practices patient presence (in both senses of the word!)—serenely listening to the same narrative of diagnosis, treatment, and recuperative concerns. The crisis intervention or disaster relief chaplain practices “non-anxious presence”—demonstrating no anxiety or panic about the bombing, about the flooding, about destruction left by fires, tornadoes, hurricanes, or tsunamis.

The ministry of presence often looks like standing around the water cooler, circulating among the people, sitting quietly with someone, or having a cup of coffee in the lunch room. Presence may seem insignificant, but presence is the grace gift that chaplains bring to the human encounter. It is being available in spite of other commitments. It is being physically present even when the surroundings seem threatening. It is being emotionally present although the anger or fear is uncomfortable. Presence is the grace gift that accepts the client who seems unacceptable.

The chaplain probably won’t be able to “fix” problems, but the

chaplain's presence is a reminder that spirituality is a part of the ordinary and extraordinary activities of life.

Sharing the moment of crisis through the ministry of presence may be the most powerful and appreciated act of ministry performed by the chaplain. The care-giving relationship is greatly strengthened when a person never finds him or herself alone because of the chaplain's own presence—or because of the chaplain's assurances that God is always there.

The presence of God in the person and ministry of the chaplain empowers the client to healing and wholeness. Chaplains are ordinary people with no supernatural power of their own. But in partnership with the presence of God, chaplains bring calm to chaos, victory over despair, comfort in loss, and sufficiency in need. Chaplains practice the presence of God through prayer, rites, rituals, listening, the spoken word, the holy scriptures, and acts of service. Clients often perceive the chaplain as the "God-person" in their midst. The very presence of the chaplain reminds the client that God is very present to them. Chaplains share God's presence with clients even as they share their own presence and words of assurance—"I am with you." (Paget, 2006, 27-8)

### ***Minister***

Chaplains are usually first considered to be "ministers."

" . . . the chaplain functions in the role of the minister, providing the religious functions that people expect from clergy. Often performing ministry without the physical structure of a church, chapel, synagogue, temple, or mosque, the chaplain may provide these religious functions in seemingly unusual places—offices, outdoors, disaster sites, homes, or public buildings. To people who have never experienced "traditional" religious programs, services, or rituals, these locations may not seem that unusual. Instead, they may seem appropriate for the religious ministry provided."<sup>15</sup>

As a minister during pandemic influenza, chaplains may be called upon to provide rites and rituals that are usually performed by church pastors, but in unlikely places. Chaplains may be asked to lead worship services in quarantined spaces, officiate at funerals and memorial services at mass grave sites, or they may be asked to lead special prayer services in the isolation rooms, on the internet, or by CB radios, ham radios, or

*Chaplains will be "ministers" to people during pandemic*

*Chaplains may be asked to provide religious services in unusual ways*

conference calls.

“Chaplains perform many of the same ministry tasks as other clergy, but their audience is much more culturally and religiously diverse. The venue may be quite different and the ministry may be unusual compared to the traditional ministries of the church. The chaplain performs the task of minister by borrowing from many religious traditions and providing the freedom for people to worship, celebrate, and remember in personally meaningful ways.”<sup>16</sup>

*Chaplains will be a minister to diverse populations*

### ***Pastor***

In the pastoral role, chaplains assume the task of providing spiritual care to their clients. As a shepherd cares for sheep, the pastoral chaplain cares for his or her “flock”—those people who are under his or her care. Spiritual care is a large umbrella that begins with assessment and could include spiritual instruction or interpretation, prayer or meditation, spiritual direction, listening, reflection, or counsel. Sometimes, the pastoral role is simply *being present* in a difficult situation with no agenda, no judgment, no solutions, or no advice. Again, the ministry of presence will be an essential role for the chaplain in pandemic.

*Chaplains provide spiritual care to people during pandemic*

During pandemic, chaplains will be “pastors” to many people who are not of the same faith as the chaplain. The chaplain will assist in emotional and psychological support, in providing for physical needs (e.g. food, medicines, communication, and other resources), in facilitating reconciliation within families, institutions, and agencies, and in providing spiritual encouragement to all. The chaplain will be providing spiritual care for the soul of people who are in and out of their own faith tradition. In some cases, people will profess no religion or even be anti-religion.

*Chaplains will be “pastor” to people of many beliefs*

### ***Intercessor***

Chaplains must serve as intercessors or advocates in many unexpected and unusual circumstances. Probably none will be more unexpected than

the event of pandemic influenza. As an intercessor or advocate for individuals and families, chaplains may be asked to advice, counsel, comfort, or mediate. As an intercessor or advocate for institutions or agency, chaplains have similar functions.

*Chaplains will be intercessors and advocates for individuals, families, and institutions or agencies*

The chaplain acts as an institutional advocate by assisting an organization in personnel issues. Clarifying appropriate action, suitable outcomes, right behavior, or proper protocol is a priority for all chaplains who are employed by institutions, both private and public. When there is a misunderstanding between employees or clients and the institution, the chaplain often acts as an advocate for both groups. In doing so, the chaplain clarifies issues, presents both positions, and often advises and arbitrates. As an institutional advocate, the chaplain helps the institution be sensitive to employee issues and needs while protecting the integrity and mission of the institution.

The chaplain may lead various seminars, in-service programs, or training events to educate employees, clients, or other personnel about institutional policies, programs, protocols, or procedures. In this educational role, the chaplain intercedes for the institutional need to *share* information and the employees need to *have* information.

When institutions have questions about religious holidays, observances, or prohibitions, those inquiries are often directed to the chaplain. In a world of multicultural institutions, demonstrating cultural and religious sensitivity is more than being “politically correct”; it is essential for the well being of everyone. The chaplain is often called upon to be the resident “expert,” demonstrating cross-cultural competence as an institutional advocate. Most chaplains cannot become completely knowledgeable about all cultural differences. Therefore, servant chaplains approach cultural differences with humility, willing to learn and apply new information.

The chaplain intercessor also acts as a liaison between clients and institutions. One special circumstance is in the event of a death. Institutions often request that the chaplain make the death notification to the family or the employees of the institution. With specialized training, the chaplain delivers the news of death—*in person* unless absolutely unable to do so. Understanding the grief reactions and the process of grieving are essential to this act of intercessory ministry. Death notifications may be complicated by language barriers, cultural differences, the involvement of children or teenagers, or particularly unusual circumstances—criminal activity, suicide, deaths perceived as preventable, kidnapping, or terrorism. The institution calls upon the chaplain to be a calm

presence in the crisis of death.

There is also a unique situation in which the chaplain provides intercessory ministry from “insider status.” Some of these chaplains include military chaplains who are part of the administrative personnel of the institution, but they are also the peers of many of the people to whom they provide ministry. Similarly, the police chaplain who was once a police officer or the fire chaplain who was once a fire fighter—these are chaplains who capably serve as administrative liaisons. They have “insider status.” For some chaplains, the issues become complicated because their status changes from “them” to “us.” The roles and duties are vastly different, and having “insider status” can be frustrating with such role confusion. For example, being a doctor in a hospital is very different than being a hospital chaplain. A prison chaplain who was once an inmate faces even greater challenges with “insider status.” Can he or she gain the trust of former peers? Or even more importantly, can he or she gain the trust of the warden and guards? “Insider status” can be a blessing and a curse. (Paget, 2006, 24-7)

During pandemic, chaplains may be called upon to assist their institutions and agencies to mitigate the distress and complications that come from isolation, lack of clear communication, staff shortages, and ethical dilemmas for which no planning has taken place.

*Chaplains will assist their institutions with special issues during pandemic*

A special issue volunteer and part-time chaplains will face will be that of competing loyalties. When the chaplain is the pastor of a congregation and a volunteer police chaplain, which institution will receive priority ministry? If isolation or quarantine is in effect, where will the pastor/chaplain minister—at the church or at the precinct? In most cases, during epidemics, people will not be allowed to move from location to location. Contamination policies will be in effect and pastor/chaplains will have to choose whom they will serve through physical presence.

*Which institution or agency will the pastor/chaplain serve?*

“Critical moments in people’s lives are times of confusion and distress. Things seem uncontrollable and unmanageable. People have a desperate need to “take control of the situation.” When chaplains provide necessary information, clarify confusion, and teach practical skills, they help people begin to control at least one small part of their out-of-control life.”<sup>17</sup>

***Fellow Traveler***

Chaplains will face many of the same fears, losses, and difficulties that those in their charge will face during pandemic influenza. Chaplains will be fellow travelers on the journey through the wilderness we call pandemic. As people respond in fear, confusion, anxiety, or anger to their sense of vulnerability, isolation, grief, or loss, the chaplain in pandemic demonstrates compassion by providing encouragement through listening, dialoguing, comforting, clarifying, and empowering people through words and actions.

*Chaplains will be fellow travelers during pandemic*

When pandemic makes circumstances look bleak and despairing, chaplains bring encouragement and hope, empowering people to move forward to spiritual and emotional health and restoration. “The chaplain in disasters must be able to convey encouragement to a soul that is despairing by saying, “Take courage; it is I, do not be afraid” (Mark 6:50). In the midst of the storms of life—the disasters, the crisis, and the devastation—the chaplain must bring the assurance of hope.”<sup>18</sup>

*Chaplains bring hope during pandemic*

## Chapter 10 Partnerships that Work

Collaboration between churches, institutions, and agencies is essential in responding to pandemic influenza. No single entity can be fully prepared to provide all the essential services that their congregants and constituents will require when pandemic disrupts life. Each church could partner with other churches in the community to provide the best of what they are able to provide. In partnership with community, regional, state, and national agencies, churches are able to respond more effectively to the needs expressed by their congregants and the community it serves.

*Collaboration is essential in pandemic response*

Collaborative efforts are most successful when contacts and relationships are developed *before* the pandemic crisis. Familiarity with relief agencies (e.g. American Red Cross, Southern Baptist Disaster Relief, or Salvation Army) will facilitate receiving and providing services.

*Relationships must be made before the pandemic crisis*

Many communities are providing community drills that include many churches, institutions, and agencies. Banks and other businesses are testing their ability to maintain functioning in the absence of employees and slow-down of related services. Hospitals and other healthcare facilities are testing their ability to deal with unprecedented numbers of patients who are ill or seriously disabled. Funeral homes are planning how to deal with mass fatalities and dealing with contamination issues. Schools are dealing with emergency operations during prolonged *snow days* and quarantine. State and federal agencies are supporting community agencies with funding, training and other resources as they practice various pandemic scenarios. Community drills are practical preparation for pandemic and chaplains must be an integral part of that preparation.

*Communities are involved in drills to prepare and respond to pandemic*

## Chapter 11

### Practical Applications in Pandemic: Bullet Points for the Chaplain

- Social distancing may require online ministry
- Community education is necessary regarding death and dying
- Families need resources for home religious services, including funerals
- People tend to “fight or flight” during crisis—that will exacerbate pandemic
- Mass burials may be necessary – how do we “dignify” mass burials?
- The military may assume all responsibility for law enforcement—martial law may be in effect
- There will be wide-spread chaos and panic, perhaps even rioting
- Isolation and quarantine may increase panic among people
- Patient tracking during quarantine will be difficult
- Small businesses may fail
- Some people will refuse to cooperate—how do you deal with them?
- Each family, institution, and agency must have a designated point of contact and a communicator or public information officer (e.g. in the Tom Smith family, Mary is the person who contacts all the other family members with updates and information and Mary is the person extended family, church, and friends call to check on the Tom Smith family)
- Chaplains must maintain their own personal protective equipment (e.g. disposable gloves, hand sanitizers, disposable respirators [masks], tissues)
- Personal rights may be limited by the needs of the community
- Schools may be closed—child care will be necessary
- Insurance companies will be overwhelmed
- Church members, institutions, and agencies will struggle with many ethical dilemmas including obligation, duty, and responsibility to constituents, and unaffiliated fellow citizens
- Insurance policies may have exclusions for some aspects of pandemic
- Pastor/chaplains may be forced to choose between church and agency
- Line of succession and chain of command must be clearly identified
- Bodies in mass graves may never be recovered
- We must accommodate multiple cultural and faith needs in mass burials
- Who will receive church ministry? Members? “Friends?” Neighborhood? Community?
- Special need populations (elderly, disabled, seriously ill, etc.) may receive special accommodations or priority treatment against the will of some citizens
- Someone must decide if citizens receive treatment before “foreigners” or non-US citizens
- Churches must decide if they have a responsibility to store food and be prepared to care for its members and the neighboring community
- Institutions or agencies must communicate their responsibility to employees or staff during quarantines or long periods of isolation
- Even extensive planning will be imperfect and inadequate
- The unexpected will occur even after careful planning
- Chaplains and other leaders will be forced to assume field responsibility and leadership that involves difficult decision making

## Conclusions

*You know that by now I could have struck you and your people with deadly disease and there would be nothing left of you, not a trace. But for one reason only I've kept you on your feet: To make you recognize my power so that my reputation spreads in all the Earth.*

*Ex 9:15-16 (The Message)*

The United States government, the Center for Disease Control, the World Health Organization, and other public health organizations believe that the threat of pandemic influenza is real. They believe there is a possibility of a large-scale epidemic that could equal or exceed the 1918 Spanish Flu pandemic that killed millions around the world. The H5N1 virus has caused 200 deaths to this point and has killed a family group of seven, documenting human-to-human transmission of avian flu. The ability to mutate quickly makes bird flu a significant threat to world public health and a subject of global preparation and speculation.

*The threat of pandemic influenza is real*

When there is crisis, chaplains and other spiritual caregivers are on the front line. In the case of pandemic influenza, being on the front line will be inadequate. We must be the voice and hands that prepare individuals, families, and communities for the devastation that many anticipate. We must minister to the sick and distressed during the havoc of pandemic, and we must minister to the living after the pandemic has taken its toll. We cannot do this by our own might. Only God can accomplish this great task.

*Chaplains must prepare individuals, families, and communities for pandemic influenza*

*God will be the Healer*

*Then you called out to GOD in your desperate condition;  
he got you out in the nick of time.  
He spoke the word that healed you,  
that pulled you back from the brink of death.  
So thank GOD for his marvelous love,  
for his miracle mercy to the children he loves;  
Offer thanksgiving sacrifices,  
tell the world what he's done—sing it out!*

*Psalms 107:19-22 The Message*

## Endnotes

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<sup>1</sup> Taken from <http://www.archives.gov/exhibits/influenza-epidemic/records-list.html>

<sup>2</sup> Guide for Individuals and Families (accessed 9 September 2007); available from <http://www.avianflu.gov/plan/individual/familyguide.html>; Internet.

<sup>3</sup> Wikipedia, Black Death, (accessed 25 September 2007); available from [http://en.wikipedia.org/wiki/Black\\_Death](http://en.wikipedia.org/wiki/Black_Death); Internet.

<sup>4</sup> The World Health Organization has established six phases which define the status of threat. These are defined below.

Phase 1	No new influenza virus subtypes have been detected in humans. If in animals, the risk for human infection is considered to be low.
Phase 2	A new circulating animal influenza virus subtype poses a substantial risk of human disease but no new influenza virus subtypes have been detected in humans.
<b>Phase 3</b>	<b>Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. Even without human intervention it would be self limiting among humans.</b>
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. An epidemic is possible but has not yet happened.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly well adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Phase 6	Increased and sustained transmission in general population.

We are currently at Phase 3

<sup>5</sup> Erik Bloom, Vincent deWit, and Mary Jane Carangal-San Jose. *Potential Economic Impact of Avian Flu Pandemic on Asia*, ERD Policy Brief, Series 42, (Asia Development Bank: Manilla, Phillipines), November 2005, 1.

<sup>6</sup> Even strategies such as teleconferencing must be well planned. In the event of pandemic, telephone companies will be overwhelmed by organizations, businesses, and agencies that want to set-up teleconferencing accounts. Planning ahead means anticipating the possibility and completing the necessary tasks before the event.

<sup>7</sup> Martin Crutsinger, "Banks Agree to Flu Pandemic Exercise," FindLaw for Legal Professionals, 24 September 2007; available from <http://news.lp.findlaw.com/ap/f/66/09-24-2007/67020036121b0fa7.html>; Internet; accessed 27 September 2007.

<sup>8</sup> World Bank, "Avian Flu: Economic Losses Could Top US \$800 Billion; September 8, 2005; available from <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/EASTASIAPACIFICEXT/0,,contentMDK:20715408~menuPK:208943~pagePK:146736~piPK:146830~theSitePK:226301,00.html>; Internet; accessed September 24, 2007.

<sup>9</sup> Ct health @lert network; "Public Health Emergency Response Act Becomes Law;" available from <http://www.cthealth.org/Features/feature.asp?ID=9>; Internet; accessed September 25, 2007.

<sup>10</sup> The White House; Fact Sheet: Advancing the Nation's Preparedness for Pandemic Influenza ; May 3, 2006; available from <http://www.whitehouse.gov/news/releases/2006/05/20060503-5.html>; Internet; Accessed September 25, 2007.

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<sup>11</sup> Don S. Browning explores the ideas of teleological and deontological ethical decision making in *Religious Ethics and Pastoral Care*, Fortress Press: Philadelphia, 1983, 23-27.

<sup>12</sup>“Faith in Psychiatry,” *Psychology Today*, July/August 1995, citing to studies done by David Larson, psychiatrist and resident of the National Institute for Health Care Research.

<sup>13</sup> Naomi Paget, *Southern Baptist Disaster Relief Chaplain Training Manual*, (Alpharetta, GA: North American Mission Board, 2004), 66.

<sup>14</sup> *Ibid.*, 66-67.

<sup>15</sup> Naomi K. Paget and Janet R. McCormack, *The Work of the Chaplain*, (Valley Forge, PA: Judson Press, 2006), 14.

<sup>16</sup> *Ibid.*, 18.

<sup>17</sup> *Ibid.*, 34.

<sup>18</sup> Paget, *Southern Baptist Disaster Relief Chaplain Training Manual*, 8.

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