MEMMOTT

Hospital chaplains continue to comfort patients and staff

Jim Memmott
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From the early days of the pandemic, hospital chaplains have gone where others can’t go, comforting the sick and the caregivers.

In an interview, Chris Baker, a chaplain at Rochester General Hospital for the last 20 years, talked about efforts to bring spiritual support to patients despite COVID-related restrictions. She reflected on the pressure on staff to give care despite their own fears, and she celebrated the miracles that occur, even in dark times.

Here, edited for space and continuity, are her thoughts:

Being there

People often ask me how I can do this work because a chaplain’s day is usually pretty full of crisis. But not always, and I meet incredible people along the way.

The hard part of my job is I didn’t get to meet patients when they had been well, before their illness. I hear the stories of what great people they were, the funny stories, the sad stories. I wish I’d known them when they were healthy.

But at the same time, I’m allowed to be with them. And one of the things that we learn as chaplains is you don’t always have to be talking; the most important thing that you can do is to be present.

It’s humbling to know that in our role we are the representation of the holy, whatever that is for that particular patient and their family. It is an incredible honor and privilege to be able to sit with patients in times of incredible crisis.
Confusion and stress

Early on in the pandemic, there was so much conflicting information, because nobody knew how this virus worked and what it was going to be, what it was going to do.

There was all this confusion. There was anger. There was hurt. Nurses would need to take a short step away and allow themselves a moment to break down and then get back to their patients and continue to give them their all. This is when a 16-bed ICU would have 15 COVID patients in it. Fortunately, now we're down to one or two.

I don't know how these nurses do it. They are absolutely phenomenal human beings. I've been here 20 years, and I see it over and over and over again. Rochester General is a place devoted to compassionate care, and we take great pride in our commitment to our patients and their families.

Isolation

When the pandemic was really high, we had a really high number of patients who were COVID and in isolation, many of whom were elderly and could not be visited, even by some staff who were not in a position to give direct personal/medical care.

I've had some staff tell me that we've actually had some patients die of loneliness. This is heartbreaking.

It's hard enough to hear and understand someone when you're sick. But when you're elderly and sick and someone's talking behind a plastic face shield and a mask, you can't see their lips, you can't see what expression they're using, it only adds to patients' fears and anxieties. They see doctors and nurses behind all this, and it can be frightening and isolating.

Staff support

Chaplaincy, by its very nature, is holistic. We take care of patients, and we take care of the staff, and we take care of one another.

I spent a lot of time with staff supporting them in this time as they adjusted to exhaustion, as they faced the fear of taking the virus home to their families. Or they were stuck home because their child couldn't go to school, and they were learning how to handle having a child learn online.
And on top of the stress of COVID, our summer saw horrible racial strife. Then the election drama piled on top of it all. It has been an exceptionally stressful time, which is why I like to keep my focus especially on the staff since I've been here so long. Many of us know each other well, and they can feel comfortable sharing their feelings with me.

**Prayers**

As far as I'm concerned, this pandemic also has been harder because people's pastors, their priests, their religious leaders, can't visit. Even now they can't visit because, with the restrictions, each patient is only allowed two visitors.

That's very hard, especially for our Catholic patients who are requesting the sacrament of the Anointing of the Sick. The Anointing of the Sick is something only a Catholic priest can do.

I've said prayers over the phone at the doors of a COVID patient's room, with a family on the phone on the other end. You just find ways to make happen what needs to happen.

For the most part, families (given the situation) just want someone with their loved one to offer prayers, someone to be there, to bring in the presence of the Divine. They understand that we are doing the best we possibly can, and that God is bigger than all of this, and that God's going to give us what we need.

**Miracles**

We have seen miracles like you would not believe.

Several years ago, we had a young man who had tried to hurt himself. His mother was very adamant. She demanded that the doctors not take him off life support. She was adamant that God was going to save him.

Everybody with medical knowledge was positive that this young man was not going to survive. His brain had been deprived of oxygen for too long. Providers, including myself, tried to help her be realistic, but she would hear none of it. God was going to heal her son.

About six months later, this young man walked out of this hospital. A couple years ago, he came back to visit. He is a walking miracle. I still get chills thinking about this story.

It's stories like this that enable us to continue to do the that work we do. And we are so very
From his home in Livingston County, retired senior editor Jim Memmott documents the relatively new normal of living in a socially distant world. He can be reached at jmemmott@gannett.com or write Box 274, Geneseo, NY 14454.
Hospital chaplains relieve patients’ isolation during pandemic

By Daniel J. Kushner  @danieljkushner

Despite signs that society and the economy are opening back up, hospital patients, particularly those who are chronically or terminally ill, remain largely isolated and vulnerable.

With hospitals still limiting visitations, hospital chaplains have become an indispensable lifeline to patients in need of spiritual comfort. They are at times advisers, spiritual therapists, friends, and liaisons between patients and family, whose services take the form of a song being sung, a poem being recited, and just silent presence.

Chaplains are front-line soldiers in the fight against loneliness.

"Hospital chaplains, they are providing multipurpose care and they are not focusing on religion," says Zeynab Abdullayeva, a chaplain on a per diem basis at Rochester General Hospital. "It is not clergy — it is more spiritual, emotional support in the crisis."

At RGH, full-time and per diem chaplains alike are trained to provide interfaith care, as well as support to those who do not subscribe to any religion. The process involves determining the spiritual crisis, developing an acute care plan, and only then are
specific religious considerations made in conjunction with outside clergy members. With this religious guidance, Abdullayeza says, the patient can establish a deeper relationship with the divine.

But the job of a chaplain is different. “Chaplains are helping them to connect with themselves, inner self first, and find the strength inside of them and their own background,” she says.

At Rochester General, family members and outside clergy members are still not allowed to visit, except when the patient is at the end of his or her life. Even then, only one person can visit at a time. Beginning on May 15, the professional spiritual care team began an initiative to meet with patients scheduled for elective surgeries prior to their operations. Before this, many of the patients might have gone without a visit from someone outside of the medical team.

The pandemic has also changed how patients interact with the staff chaplains who are readily permitted on the hospital floors. Face masks are required throughout the facility, of course, but when visiting patients who have tested positive for COVID-19, chaplains must wear additional PPE, or personal protective equipment: a gown, gloves, and a face shield that allows the mask to be reused.

Although the need to connect with patients and provide support during the pandemic is arguably stronger than ever, the role of the chaplain is, in many ways, unchanged.

“Most of the time, I would say it’s just meeting the patients where they’re at, discovering ‘Hey, what’s meaningful for you?’” RGH’s Spiritual Care Supervisor Levi Gangi says. “How can we help you implement that into your recovery?”

Gangi says that patients are struggling with similar kinds of the emotional stress and fear of the unknown that they experienced prior to COVID-19. In fact, there hasn’t been an increase in chaplain visits to RGH patients during the crisis, he says.

But that doesn’t mean the chaplains have not had to adjust their approach to providing spiritual care. “We’re doing a lot more staff support than we normally would,”

PHOTO PROVIDED

Gangi says. In addition to talking with staff members about their worries and current struggles, the chaplains at RGH hold mindfulness meetings, providing guided meditation on different floors of the hospital.

For the hospital’s Palliative Care Chaplain Clif Genge, the pandemic has hit especially close to home. At the end of April, Genge had contracted the novel coronavirus, but was able to self-quarantine at home and manage his symptoms without having to be hospitalized. For him, the illness was comparable to having a severe case of the flu. But the experience has enabled him to have more empathy for the COVID-19 patients with whom he visits.

“You can’t really know how they feel, but having a sense of the unknowns and the fears and the wonderings that they might be going through allows you to just be more present with them in that moment, and be more receptive to allowing them to talk about how they feel,” Genge says. “A lot of times, if we understand more about what’s in ourselves, then we can learn to come alongside people in different moments.”

When visiting with patients, Genge’s focus is on shared human connection. “I happen to be a Christian, but the person that I’m ministering to might believe in God but not really know what form that takes, they might be Muslim, they might be Hindu, he says. “But really, what I find is that it’s a terrible thing to go through, being in the hospital — whether having COVID or having had a stroke or a heart attack or whatever. It’s pretty scary. The most important thing is that we’re two humans going through a horrible thing.”

Genge, who sees more patients than any other chaplain on staff, schedules 12 to 15 visits per day — face-to-face visits with patients, phone or video calls with family members, and sometimes both. Due to the visiting restrictions, the dynamic between patients and family members has taken a hit, he says, making follow-ups with family all the more vital.

There’s also the pressing need to help those in the hospital reach their spiritual support system, outside of RGH. Because of decreased visitors, it can be challenging to
administer the specific rites and rituals of a patient’s particular religion, Genge says. In such cases, chaplains can again initiate a video call or other digital communication between the patient and his or her spiritual leader.

“That’s what we’re here for, is to help get people through these difficult times in whatever way that we possibly can,” Genge says. “It’s not necessarily about what I can or can’t do, it’s how can I connect them with the best possible thing that can be done for them that meets their needs.”

The pandemic has forced chaplains to be more ingenious about how they connect patients with their loved ones via phone and video conferencing tools such as FaceTime, Skype, and Zoom. But it’s also brought greater awareness about alternative options for communication after the pandemic subsides, Genge says.

For Genge, the mask has become a powerful symbol during the COVID-19 pandemic, a tangible reminder of our common human experience. “It never ceases to amaze how much more we are alike than we are different,” he says. “And physically, it’s a little obvious because we’re all wearing masks now, so you can’t tell who’s who anymore.”

Daniel J. Kushner is CITY's music editor. He can be reached at dkushner@rochestercitynews.com.
Reflection: The Personal Is Public

Bryan McMullen
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Abstract
In this article, the author from Rochester General Hospital reflects on COVID impact: "Communication has sometimes suffered cold and automated relationship outcomes but there are cases in this desert." Personal signals in a public world are humanizing artifacts in a new sterile and hypercontrolled virtual reality.

Keywords
COVID-19, chaplain, personal, homeschool

I am old fashioned and have always believed private things should categorically not be public. For example, the idea of holding a camera at arm's length only to point it back at myself seems uncouth, if not self-absorbed. I don't imagine anyone cares what I am eating for dinner, and my resistance to this posting-updating neurosis has been a point of pride.

Now it seems like all I do is point the camera back at my Zoom-self: family, school, church, and work all via video. Everything seems upside down. The other day I came to work on the "B" shift, which for me lasts from 12 p.m. to 9 o'clock at night. I'd never known my department had B shifts. But I enjoyed a very normalizing B-shift conversation with a co-worker who revealed how difficult it has been for her to personally monitor her children's learning while maintaining a professional exterior. I was relieved to hear her struggle because I am also attempting to homeschool six children before reporting to work. Another nurse strategically planned her lunch break in order to help facilitate a son's video conference with his physics teacher. I have seen professional people onscreen with dogs and in living rooms and I was pleasantly surprised to see one journalist reporting from her kitchen with dirty dishes in the sink. These personal signals in a public world are important. I am somewhat heartened by these little peeks into people's lives, to know they are human too.

Much of society has slipped into a hyper-privatized reality at the hands of technology. Now with a threatening virus, we are pushed even deeper into our respective physical bunkers. I even write this behind a mask and face-shield barrier with the hollow reverberation of my own voice. These items protect but they also make it hard to hear and so speak to others outside my little echo chamber. I am thirsty like never before for human contact, even if it means some self-type behavior. For example, I felt this tech-enhanced human connection when I helped a recent COVID patient to see their spouse through a video phone. It was precious, deeply personal, and a privilege to bear witness.

Dutch theologian Henri Nouwen might have it right: "... anyone trying to live a spiritual life will soon discover that the most personal is the most universal, the most hidden is the most public, and the most solitary is the most communal. What we live in the most intimate places of our beings is not just for us but for all people" (Nouwen, 1997). I still don't quite believe a person should air their dirty laundry, but something good is happening here. It has to do with our renewed longing for something beyond the sterility of compartmentalized professional personas or hyper-controlled Facebook pages. Seeing the personality quirks, the dishes in the sink, or the cat walking across a keyboard connects us deeply on a human level.

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Bryan McMullen is from Western NY, is married, and has six children. He holds a Bachelor of Fine Arts in film and video production from Rochester Institute of Technology (1999) and a Master of Arts in religion from Westminster Theological Seminary (2002). Bryan was ordained specifically to hospital ministry (2004) and is endorsed by the Fellowship of Independent Reformed Evangelicals (FIRE). He completed a chaplain residency at the University of Rochester Medical Center (2004) and has a total of eleven units of Clinical Pastoral Education. Bryan is a Board Certified Chaplain (BCC) with the Association of Professional Chaplains (2014) and was certified as an educator by the Association for Clinical Pastoral Education (2019). He is currently full-time chaplain and educator at Rochester General Hospital in Rochester NY.
To: Rochester Regional Health Employees  
From: Levi Gangi, Supervisor, Spiritual Care, RRH  
Subject: Chaplain’s Message: Facing Uncertainty  

March x, 2020

Facing Uncertainty

At some point in your life, you’ve probably heard someone say “just take it one day at a time.” It may have encouraged you or annoyed you, depending on the source. It’s a common phrase, sometimes cliché, but in the midst of the 2020 COVID-19 pandemic it is certainly relevant for us in healthcare. Each new day brings, well—we just don’t know yet. We are used to long hours, and too much to do in too little time. But it is much more unsettling to face unknowns: How long will this last? How many people will fall ill? How do I protect my loved ones and still do my job to the best of my ability?

Uncertainty about the future is not something we as humans accept without difficulty. We plan the best we know how, we pursue physical and relational security, and unless our name is Edgar Allan Poe we don’t spend too much time dwelling on our own mortality. And yet because we are firmly and irrevocably rooted in the now, uncertainty is always around us, lapping at our safe borders. But the human spirit has always endured through uncertainty in ways that inspire, defy reason, and make us proud. That human spirit exists in each one of us who now enter patient rooms, look for ways to help our co-workers, and work diligently at home in order to keep others safe.

As World War II dawned in 1939, bringing with it unknown hardships, destruction and sacrifice, British author C.S. Lewis wrote these words: “If humanity had postponed the search for knowledge and beauty until we were secure, the search would never have begun.” We can always find a reason to be afraid and to delay creativity, courage or compassion. But we in
health care have chosen a profession where we actively put others first – and those others are now looking to us to maintain hope and stay vigilant and in the midst of uncertainty.

None of us can do this alone. Despite the need for social distancing, I encourage you to find a way today to encourage your co-workers, to smile in the hallway or over your Skype meeting interface, and to dispel the fog of unknowing with words that bring hope, humor, and invite each of us to be stronger at the end of each uncertain day.

It is a privilege to serve to serve beside you,
Levi
SELF-CARE IS NOT SELF-INDULGENCE

I am honored to have Rev. Levi Gangi ask me to contribute to this weekly message. I have been a part of the Rochester Regional Health system for more than six years, both at Rochester General Hospital and at Lifetime Home Health & Hospice, and am grateful to have extraordinary spiritual care colleagues, in addition to my collegial relationships with administrators, doctors, nurses, social workers, cafeteria staff and environmental services, to name a few.

I wanted to spend a few paragraphs talking about the care and feeding of your body and spirit. Not #selfcare, but what real self-care might look like during a pandemic. We are all here on the front lines fighting COVID-19, but other illnesses have not stopped presenting themselves. We all continue to care for patients who have chronic, acute, or end-of-life conditions that persist and appear despite our unrelenting focus on the pandemic in front of us.

There is too much to do, not enough time to do it in, and despite our best intentions to stay focused and in the moment of dealing with what is right in front of us, it is easy for our minds to become distracted by worry, anxiety, and fear—for ourselves, for our co-workers, for our patients, and for our own families. Ignoring those nibbling and nagging thoughts and feelings will not make them go away.

I so appreciate the mindfulness suggestions at the bottom of the COVID-19 Toolkit, and encourage you to check them out. It may sound like crazy talk to spend time doing what may seem self-indulgent when we are being asked to do so much right now, but, just like we are taught by the flight attendant when we take a plane, in an emergency, it is necessary to put your own oxygen mask on first, before helping
the person next to you. We all risk compassion fatigue and burnout in this work, and never so much as right now, during this time of crisis.

Please remember that the chaplains across the system are available to support you during this time. If you need a caring ear, reach out to us. If you are able to squeeze a half hour into your schedule at 12:30 p.m., Monday through Friday, Bereavement Supervisor, Adrienne Daniels, MSW at Lifetime Care, has arranged for facilitated daily mindfulness opportunities via Skype.

We are all good at keeping busy, distracting ourselves and staying focused on the task at hand in healthcare. But what happens when there is a break in the action, and anxieties and worry rise to the surface? We can’t run forever without wearing out.

So take a minute. Lean into those feelings. Acknowledge them. Welcome them in. And then breathe them back out again. Get some sleep. Eat well. Do something you love (besides work!). If you can, hug your child or your partner or your mom. FaceTime or Skype with a friend. Read a book. Do a puzzle. Pray. Meditate.

And remember that you are not alone. We are in this together.

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A PRAYER FOR HEALTHCARE WORKERS

To those who care for us,
When our bodies grow weak
For those using all their love and skill to keep the ones we love
We are grateful for your help.

For those working without enough protection, this moment, thank you for your hard work and sacrifice.

Yesterday’s mask with a silent prayer that it still works, or is not a bandage.

When our healthcare workers come,
On time or ahead of time,
We send our love and gratitude.

May you be safe.
May you be well.
May your family be well.
May you be surrounded by love, kind and friends.
May you feel and know our wholehearted prayers and appreciation.
We send our blessings.
We send our love.

Amen.
To: Rochester Regional Health Employees  
From: Christine Baker, Chaplain  
Subject: Chaplain’s Message: The Soul of Rochester Regional is Commitment  

The Soul of Rochester Regional Health

Here we are, some five months into this pandemic, and to some it feels as if it’s been more like five years. It can be hard to imagine that a mere six months ago life was “normal.” Nurses, techs, providers, etc. didn’t need to wear hair coverings outside of the OR. And no one needed to don two pairs of gloves, a gown, a facemask, goggles, and a face shield just to walk into a patient’s room. Any patient could have pretty much any visitor(s) they wanted, any time day or night. And, particular security/behavioral issues aside, no family member was ever told they could not visit their loved one. What’s more, we didn’t need to worry about bringing some deadly virus home to our families.

Once we were home, our options were almost limitless. We could go just about wherever and whenever we wanted. Our kids were in school, and we could blow out candles on our birthday cakes! We could attend worship services. Stores, gyms and restaurants, were all open for business. Was it really only five months ago?

My, how our worlds have changed! And with all these changes has come tremendous amounts of stress, of worry, of anger, and fear, and myriad other emotions. This summer has brought us racial and socioeconomic strife, and significant election drama. To paraphrase William Shakespeare, this truly seems to be our “Summer of Discontent.”

And yet, for all of us here working in hospitals, clinics, labs, and medical offices, we are expected to continue to provide unparalleled care, compassion, and service. And from where I sit, we are continuing to do just that. Are we doing it perfectly? No. We are human, after all. But are we doing our very best to continue to give our very best? Yes, I do believe we are.
The “why” of what we continue to do is easy. We are committed, dare I say called, to this work of caring for people and doing what we can to bring them healing. It’s the “how” of what we do that I believe makes Rochester Regional Health unique.

Within the Christian tradition, parishioners will speak of the “soul” of their particular church. One church may focus on overseas mission, providing care and supplies to Third World countries. Another may provide local mission, tending to the poor and disadvantaged of its own community. Yet another may focus on social justice or educational concerns. It is said that the focus of any particular church, synagogue, temple, or mosque defines its soul.

And what defines the soul of Rochester Regional Health? I believe we are defined by our commitment, our compassion, by dedication, and by hope. In my twenty years here I have seen Rochester General experience some significant crises. I was here the night Officer Tony DiPonzio was brought in, having been shot and nearly killed. Employees from every department, at every level were doing everything we could to find space for the many police officers gathered here to support their brother. Room arrangements were made, food arrangements, anything that needed to be done was done, willingly and efficiently. I remarked to one of our senior leaders at the time how amazing it was how everyone was coming together to do what needed to be done. His response to me was, “This is what we do, Chris.” He was absolutely right. I’ve seen it happen over and over again. When crisis hits, we move into action. We do what we can to help those who come through our doors, and to help one another when crisis hits one of our own.

There is a spirit, a “soul,” of Rochester Regional Health that in my experience is like no other health system’s in this community, perhaps in this state. I am proud to be a part of it.

As we move through these days, weeks, months of COVID, I know we will do what needs to be done for the sake of our patients and their families, as well as for one another. To paraphrase Charles Dickens, these are the best of times and the worst of times. We are in the midst of the worst pandemic of our lives. We are the best at what we do.

Chris

Christine Baker is a Pastoral Care Chaplain at Rochester General Hospital
To: Rochester Regional Health Employees  
From: Clif Genge, Palliative Care Chaplain, Rochester General Hospital  
Subject: Chaplain’s Message: The Heart of the Matter  

May 28, 2020  

The Heart of the Matter  

As I reflected on the task of preparing this message, I recalled the words of a mentor: “Write from your heart, that’s a powerful thing.” And it hit me: It is all about the heart. Not the heart that our medical staff attends to with medicines and monitors, but the proverbial heart that we lean on for inspiration and strength. The heart that pours out, gives its all, that roars like a lion, that breaks for you and with you, that joins with others to overcome. You overcome so much every day – things I will never see, hear of, or know because you put them aside and get to work. I write this from the heart to share what I see, what I have learned, and to honor you and all you give every day.

What do I see?  

I see you giving until there is nothing left and somehow finding more. I see you working with tears rolling down your cheeks. Extra protocols, precautions, steps, and procedures that seem to change all the time. Sometimes you may feel like you are running in sand—going places and doing things that make you feel uneasy or even frightened. But you keep going, keep doing your best.  

Every day I see hearts crying out in pain, breaking with and for one another. This crisis has magnified our emotions and need for connection. It also has magnified our gratitude for one another, our teamwork and mutual support, our individual and collective strength. It has magnified how big our hearts are and how much they give every day.
Thank you for the huge heart you put into all that I see, even in the face of things I may never see.

What have I learned?

As much as we are individuals, we are all part of a collective whole that wants to be connected. Even the most solitary person cannot go through trials alone. We all long for connection in some way. The isolation and separation from COVID-19 have magnified this need, and you have responded to it in many wonderful ways—reaching out to families, facilitating calls, social media support, and more.

I have learned from our masks. When we all wear masks, it is hard to tell who is who. Sometimes I am afraid to call someone down the hall by name because I am not sure who they are. It reminds me how much more alike we are than different. The masks reveal that our similarities are vast and our differences few—and that makes us stronger. Our similarities provide a foundation on which we can build, but our differences are the materials we use to build a stronger whole.

I have learned that it is not one act that makes us great, but a collection of little things. Mother Teresa said: “Not all of us can do great things, but we can all do small things with great love.” When people do things out of love, it adds to the greatness of our whole. Every day I am impressed by the little thoughtful things people are doing for each other—not because they have to or for personal gain, but from a heart of love.

Thank you for teaching me more about your heart and my own.

How do I honor this?

How do I honor all of you who are giving so much of yourselves every day? By getting up and doing my best every day. By pouring my heart into all that I do. By caring with you and for you. We honor one another by getting up every day and giving our best, together.

Thank you for all that you do and all that you are. Each day I am blessed to work alongside some of the strongest people I have ever met. Thank you for the honor of working with you. Most of all, thank you for pouring your huge hearts out every day.

YOU ARE AWESOME!
To: Rochester Regional Health Employees  
From: Alma McKe, Chaplain, Rochester General Hospital  
Subject: Chaplain’s Message: Calm Me My God, Keep Me Calm

June 10, 2020

Calm Me My God, Keep Me Calm

In the past we have all tried hard to fit in. We would go the extra mile by going above and beyond the call of duty just to get a seat at the table. But when I saw the horrific footage of George Floyd being slowly killed with my very own eyes, I can’t describe the anger I felt. Watching a privileged white man kneeling in the neck of a black man. The white officer looked so empowered and victorious to be crushing the life out of a black man. I heard some say, “Don’t all lives matter?” I’m here to say that all lives won’t matter until the black life does. As we watched this man plead for his life, “Please, I can’t breathe!” And the officer continued to kneel in this man’s neck with his hand in his pocket.

Something has to be done, and we the people have to do it now. The first thing that needs to happen is we are going to have to make some space for all of this anger in order to calm down. There is no one on this green earth that can calm us down like God. This thing is big, and right now, this is a God problem. We are all at a fork in the road where we are going to have to deal with the hurt, pain and anger that we are wrestling with. In the book of Proverbs it says, "He that is slow to anger is better than the mighty." How do I react as an African American/Chaplain/Christian? If I get angry as a Christian somebody will say, "And I thought they were a Christian." In the book of Ephesians 4:26 the Bible says, "Be angry, but sin not." So there is a right and a wrong way to express anger.

Actions should be based on principles. Anger should produce positive, productive action. We need to express anger in a way that hurts others the least. To forgive someone effectively, one has to transfer the system of injustice over to the system of justice, and that system is God. When we do this we are ready to be transformed, "Be ye transformed by the renewing of your mind then you will know my perfect and pleasing will (Rom. 12:2)."