CHAPLAIN MANNIE GOMEZ

Apostolic Hospital Ministry

Matthew 25:36

25 YEARS

Introduction

If it was not for the unfortunate mishap of my beloved Brother Bobby, “I would not have been blessed, with this beautiful ministry.”

My Brother was in an accident, sent to Banner Hospice Rehabilitation Center. While visiting Bobby and others at the center, I received a call from The Spiritual Care Department at Banner Good Samaritan.

Banner Good Samaritan was offering CPE, “Clinical Pastoral Education.” Initiating: The First Bi-lingual Chaplain Program of its kind in the country. Five Units later and with the help of The Lord... The rest is history.

> And I heard the voice of the Lord saying, “Whom shall I send, and who will go for us?” Then I said, “Here am I! Send me.”
> Isaiah 6:8

Manual

Chaplain's Perspective—Hospital Ministry

Purpose:

Discerning Hospital Expectation And The Ministry of "Hope"

Context

- A Ministry of Paradox in a Place of Paradox
- Crisis
- The Beginning and The End
- Helpless—Powerless
- Alone—Desolate
- Hospital Limits
- The Chaplain's Task
- Challenge
- Companionship
- Hope

A Ministry of Paradox in a Place of Paradox

Definition – A Paradox is a statement that is true but seems to be saying opposite things. It is an experience that appears on surface, at least, to be full of contradictions.

For instance, This year the National Budget just for armaments is 1 Trillion Dollars. Why? So that we may live in peace. Alcoholics are advised that "Victory" comes through "Surrender".

"Paradox was not foreign to Jesus. He once cautioned: He who finds his life will lose it; and he who loses his life for my sake shall find it." (Matt. 10:39)

Crisis

The early Greeks portray crisis through a double character: danger and opportunity. And crisis is just that. It is a fork in the road, a turning point, a confrontation that contains both threats and possibilities. The threats are obvious: equilibrium is upset, routines are disturbed, life can no longer be lived as it has been lived. Not for now at least; maybe not forever again. Few emerge from a crisis unchanged, internally or externally.

The opportunity of Crisis:

- New adaptations must be made.
- New resources must be acquired life must now be re-structured.
- Many of these changes have staying powers.
- Crisis brings a train collision between cravings for control and chaos of not performing as an individual.

Paradox

- For instance, “Growth often Comes through Pain.”
- We had to give up the security of our crib to learn to walk. We had to give up the safety of childish dependency to gain the autonomy of adolescence. There was risk and pain; there was loneliness and confusion.
- The Paradox of crisis is that gain comes through loss; growth comes though risk. We learn little that is new unless we’re willing to abandon the security of the old.

Comparing Crisis to a Lobster:

In order to fit into its shell as it grows bigger, the lobster goes through a periodic shedding of the shell.

- Not a sudden change.
- Lobster is left unprotected, naked.
- Vulnerable to terrible dangers.

Paradox

Yet in the inexorability of nature, the lobster must go through those crisis of dangerous exposure or not grow. Your pain is the breaking of the shell that enslaves your understanding.

“Why is this happening to me?”

The Beginning and The End

A hospital is a place of life and death, in the U.S., most people's lives begin there.

Americans spend a fraction of their lives inpatient care. For most, it is a mere parenthesis in a lifetime.

It seems long because the intensity of the experience is often far out of proportion to the number of days spent. That, too, is a paradox!

For some hospitalization is a time of celebration:

- Healthy babies are born, broken bones are mended, feared symptoms are diagnosed benign, pains are stilled. Hope abounds. God's goodness is apparent, or it seems.

For others, hospitalization is a time of remorse:

- Babies are born dead (fetal demise) or deformed, feared symptoms are confirmed, breast are amputated, injuries and scars are defined permanently. Hope is dashed. God is distance, or it seems.

For others hospitalization is a moment of preciseness:

- "As we suspected, you have a hot gall bladder. I can schedule you for surgery tomorrow and you should be out of here by the end of the week."

- For others, it is a time of disappointing impreciseness. “We're just not sure what's causing all of this. We're going to send you home and carefully monitor those symptoms. Right now, we just don't know what else to do.”
- That's the paradox of the hospital:
- Some get answers they want; some get answers they don't want; others don't get answers at all.

Helpless–Powerless

Never is one so free of life's demands as one is in the hospital:

- All appointments and responsibility are cancelled; sympathy not obligation, is the order of the day. Yet never is one so bound in illness.

- One's abilities and energies to attain certain goals, to experience certain goals, to experience certain pleasures and fulfillment, may be severely compromised. Hence, while being free of external burdens, the sick patient is internally constrained.

Paradox:

- The hospital’s patients face the paradox of being free and bound.

Alone–Desolate

One never lacks for company in a Hospital:

- Indeed, privacy is rare. Yet in the mist of contacts a hospitalized patient often ends up doing alone many of the things customarily done with intimate others....
  - Like eating, sleeping, and watching T.V.
  - Going to bed at night and waking up in the morning.
- There can be an eerie loneliness in the midst of all those human contacts (hospital staff).
- A deeper level, sickness often renders strange what has been familiar.
  - Certainly, one inhabits the same body in illness as in health. But it doesn't seem the same. That which over the years has been a trusted, predicted companion, is

now a stranger, emitting strange sensations and pain waves, causing shifting moods and a disconcerting drowsiness.

- In illness one is often not at home in one's own body.
- In similar ways, one may not be at home with one's own feelings.
- The energy demands of illness often render one emotionally exposed.
  - Raw feelings of terror, guilt, rage.
  - Confusion may surge to the surface in unprecedented intensity.
  - Uncontrollable sobbing, torturous self-recrimination and dejecting apathy are

uncommon expressions of illness. Such powerful emotions can be unnerving and embarrassing, both to patients and loved ones. Nothing is under control—externally or internally—in sickness, or so it seems.

Paradox:

- The hospital patient experiences the paradox of being alone within a myriad of contacts.

Hospital Limits

In a setting that is regimented by medical technology and vast technology resources is more subtle and less easy to define:

- The vast resources made available to an individual patient is somewhat embarrassing. Rarely is life so highly valued.
- Those vast energy and resources are devoted towards the disease of the person rather than towards the person with the disease.
- There are those who work in the hospital that must regrettably confess that too often medical technology prompts them to be more interested in kidneys than the owner; more preoccupied with the heart as a pump than with the heart as a center of emotions.

- Some, not all hospitals, the disease is carefully, almost obsessively, monitored while patients emotionally suffer.
- Finally, hospitals confront patients with the limits of science. Many patients soon discover the hospital's technology are not infinite. And those failures are translated into “medical failures.” **What matters to the patient is that the cure is not available now, and now is when it's needed.**

The Chaplain's Task

We chaplains are very much between two worlds—between the worlds of religion and medicine, the hospital and the church. Each world has its impact and demands. Each has its mission and assumptions.

- Because of dual identity, the chaplain is in many ways an enigma to the hospital. We have assumptions, values, and perspectives that ought always to put us in tension with the world.
- Though a member of the medical community, the chaplain's role is not medical. The chaplain doesn't admit, diagnose, treat, or discharge anyone. In fact, rarely is the chaplain seen as a decisive factor in such crucial issues as diagnosis, tests, treatment plans, prognosis, pain control, etc. Usually, these are issues outside the chaplain's domain.

- In a setting highly endowed with elaborate equipment, the chaplain doesn't use any. More often than not, the chaplain enters the patient's room empty handed.
- The chaplain is free to wander the corridors, to move in and out of patient's rooms—invited or not, to pull up a chair and just visit. **For the hospital chaplain, conversation with the patient is not incidental to the completion of other technical tasks, it is the task!**
- Such is the hospital a place of paradox, of contradictions and blurred realities. A place where many of our patients fondest hopes and prayers are miraculously answered, A place where many of their deepest fears and agonies are painfully endured. It is the place where the hospital chaplain do minister. And the paradoxes of the context can't help but shape and define that ministry.

Challenge

However, perhaps at no point does the chaplain's role seem as more paradoxical than in the area of disease. The Chaplain's roll does not embrace efforts to explain, to cure, or to eliminate the disease.

- While others within the hospital seek to cure suffering, we Chaplains seek to engage the sufferer.
- The whole range of medicine sees suffering as a deficiency, as something has gone wrong it must be set right. To the medical world, suffering has no moral or message it is an enemy to be conquered.

- We Chaplains engage the sufferer. We encourage people to have faith in God and yet we dare not assure them that such faith will vanish their suffering. Indeed, from a religious perspective, there seems to be no progress in this world that suffers. Suffering has not lessoned. It has only taken a different form.
- In engaging the suffering, the Chaplain has a word of caution to the patient and to the medical community: "We do not give the suffering more than its due. Suffering is not infinite."
- Like us, like death, like angels and principalities, it is a creature..... It is observant to the creator; it does end—by healing or by death.

Companionship

We must not deny suffering as powerful and devastating. It is not the whole World. It is not the last word in life and in history.

- God is the last word! And that is our word to the sufferer and to the healer! The task of pastoral care is to join the sufferer, to enter the pain, to engage the truth, to descend into hell.....not to minimize or mitigate the suffering. "But to help the sufferer to put suffering in perspective."
- Our ministry must recognize the significance, tragedy, of what has been lost through the suffering, but it must also enforce what is left.
- "For no creature neither suffering or death, neither things present or yet to come can separate us from the love of GOD." (Romans 8:39)

- Don't misunderstand. Word of cautions, that we put to suffering in its place is not a cry for masochism; it is not a plea to passively submit to suffering. Suffering is an enemy, rarely a friend.
- We Chaplains can do little in attempts to limit suffering's power. But that can never be our primary mission. It's not worthy of a lifetime of attention. For sin, not suffering, is our greatest enemy; despair, not death, is our greatest evil.
- Our pastoral mission is to engage the sufferer. To listen carefully and attentively to those voices of suffering. And those voices will speak. Some will speak quietly and gently, while others will cry out. Some voices will probe mysteries, others will protest the unjust. Some voices will speak boldly, others tentatively.

The issue is not weather the voices of the suffering will speak, they will, but whether those voices will be heard.

Hope

In a real sense, the paradox that is confronted in a hospital is the basic paradox of life. It is suffering people with infinite aspirations running smack up against their finite boundaries. Hospitals do not create the paradoxes, they only focus them.

- Suffering simply strips the sufferers of the omnipotent illusion that somehow they and their boundaries are infinite. In that sense, suffering is a great moment of truth for the sufferer.
- As we engage the sufferer, in that great moment of truth when the paradoxes and contradictions lay bare, their human limits and vulnerabilities bring not only **our presence** but, another truth.....a word of comfort from God who transcends those human boundaries.

- It is simple but powerful, **The Word:** "Yahweh's mercy is not at the end. It is new every morning, therefore, There is Hope." (Lamentations 3:22–24)
- **Hope** is our comfort....and because of that Word we can indeed believe, "That suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame".....(Romans 5:3–5)

That is our conviction, and our word to the sufferer that “Hope” is no Paradox!

Christ Called us to “GO”

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