

# Count Chaplains In, Not Out!

*HealthCare Chaplaincy Network CEO:  
Now more than ever, chaplains are  
needed on healthcare teams*

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/EINPresswire.com/ -- As the leader of a national chaplaincy organization, I am baffled by the opinion that chaplains are becoming irrelevant. This statement during this pandemic when chaplains have become more necessary than ever is simply a cover to remove chaplains from employment.



HCCN President and CEO the Rev. Eric J. Hall

A discussion I had with an administrator indicated that because people are not going to "church" there is a diminished need for chaplains. It's true that many churches across the country were

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growing empty even before COVID-19 caused them to close their doors. But the flight from organized religion does not mean people are throwing the baby out with the bathwater. Many faith communities doing online worship and tracking their viewers are seeing significant number of "attendees" who they can tell are not members of their community. Thus, lots of people who have not participated in worship before now are seeking it out. We saw the same phenomenon post 9/11. Large numbers of people turned to faith and religious practice in the time of uncertainty to find connectedness and meaning. So where do these people find that connection and community today?

Chaplains fill that role for many.

As chaplains working in emergency, trauma and other healthcare settings across the country can attest in this time of COVID, people in existential crisis long to make sense of what's happening to them and their loved ones whether they have God or a religious tradition to guide them or not.

I want to address the misconception that chaplaincy is only a valid ministry in the context of faith, and that as organized religion declines in importance, chaplains become less relevant to healthcare systems and therefore a resource that can be eliminated from the budget. This is not the time to count chaplains out. Now more than ever, leaders in healthcare should count them in!

If they have learned anything from the experience of our hospital systems overburdened by suffering and death, health care leaders must surely see the value of treatment protocols such as palliative care and hospice when curative care is deemed futile. Dr. Diane Meier, director of the Center to Advance Palliative Care, makes this point when she says, "Our first and foremost job is to identify and relieve sources of suffering. And particularly in the COVID-19 environment, where all available treatments are experimental and variably accessible, our first obligation is to provide psychological, existential, and spiritual support to people who are understandably terrified."

I direct the [Healthcare Chaplaincy Network](#). For us, professional chaplaincy is about "caring for the human spirit." Our chaplains work alongside first responders and EMTs, integrated in hospice and palliative care teams, and collaborating with doctors, nurses and other medical professionals in ICUs across the country. Our role is to care for anyone – patient, family member or professional and clinical colleague – who is suffering, feeling overwhelmed, hopeless, and alone. When the human spirit is assailed by too much sickness, too much misery, and too much death, our chaplains are there to offer comfort through presence, listening, and support, sometimes joining in with our prayers and often with our tears. We are trained to wade into the midst of human suffering, to recognize spiritual distress in our fellow human beings, to promote healing even when there is no cure, and to affirm the value of life even in the face of certain death. This is what we mean by "caring for the human spirit." And this is why, now more than ever, chaplains are needed on healthcare teams that are providing curative care, palliative care, or end of life care. Chaplains should be counted in, not out!

For administrators wanting to cut the costs of doing business, I say do not cut your chaplains! Take a lesson from hospice, in which spiritual care for the dying is federally mandated, or from palliative care in which it is a best practice the world over. If you are looking for ways to increase emotional support for your frontline clinical staff or seeking to address burnout among your physicians, hire more chaplains! We are trained to do this work. Many of us have indeed been preparing our entire professional lives to rise to the challenge of such a moment in time as the

The logo for the HealthCare Chaplaincy Network, featuring the text "HealthCare Chaplaincy Network" in white on a blue background.

one we are facing right now.

Count chaplains in, not out. And then count on us to work side by side with the other professionals on your teams, providing care for every needy human spirit we encounter. If you would like help finding professionally trained and certified chaplains to join your teams, email me at [EJHall@SpiritualCareAssociation.org](mailto:EJHall@SpiritualCareAssociation.org) and I will put the resources of the HealthCare Chaplaincy Network and the [Spiritual Care Association](https://www.spiritualcare.org/) to work for you. The needs are critical and the solution is at hand.

-Eric Hall

Reverend Eric J. Hall, DTh, APBCC, is President and Chief Executive Officer of HealthCare Chaplaincy Network, Inc. and the Spiritual Care Association. He is also Chancellor of the SCA University of Theology and Spirituality. Hall also serves as pastor of the Eastchester Presbyterian Church and the Lincoln Academy for early childhood learning. Formerly, he was the founder, President and CEO of the Alzheimer's Foundation of America. He can be reached at [EJHall@SpiritualCareAssociation.org](mailto:EJHall@SpiritualCareAssociation.org).

\* See <https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace>

\*\* See <https://acphospitalist.org/weekly/archives/2020/04/08/3.htm>

Molly Sabala

HealthCare Chaplaincy Network

+1 212-644-1111

[email us here](#)

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