

THE SPIRIT OF CARING

They don't diagnose illnesses, prescribe drugs, perform medical procedures, or suggest treatment options, but chaplains and other pastoral care staff are a key part of the medical team at Penn's hospitals.

By Kathryn Levy Feldman

AS the staff trauma chaplain at the Hospital of the University of Pennsylvania (HUP), Reverend David Henfield operates in the world of grave illness and sudden disaster—car crashes, gunshot wounds, and other acts of violence. Many of the patients he serves have around-the-clock police surveillance.

Each morning at seven, Henfield gets a printout of the patients newly admitted to the hospital's intensive care and trauma units. He serves as the hospital's liaison between the patient and his or her family—though, since many of his patients are unable to talk, he admits he often spends more time with the families. But he visits every patient, every day. “When you spend time with a person at death's door or even in a coma, I believe they know,” he says. “People who have been there and walked out of here tell me they remember my visits.”

Henfield also responds to every trauma case admitted during his 7 a.m. to 3 p.m. shift, spending hours and sometimes days tracking down the families of men and women whose lives hang in the balance. It is his job to inform family members that a loved one has been admitted to HUP and to meet them at the ER. Then he tries to arrange a consultation with the trauma team for the family or, if possible, escorts them back to see their relative. Often he prays with the friends and relatives who wait in the family lounge.

Henfield is also often present when the decision has been made to disconnect life support—as on one recent morning when I accompany him to the bedside of a gunshot victim who had been brought in three days earlier. Despite the best efforts of the trauma team, nothing more can be done, and the patient's family, their minister, and several doctors and nurses have come to say their final goodbyes. Henfield



Staff Trauma Chaplain David Henfield:
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enters and gently greets the family members. He suggests they gather around the bed and hold hands, then says a short prayer to bless the life of the patient and send him to his eternal rest.

The monitor flatlines and is switched off. The mother's sobs break the silence,

come lovers of themselves and want to take ownership of everything, including the law," he says. "As long as we will be who we are without changing, men will continue to destroy men for no real reason. It seems that crime just shifts from one corner to the next."



Pastoral Care Department Director Ralph Ciampa: "It is the combination of loss and isolation that overwhelms people, and we try not to let that happen."

and the family minister thanks the hospital staff. Henfield shakes hands with each relative and quietly takes his leave. The family may remain in the room for a few hours, he explains, after which the body will most likely go to the medical examiner's office for an autopsy. Since this was a gunshot wound, the medical examiner must certify the death certificate.

"It never gets easy, but when it comes to random acts of violence, I turn to the Scriptures and realize that men have be-

Each day Henfield and his colleagues who minister to the patients, families, and staff at HUP tread in what Kava Schafer, the staff oncology chaplain, calls "sacred space"—the extreme zones of life that accompany illness, trauma, tragedy, and death. Pastoral care staff members are considered part of a patient's medical team, and like their colleagues are on call 24 hours a day, seven days a week.

Each of the hospitals in Penn's Health System has an autonomous chaplain, but the Department of Pastoral Care and

Education is headquartered at HUP. In addition to Henfield and Schafer, the pastoral care team includes two part-time staff chaplains, Reverend Barbara Emery and Rabbi Robert Tabak, who help provide round-the-clock care. Reverend Ralph Ciampa, the director of the department, and Reverend Jim Browning, coordinator of clinical pastoral education, share clinical duties while also teaching in HUP's nationally accredited and highly regarded clinical pastoral education (CPE) program. As part of their training, CPE residents also minister to patients, supplemented by volunteers, adjunct chaplains, and clergy from a variety of denominations.

While HUP has never been affiliated with any religion, the earliest published annual reports from the hospital's board of managers—going back to 1876—mention informal worship services held on the wards on Sunday afternoons. Today, in addition to a range of Christian sects, Jewish, Islamic, Buddhist, and Quaker faiths are also represented among the pastoral care staff and volunteers.

Chaplains circulate through the patient floors daily. Between May 2010 and May 2011, the team at HUP provided more than 33,000 pastoral contacts with patients and families. Every patient-admissions packet contains information about the availability of interfaith pastoral care, and medical personnel as well as patients can initiate the service.


Chaplains don't diagnose, prescribe, perform medical procedures, or suggest treatment options. Mostly what they do is "listen actively," as they put it.

"We hear people into talking, we are so focused on what they are going to say," explains Schafer, who holds a master's degree in divinity from Harvard. "If I listen long and deeply enough, my hearing will evoke your words that will say what you were thinking. Every person is my teacher and will tell me by their wholeness what they need. I am not coming in to offer; they already have what they need."

Schafer, 63, was born in Kentucky and worked as a textile artist for 25 years, enjoying success in galleries in the 1980s and early 1990s, before turning to the ministry. "What formed my spirituality was weaving," she says. "Through the textile arts, I learned



Staff Oncology Chaplain Kava Schafer:
"I listen deeply and build on their resiliency.
We all have more spiritual assets than we know."

A portrait of Adjunct Chaplain Gwen Jackson, a Black woman with short, curly hair, wearing glasses and a dark cardigan over a white shirt. She is seated and looking slightly to the side with a gentle expression. The background is dark and out of focus.

Adjunct Chaplain Gwen Jackson: "I told God
that if He let me live, I would be of service."

about the interconnection and interrelatedness of all things. What seemed to be a form of death to the raw material—wool becomes yarn becomes fabric—often transformed into new life. In the practicing of those arts I became aware of the potential spiritual transformation that lies latent at the core of everything in the universe.”

In the early 1990s, Shafer moved to New Mexico, where her growing interest in spiritual matters ultimately led to a new life path.

“I felt like I was being called to be an Episcopalian priest,” she says. “I didn’t know how I was going to do it”—at the time, she was a single parent with only a high-school diploma—“but I knew it involved me going back to school and finishing my college education.”

Schafer relocated to Albany, New York, earned a degree in religion from Skidmore College in 1996, and then enrolled at Harvard Divinity School. “It was a whirlwind of education,” she says with a laugh. (In 2005, she added another master’s degree, in holistic spirituality, from Chestnut Hill College.)

While at Harvard, Schafer decided to focus on the chaplaincy, which led her to Philadelphia, where she enrolled in the CPE program at Penn in 2000. She did her residency as a hospice chaplain at Wissahickon Hospice in Bala Cynwyd, Pennsylvania, part of Penn Medicine, and was hired as oncology chaplain at HUP in 2002.

“Most of what I know about strength, courage, and spiritual resilience emerges from my relationships with patients living with cancer,” Schafer wrote in a 2005 newsletter for a support group for people with oral and head cancer. “Not that anyone would ever choose to grow under the harsh discipline of illness, but the realities of sickness, dependency, and limitation may yield spiritual riches while providing the strength to live moment by moment.”

Because Schafer’s patients are often hospitalized for long periods during their treatments, she has the opportunity to form lasting bonds. “I listen deeply and build on their resiliency,” she says. “We all have more spiritual assets than we know.”

“Kava emits a sense of calm and peace when she enters my room,” one

patient says of Schafer’s effect. “It surrounds her, and it is very calming.”

For those receiving palliative care, Schafer’s presence can be especially reassuring. “I become their safe person. They are grieving and need to be comfortable with their strong emotions, which can be transformative—they can tell me anything.

“I do what I can, as much as I can,” she adds. “Each person teaches me about courage and the strength of the human spirit.”

Henfield echoes this sentiment. “I am helping my fellow man,” he says, explaining the appeal of this intense, intimate, and profound work. “Their religion or ethnicity does not matter. While they are here, they are all children of God.” Still, he admits the work can be physically and emotionally demanding. “When I leave here, I do not talk about work,” he says. “I block it out, and at a meeting we have here about once a month I talk these matters out.”

Henfield, now 66, worked in construction when he was younger, but he had been studying scriptures from an early age and was always active in the ministry of his local church, the Church of God of Prophecy. When his pastor was called to a branch in North Carolina, he recommended that Henfield be elevated to the level of pastor. He laughs: “It was no bolt of lightning.”

He enrolled in the pastoral classes then offered at Presbyterian Hospital to help him understand people better, especially the cultural dynamics of the many nationalities in his church and community. He went on to serve as a community liaison chaplain at Presbyterian for seven years before moving to HUP to become trauma chaplain in 1999. It was a dramatic change to find himself dealing with what he calls the many levels of trauma.

“There is the personal trauma to the patient, the staff trauma of those who attend the patient, and the trauma to the family,” he explains. “In the beginning I was overwhelmed by the gunshot wounds and young people in the hospital. I learned to talk with the nurses and physicians about what I had seen and they helped me with my self-care. I also learned to seek help and to ask people if they could listen to

me for a few minutes. There don’t have to be any answers, just having someone listen can help a lot.

“If you walk into the intensive care unit at 6 a.m., there is hardly any patient breathing on their own. When you witness the vulnerability of man, you realize that we all must depend on each other to survive,” he says. “I recognize that we truly are nothing without each other.”

Every chaplain has a different method of “recharging,” says Ciampa, an ordained United Methodist minister who has directed pastoral care and education at HUP since 1989. When he is feeling particularly stressed, he says, he gets off the train a few stops early and runs the rest of the way home. To help both the pastoral and medical staff, the department conducts grieving rounds once a month with the pulmonary department that are well attended and “very profound,” he adds. “We believe that loss is inevitable and an important part of the human experience. It is the combination of loss and isolation that overwhelms people, and we try not to let that happen.”

Penn’s clinical pastoral education (CPE) program is one of about 500 programs in the country that train students to work in the ministry. There are fulltime (residents and interns) and part-time (externs) students during the summer and the academic year, and students are generally assigned to HUP or Pennsylvania Hospital. Denise Statham, the program’s administrative secretary and volunteer coordinator, also trains and orients volunteer pastoral visitors who provide services at both HUP and the Penn Center for Rehabilitation and Care at 36th and Chestnut streets. In total, about 40 volunteers help fulfill the mission of the department.

“Most of our students are adding practical experience in ministry to their academic preparation in seminary education,” explains Ciampa. “That was how the CPE movement originated in the 1920s. In fact, it was created under the influence of the medical model of hospital internship and residency.”

Many current students are not theologically educated in the traditional sense, but have “a gift for the chaplaincy and may be very well-grounded in religious

traditions,” says Ciampa. “We try to assess their non-accredited educational experience and their ‘life-learning’ equivalencies in responding to their interest.”

Instruction is divided between the classroom and patient settings—“basically a mix of being out there and doing ministry and coming back and meeting in small groups with a supervisor to reflect on their patient experiences,” says Ciampa. Students quickly learn that they must be able to “reach across many religions,” he adds. “They are assigned to specific patient units and must meet any needs that arise.”

Students shadow an experienced chaplain for a full 16-hour shift before doing overnight duties on their own, and part-time students have longer orientation periods. “We purposely select students who are able to meet patients in the role of a nonsectarian spiritual support,” says Ciampa. Students also present reports of their encounters in seminars, where they are subject to careful review.

It is in these seminars that students learn the skills associated with pastoral conversation, including active listening, or reverent acknowledgment, which is probably the most conspicuous attribute of a chaplain: the ability to be truly present in every encounter, often without saying a word. CPE students also learn a reporting technique known as *verbatim*, in which they describe their conversations with patients from memory, in the form of a play. They present these dialogues to their classmates for feedback and are encouraged to include not only the patient dynamic, but also their own reflections—including why they might have been drawn to minister to a particular patient. “We encourage them to reflect on their own life story and pay attention to their own reactions when ministering, to understand how their experiences feed into the work they’re doing,” says Ciampa. “Where is it a strength and resource? Where is it a barrier?”

For many of the CPE residents, training and working in an interfaith environment has a profound effect. Janis Nelson, now an adjunct chaplain, was raised “a very traditional Baptist” and had taken theological classes in Biblical counseling while she worked in the grief assistance program in the medi-

cal examiner’s office from 1997-98. The minister at her church told her about the CPE program at Penn. The day she applied to the part-time extern program at Pennsylvania Hospital, she was admitted even though the group was already in progress. “The director called me and told me I was a godsend since somebody had just dropped out,” she remembers.

Those early days were rough. “I came out every night crying, traumatized by what I had seen,” she recalls. “But I had to go back. I had to complete what I set out to do or I would have failed God.” That was 12 years ago, and in the interim this sixtyish grandmother got hooked on trauma. In fact, she loved it so much that she completed the CPE residency program twice, even after serving as an adjunct chaplain after the completion of her first extern unit.

“I love working in that trauma bay,” she says with a smile. “It is a joy to be part of this place. Once you have come to this program and trained in an interfaith space it is hard to go home to a traditional one. It seems I was looking for something else and I found it here. I meet the patients in that place, a ground-zero, humanistic place.”

“Taking care of our patients in a non-faith-specific way is wonderful,” echoes Linda Joy Goldner, a rabbinic student who recently completed the full-time residency program and now serves as an adjunct chaplain. “In fact, it has removed the concept of ‘movement’ for me with regard to my own religion, and I belong to a variety of different synagogues, from orthodox to liberal. My mood Shabbat morning dictates where I am going to pray.”

Gwen Jackson found herself drawn to the chaplaincy after surviving Stage 4 inflammatory breast cancer in 2000, keeping her end of a bargain she made with God. During her treatment (chemo, surgery, radiation, and chemo again), Jackson found herself surrounded by a strong support system. “My older sister is a Prayer Warrior and between her prayer circle and that of all the parents at Friends Central School, where my son Brandon was then in ninth grade, I felt so incredibly loved,” she recalls. “I told God that if He let me live, I would be of service.”

Live she did, and, in 2005, Jackson enrolled full-time at Howard University School of Divinity in Washington. “I moved into the dorm, lived in one room and found myself 40 years older than

most of the students,” she says with a laugh. “But I immersed myself and embraced it.”

Jackson graduated in May 2007 (earning the school’s Humanitarian Award) and moved back to Philadelphia to enroll in the CPE summer internship program at Pennsylvania Hospital. Towards the end of the program, she bumped into Ciampa, who told her that Children’s Hospital of Philadelphia had just received a grant for a nine-month CPE resident. Was she interested? Jackson, the former head of the Wynnefield Private Academy, a pre-K through third-grade school, never hesitated.

The 62-year-old Jackson currently serves as an adjunct chaplain at HUP, working the on-call shift four times a month and “whenever I am needed.” Though she counsels all patients and family members, she continues to be drawn to the child in the room when one is present, especially at times of trauma or death. “I call them the silent young partners,” she explains. “Most of the time when I see them they are silent, and many times these children are asked to go to school the next day, like nothing unusual happened.”

Jackson’s dream is to open a place in West Philadelphia where grieving children and teens could come to help them process their emotions and keep their memories alive. “Grief is timeless and individual,” she says. “For me it is about children. I’d like to be able to help them embrace their faith traditions to help them heal, no matter what those traditions are.”

Jackson was among the recipients of the department’s Spirit of Caring awards this year. In accepting the award, given annually to recognize members of the HUP community for their ministry, Jackson could easily have been speaking for any of her colleagues. “I’d like to thank HUP for allowing me to be a pastor to those whose pastor is not here: to hear their story, to be with them as they pass on, and to allow me to see the power of God,” she said. “I could have checked out 11 years ago—but since I didn’t, I checked in to find out what my real purpose is.” ♦

Kathryn Levy Feldman LPS’09 has written frequently for the Gazette. For more information on the Department of Pastoral Care and about Spiritual Care Without Borders, a fund that helps support its programs, visit www.uphs.upenn.edu/pastoral.