

Soul Repair: After Moral Injury is hosted by Dr. Susan Diamond and Dr. Rita Nakashima Brock. And is produced by [Studio D Podcast Production](#).

Episode 3: When Patients Seem Like Enemies: The Moral Struggles of Healthcare Workers

Four healthcare professionals join hosts Rita and Susan to tell their stories of moral injury and how they coped with trying to save lives in dangerous conditions while worrying about themselves and those they love. With rare and moving honesty, they speak of how crushing it was to survive and cope with feelings of hopelessness, helplessness, desperation, emptiness, grief, outrage, exhaustion, and a loss of faith. They also share what enabled them to keep offering the best care they could and to recover.

Hosts:

Rev. Rita Nakashima Brock, Ph.D., is Senior Vice President for Moral Injury Programs at Volunteers of America (VOA) and a Commissioned Minister of the Christian Church (Disciples of Christ) in the Capital Region. She is a former professor and academic administrator and co-author of *Soul Repair: Recovering from Moral Injury After War*. An online, one-hour moral distress-relief program at VOA is open to the public at www.voa.org/rest.

Rev. Susan Ward Diamond, D.Min., is Lead Pastor of Florence Christian Church, Florence, KY, and was ordained as a pastor in the Christian Church (Disciples of Christ) in 1990. She has served on a number of boards and leadership roles in the denomination, including moderator of the church. She is author of *The Daily Grind: GOD with Your Coffee*. Her daily blog, "Thoughts for the Day," can be found at pastorsusantfd.wordpress.com.

Guests:

Ms. Jennifer Clark, Physician's Assistant and U.S. Air Force combat veteran

Ms. Melanie Pass Park, Emergency Room Nurse Administrator

Ms. Joanne Samuels, Thoracic Intensive Care Nurse

Ms. Stephanie Tewes, Physical Therapist

Resources:

Hidaya Aliouche, "Moral Injury in Healthcare." News-Medical. 06 March 2023.

Jennifer Clark, *166 Days: My Journey Through the Darkness*, Outskirts Press, 2013.

For online Moral Distress Relief: www.voa.org/rest or www.rest4firstresponders.com.

SOUL REPAIR_E3_Transcript

Susan Diamond [00:00:02] This is Soul Repair: After Moral Injury where we bring to light a misunderstood trauma.

Rita Nakashima Brock [00:00:09] In each episode, we will walk together through the labyrinth that is moral injury, which is our human reaction to harm.

Susan Diamond [00:00:20] This wound to the soul is often experienced through feelings of grief, remorse, shame, outrage and despair.

Rita Nakashima Brock [00:00:29] Whether you've experienced moral injury, hope to help someone who has it, or want to learn more and advocate for others, this is the place for all of us.

Susan Diamond [00:00:40] Join us as we seek pathways to bring light, healing and peace into the labyrinth journey of Soul Repair After Moral Injury. Rita, it's great to be together again as we are on episode three of Soul Repair After Moral Injury. Today, we're going to be talking about health care workers, specifically nurses, physician's assistants, those who have been really on the front lines when it comes to giving care to people. And I know as a pastor I do a lot of hospital ministry, pastoral care in the hospital, and we both had episodes recently that have touched both of us in very personal ways.

Rita Nakashima Brock [00:01:26] Susan, it's great to be back with you too. This episode strikes close to my own heart. My mother was a nurse. My father was a medic. I know something about what they go through. But this is going to be, for me, a really profound episode.

Susan Diamond [00:01:40] It really is. And sometimes we don't realize where people are coming from, especially our nurses and health care workers who really are-- doctors are wonderful and they give a lot of wisdom, but it's those that are giving patients care constantly that many times are struggling themselves. And how do they keep that spirit about them that is a positive one to help people when they are in a terrible situation. And the last couple of weeks, I've been dealing with a family in my congregation who has had to experience a death...the patient who had been on life support and the difficulty that comes out of making that hard decision.

Rita Nakashima Brock [00:02:27] Yeah, it happened to me too. I lost a really good friend over the Thanksgiving holidays and was there when they disconnected his ventilator and the nurse gave him drugs to keep him comfortable and 45 minutes later he breathed his last. And I was so grateful for the kindness and subtle care, not intrusive at all. The family was on Zoom with us and another friend of his and I were beside him as he left this world or he stopped breathing. We're not sure when he actually left his body, but he stopped breathing. And we only saw the doctor for a few minutes, but the nurses were in and out and the nurse that finally made him comfortable

at the end was so kind. And then left us alone for that 45 minutes as we all talked to him and saying to him good things.

Susan Diamond [00:03:20] And one of the things that I've noticed too, is especially when you're dealing with critical care, I have found as a pastor it's been helpful for me to check in with the nurses before I go in to offer pastoral care. And so, we're kind of like a team. But I also sense sometimes-- particularly with critical care patients, have given so much that need to acknowledge that...finding those places too where we can lean on each other.

Susan Diamond Rita, we've got some great guests today that we are going to be learning a lot from in the health care community.

Rita Nakashima Brock That's right. They represent some pretty harrowing experiences involved with trying to save people's lives.

Susan Diamond I'm really excited about several of these people because I know them personally.

Rita Nakashima Brock Yeah.

Susan Diamond One of them is Stephanie Tewes, who is actually a member of my congregation in Kentucky. She's currently serving as the care coordinator for Kindle at Home, which is the Home Health Service to seniors. She was formerly during COVID, working for a local rehab and nursing home that she had some experiences that she needs to tell us about what was going on during COVID. And so I'm grateful that she's here today. I am grateful for her story and for the things that she's learned. Also, I wanted to introduce Melanie Park, who is a registered nurse who has been serving for 38 years at Brandon Florida Hospital and is an E.R. supervisor. And during COVID, it was the whole ER, of course, we know was taken over by COVID patients. And she has some pretty harrowing stories to share as well.

Rita Nakashima Brock From my side, there's Joanne Samuels, whom I also know, and she's actually the spouse of one of my work colleagues. And I found out that she was a thoracic ICU nurse and she actually got interested in our moral injury work when we started working on it in health care. And then her unit in her hospital that wasn't at all COVID was turned into entirely COVID unit. And so she really just struggled to survive during all of that because she was working so very hard and it was really hard on her. I know. And then the other person we have as a guest is a military veteran named Jennifer Clark, who was a physician's assistant in the military and was deployed to Afghanistan and has some pretty harrowing stories to tell about what it was like to serve as a physician's assistant in combat. And she actually wrote a book about her experience called 166 Days My Journey Through the Darkness. And when this pandemic started, I thought there might be parallels between what happened to people in combat and what was happening in hospitals. And so I think her voice here is

especially important because she's bringing that war experience and her continuing work as the physician's assistant during the pandemic.

Susan Diamond So we're going to hear some very powerful stories and hoping that our listeners will begin to understand the depth of what moral injury can mean in this environment.

Rita Nakashima Brock [00:04:43] Moral injury is the emotional anguish that comes from an unreconciled moral conflict between our deepest values and our lived experiences when something goes terribly wrong. And how things go wrong may be other people, it may be ourselves, but something goes terribly wrong and we cannot find our way to reconcile with it.

Susan Diamond [00:05:11] Jennifer, we thought maybe we might start with you because your moral injury took place several years ago.

Jennifer Clark [00:05:19] Yeah, sure. My experience was back in 2008. So, I was a brand-new P.A. and about a year of experience under my belt and I was ready to save the world. I got this tasking for a deployment to go to Afghanistan. It was a very unique role, especially for being in the Air Force. I was what was called a female treatment team. So, it was myself and it was a female medic. And we were the only women out on a firebase attached with the team with Green Berets. And interestingly enough, where we were located was kind of the most violent firebase in Afghanistan at the time. It was called Anaconda, and so it was in the Uruzgan province. Basically, my job there was to take care of the local nationals as well as treat our guys through the injuries that they may have incurred during firefights and whatnot. And so, I was out there, my deployment was about six months. And so, because of just the violent area that we were in, we were attacked on an almost daily basis and our guys suffered some casualties. And I took care of a lot of the people there that just had injuries and illnesses that it was really difficult to take care of on the frontlines. There were a lot of moments where people traveled on foot for days to come and see me to get care, only for me to tell them I don't have the equipment or the facility to really give them what they needed, what I would have done in the States. And so, that was really hard. Our guys got into contact and of course were a family over there when you've got no one else. And so, enduring our guys getting injured... And, unfortunately, I had a mass casualty on September 2nd where we had 13 that were injured and then were ambushed and got into a huge firefight. One of my very good friends was killed in action during that. And so, dealing with the mass casualty of these guys and dealing with the loss of my friend all at once was a huge trauma for me. And it's interesting, after that event, I feel like I still had a good month and a half left on my deployment, and I think that event moving forward I was definitely what I would say numb to the whole experience. I'd look at myself at the beginning where I was young and giddy and ready to save the world, to where I just didn't care anymore. And everything that I thought I knew about myself and my faith and my purpose in life just was all called to question. I think there was one moment in particular where I could really see that. So, when the guys would go out on missions, the medic that I was with, her name was Becky, she and I would be on the radios listening to the guys as they were communicating back and we would also run

the surveillance cameras on the base. As time went on, we knew how to locate where we're being attacked from and whatnot. I remember one night after that event on September 2nd, we were being attacked, and I put the camera where they were, and I saw them firing at us and without skipping a beat, called in the coordinates to the mortar pit for them to drop mortar rounds on them. I was so filled with rage and anger at these people that I saw them still moving on the camera. And I called back in and I was like, "They're not f*ing dead yet. Hit them again." It was in that moment I was like, oh my God, who am I? Who is this person so filled with rage and just anger and emptiness compared to who I was before? I really struggled with that and many other moments from that deployment when I came back.

Rita Nakashima Brock [00:09:36] Wow. I can't even imagine that feeling of vulnerability and anger at the same time.

Jennifer Clark [00:09:44] Yeah, it was unlike anything I had ever felt up until that point. I think we all have our own trials and tribulations in our lives that kind of lead us to where we are and develop us into the people that we are. I always felt like I had a good handle on who I was. And so, when that deployment happened and I had just trauma after trauma after trauma that happened in truly almost on a daily basis, it just kind of beat it out of me to the point-- Once everything settled down from that event where I called in the coordinates, I remember going back to my room just feeling, like, who the hell are you? What are you even here for anymore? It really called my soul into question. And I struggled with that for a really long time.

Susan Diamond [00:10:43] I've heard enough stories from some of you that I think some of you are resonating with that story. Melanie, why don't you share where that's hitting you?

Melanie Tewes [00:10:57] I mean, not to that degree. I've never been in a battle, but I have felt like I was on the battlefield many times because you have to go from one just tragic event to another without even skipping a beat. You're expected to deal with the trauma of child abuse or death or domestic violence and then go on to the next thing without even taking a breath. And it just contributes to you feeling hopeless and just like you're not up to the task or that you're doing it inadequately. You kind of feel like you're so hardened to the facts and to the situation that you can't empathetically deal with it. I mean, empathy is something that was given to me from birth and that's probably why I became a nurse. I have been in situations where I couldn't feel empathy because it was happening so fast and I would go from horrific child abuse to sexual battery or something without skipping a beat.

Susan Diamond [00:12:26] Melanie, when we talked last year, you were in the midst of the onset of COVID. You were right in the middle of it in your E.R. You told me your E.R. was full of COVID patients. Can you tell us about that experience and what you felt when you went into a room?

Melanie Tewes [00:12:51] Have you ever seen that movie World War Z where the zombies are crawling up the wall? That's how it felt. It felt like we were just being overwhelmed and couldn't keep up by any means. We were running out of oxygen, medications that were just standard treatment...we were out of them. We couldn't get them. We couldn't get the protective devices for ourselves. We were just kind of doing it all on a shoestring really, and doing the best we could. I've had several codes that were just respiratory cardiac arrest that we were just not up to the task. It was just hard for us to even manage. I work in a freestanding emergency room, so we're kind of limited with staff. And when a code comes in, I mean, there's three of us to run a code. That's horrible. It's just not enough. I would see things on the news where people were actually denying the pandemic, and that led to a lot of my moral injury...just that people weren't getting it. We had a lack of supplies, a lack of empathy because we couldn't really put ourselves in the situation enough to absorb it all. It was kind of bouncing off of our heads and you'd go home at the end of the day just thinking, "What have I done? Who have I let down?" It's a horrible thing when you're a healer. You go in as a fixer. And that's my role in life, is just to fix situations. And I wasn't up to it.

Jennifer Clark [00:14:38] I just wanted to say I feel like as healers, you hit the nail on the head when you talk about empathy as just something I think most of us are born with, and it's just who you are. And when you have a situation like what your experience was or mine or everyone else's on the panel, it's like that empathy goes away and it's really hard. That's what brought you to your job to begin with and to have that just kind of dissolve, I completely resonate with that too.

Melanie Tewes [00:15:13] When your whole identity is crushed really like in 10 seconds or so, something you've lived with your entire life. And for me that's a long life. So, when you've lived with that your whole life and you identified as a person with compassion and that is gone because you just can't keep up with the situation if you're compassionate. It just deals your whole ego a blow, everything.

Rita Nakashima Brock [00:15:48] It also seems to me that part of the struggle is that you have people out there who aren't empathizing with you either. They're denying it or they're angry that medical people are saying that there's this thing or they're refusing to get vaccinated when that's the best help people in medicine could offer. If I think about it, that's also part of the difficulty that everybody in medicine faced was that people kept denying instead of supporting medical people.

Melanie Tewes [00:16:21] That was one of my biggest. I would come home and I would realize and see on the news and see the things my friends and family would say. That was another devastating blow because they just didn't get it. Well, God bless them for not getting it, because I would never want any more people than had to be exposed to it. But goodness, it was bad. But you're right. That's exactly right.

Susan Diamond [00:16:56] Joanne or Stephanie.

Stephanie Park [00:16:59] The difference for me that happened was that I was kind of forced more so to do my job and do occupational therapy with people who are dying of COVID 19. When the definition of occupational therapy is to restore your independence and make you independent and you know...walking into a room, what am I doing? I'm making a dollar for a skilled nursing facility is really what it boiled down to. So that was even more of a real blow to my ego. I vividly remember walking into the director of nursing's office and saying, "What are we doing? Why are we doing this?" And it was just blank stares. And the obvious elephant in the room, of course. It was terrible, just as you're describing all of you. Everything about it. There's a lot of things I remember that I didn't have the supplies that I needed. They actually rationed them when we first got them. They said they're for nursing not for therapy, so continue to do your job. And walk into a room with a known case of COVID and continue to sit there for an hour and do rehab on somebody who really doesn't need it. So, I remember putting an APB out to my neighborhood and saying, "We're not getting the supplies we need. Can anybody make these masks?" If you remember them putting out those little patterns of how you could make cloth masks and I would get tons of them to my mailboxes and bring them in to the facility for our therapists. I went out and bought air filters for your air conditioning, and I would pack them into the cloth masks and then we would go in and do our COVID treatments until they had enough N-95s to give to us. And it didn't stop there. We ran out of gowns too, probably six months into it. And then they said therapy can't wear the gowns. We're going to have to ration them to the nursing. So, they gave us these little things that look like ponchos, like garbage bags almost. And that's what we'd wear in there. It was rough. I remember coming home and just one day my husband was like, "Steph, I know you're here, you're doing everything you need to be doing. You're checking off all the boxes as mom, as an employee, but you're a ghost of a person. You're just a shell of a person, just drifting through life and checking the boxes of what you need to be doing." And that was kind of my wakeup call of something's got to change because it's only going to start with me.

Susan Diamond [00:19:34] Yeah, I remember we got together. She is a part of my congregation in northern Kentucky, and we got together and I could not believe how exhausted and sad you were-- and angry.

Stephanie Park [00:19:52] Yeah, angry was probably my top emotion there. I don't know if any of you guys are into the Enneagram, but I'm an eight and I am somebody who fights for what is right. I knew what we were doing was not right. And I just kept saying that to people of authority who I thought would listen to me, "This is unacceptable. What are we doing?" And I was just not being listened to. You would hope that people would take the high road. And even though you're there as a for profit community, do what's right. And that was not what was happening.

Susan Diamond [00:20:34] Joanne, how about you?

Joanne Samuels [00:20:37] My experience, much like yours, everyone's, I was in DC in a cardiothoracic ICU. So, I thought in the beginning, well, they can't put COVID in ICU with these open-heart surgeries. Well, our nurses, our team, we are used to very high

acuity patients. So, they turned our ICU into a full COVID ICU. So, by the time we got the patients, we were thinking of putting them on ECMO and they were ECMO standby and everyone was ventilated [ECMO=extracorporeal membrane oxygenation, similar to the heart-lung by-pass machine used in open-heart surgery that oxygenates a patient's blood outside the body, so the heart and lungs can rest]. We were trying to figure out how we could tube the ventilators to make them go to four people as opposed to just one. And we were rigging all the ICU pumps to be outside of the room to try to minimize our exposure in there. And I think in the beginning it was just about survival because we had no treatment. We didn't really know what was happening. Young people were coming in. I mean, we had 20-year-olds coming in and saying, "I don't really feel like I'm breathing well." And then the next minute I was intubating them and then three days later I was extubating them because they died. So, in the beginning it was like survival. Like, what are we doing? There is this battle that we were fighting that we didn't even know. It's like slowly, boom, we're in it. There was nothing that we can do. We were just trying any new thing that you hear. Plasma, let's do it. This, let's do it. I mean, we were just running blind, I feel, for months, until we could figure it out. And when I when I couldn't save them, I think I became a little obsessed about saving me and my husband. I looked like an astronaut all day long in ICU. I was telling my husband, like, you can't go out. You can't go to a store. We can't go to restaurants. You need to stay in the house. I mean, I became almost like a crazy person because I did not want it. I did not know what it was. We didn't know yet. There was no treatment. I didn't want it. I didn't want to bring it home to my husband. I think it turned from I couldn't save the people that I'm used to saving, so then I just became obsessed with saving myself and saving my family. And then it became like, oh, we have these vaccines. So, it was like, oh, great, everyone's getting a vaccine, right? And then people are coming in like, "Don't give me a vaccine. Don't tell me it's COVID." Then it started becoming this whole-- like you said, you just lose your empathy for people who are okay with not being safe and making sure you're not safe, but then coming to the hospital and wanting to be saved. And it was really hard to try to justify and having the empathy for these people. I remember I was just about to intubate someone and asking, "Is there anything you want me to say to your family member? I'm not sure you're going to make it." This was like a constant all day just moving to the next person. And someone said, "Tell my family I have anything but COVID, because COVID is not real." I'm like, "You are dying from COVID. I'm about to put this tube." And he died of COVID. And that was just constant. The onslaught of that stuff was constant after we got the vaccine. And it was hard. It was hard to keep the sympathy. It was hard not to just want to tell these people, I don't care if you don't want the vaccine, but don't come to the hospital because you're putting all of us at risk and all these nurses and these cleaners and our respiratory and occupational and doctors. I mean, we weren't immune either. So, you're getting sick. Everyone was getting sick. It was hard. It was a lot of trying to rectify, like, okay, how am I going to wake up and still want to take care of these people?

Melanie Tewes [00:24:57] Exactly. When you say that people were such deniers, but they would still come to the hospital for care, that was exactly how I felt because they were still denying it. But they still wanted everything we could do.

Joanne Samuels [00:25:13] But they still didn't want the vaccine. They still don't want that.

Melanie Tewes [00:25:17] Right, they still don't.

Joanne Samuels [00:25:19] Do everything. Save my life, but do not give me the vaccine.

Stephanie Park [00:25:22] Yeah, I remember when the vaccine was coming out, so I was one of the first of them to roll it out too, because they wanted to get to the skilled nursing facilities. So, I was getting bloodwork done and they were testing me for COVID and running all kinds of just different data and kind of stuff. I had volunteered for that to figure out what's going on, really. And so, I was one of the first ones getting the vaccine. And this is what was rolling through the skilled nursing facility, too. And I'm just thinking in my mind, you are here taking care of the most vulnerable population with this and you just won't get vaccinated. And really, we were ground zero. It was probably one of us to bring it in here to these guys. And I remember trying to change the narrative and I was like, what can I do to change, like, just do something to say this is right? And I found this shirt that said Vaccine Safe, Bro. And so, I would wear that around with my scrubs that said Vaccine Safe, Bro. And then I had found a pin that said the same thing, and I put that on my badge. And I remember when I quit my job in the facility, a sweet little college girl came up to me, she was working in activities, and she said, "I just want you to know that you're the reason why I ended up getting a vaccine...because you are so vocal about it." You try to change the narrative and educate people on what it truly was, and that wasn't happening when it came out. There was no education on it to actually truly tell people what it is and how it works. It was just all over Facebook and social media. You would see people trying to educate people incorrectly on what a vaccine was, so they never really got the true definition of what was going on. So, that was really enlightening. She was like, I just want you to know that you're the one that changed my mind.

Susan Diamond [00:27:08] As I'm listening to all of you speak-- and Jennifer, I appreciate you starting this conversation because the way that you talked about this in the context of war really has resonated through the pandemic with all of the health care that was going on. It really in some ways has been a war with some of the same kinds of experiences and the empathy being affected by all the overload.

Jennifer Clark [00:27:39] What's interesting too, just listening to everybody talk, from my experience obviously I wasn't dealing with the pandemic, but I remember my job was to run the clinic that took care of the local nationals. I knew that where we were, at every village surrounding us, was Taliban supporters. And so, I never knew who my patients were when they came in. And I learned very quickly that a lot of full-blown Taliban would fake injuries or illnesses to get in. They were supposed to be screened and patted down by the guards before they came in, but I watched them let all kinds of people through without patting them down. And so, it's like my empathy was very quickly diminished in those moments because I was worried about my own personal

safety. I didn't know who I was treating. I didn't know if they were an actual patient who really needed my help or if they were trying to kill me. And so, it's just this crazy dichotomy that I feel like even though our situations are different, there's still this same like how can you have empathy towards a person who is in such a different realm of mindset than you are when you're really there to help them?

Rita Nakashima Brock [00:29:08] That was amazing. It's true. There's a way in which people come in and they're dangerous because they refuse to be safe and still want care. What I'm now interested in is-- all of you it's astonishing what you've all been through, so what got you through? Why are you still here?

Joanne Samuels [00:29:32] Insanity. We're all insane.

Melanie Tewes [00:29:34] I think she's right.

Joanne Sameuls [00:29:40] I mean, that's the only thing that gets you through. I think for me, I think it's knowing that the ones you're truly helping, like the one that did get vaccinated and the ones that really need help for no fault of their own. They got vaccinated. They did all the right things. They still ended up in the ICU. And I think it's for those people that you show up because there are still people who need the empathy, who need the help, who need you, who need all of it. I think it's for those few and far between at the end that you pull through, and that is why we still do what we do. It's those cases that are on ECMO for months and then walk out of the hospital. Even if it's one out of 100, you're like, okay, that is why we do what we do, because that one person walked out of here and is able to go home, see their families, try to get it together. It's for that.

Melanie Tewes [00:30:38] Yeah. It's like the one person that says thank you. You do it for them.

Jennifer Clark [00:30:46] I think for me, again, I'm much farther removed from my situation, but I had a crazy complex of PTSD as well as moral injury and all these things that happened because of what I went through. But organically, I started to share my story with people when I came back. And I remember coming back to my base and my experience was such a unique experience for what the Air Force and certainly the medical field in the Air Force is used to, that I was asked to speak at events and I began to do that every six weeks. And I would tell my story. And after every single speaking event, there was a line of the biggest and burliest guys in tears and they were saying thank you. I just needed to hear from someone else that it's okay that I'm feeling the way that I'm feeling and that I can get help. And it was like it gave purpose to my pain and that gave me strength to, like, get through and keep going. Now I'm all these years removed and I still feel like that was probably one of the biggest healings that I had during that time, is just being able to take this horrible thing that happened to me and turn it around to use it for good in someone else. I kind of I'm hearing the same type of scenario, like you're doing it for someone else. I think when you can find a way to

channel that and to find the purpose in it, it helps you to kind of keep going and moving forward.

Stephanie Park [00:32:37] That really resonates with me too, Jennifer, because that's kind of how I got through it too, is having that outlet of knowing that there's like-minded people that say thank you and I can confide in. I started a Facebook Live interview process throughout the pandemic to talk to like-minded people who were going through the same thing as I was. I was interviewing registered nurses, RTs. I interviewed a nurse who was in the Air Force at the time during the pandemic. I had this overwhelming feeling that the news was not putting out there what everybody truly needed to hear about what was going on for real. And so, I put out on the front lines and just interviewed different health care workers so that the common people could see the stories that were coming from this pandemic because they weren't being told. When I was sitting and doing therapy watching the news and everything looked like sunshine and rainbows in the outside world, I just I had to have an outlet. So, I did that. And then I had to come to terms that I was in this mind frame of, if not me then who is going to help these people? And I had to get out of that mind frame. When I did and I found a new career and got out of skilled nursing, that really kind of opened the door for me. It was a jar, I just needed to push it open and come to terms that I needed to leave for things to get better. But I did and really that's how I got through it.

Susan Diamond [00:34:19] I'm interested in knowing-- because one of the things that Rita and I are working on is to think about, as a healing institution...I mean, you all are in the health care industry in various ways, but also the church is in a very unique way in a healing setting. Certainly, in the Christian tradition that is what Jesus spent a lot of time doing. We know from his story. But the question that I'm working with and I'd like to get kind of your feedback on is how can faith communities-- whatever religion they might be-- come alongside and be helpful in the journey toward healing? Y'all have any ideas about that?

Joanne Samuels [00:35:09] If it hadn't been for the faith that my mother instilled in me from my birth, I don't know that I could have survived for 37 years in health care. I work for a for profit hospital and for 37 years it's been a challenge just recognizing the difference in what I think we can do for people and what we can actually do. We could provide universal health care. I think we're the wealthiest nation in the world. I think we could do that. But people can't afford their insulin, so that's been a challenge the whole time I've been in health care. And in the pandemic it was especially pronounced because nobody was getting the right kind of care and people were denying it and saying it wasn't true. I don't know. I think because of my faith, because I've had that from my birth, that's what got me through. Truly, I feel like I walked a little bit of a different path than a lot of people just simply because I had that faith to lean back on and other people don't.

Jennifer Clark [00:36:31] I was just going to say, I feel like the faith community could really help people by being truly open to any and all that come through those doors. Again, having my experience being one in the military, there's a lot of people in the

military that really don't practice their faith. And I can tell you, I was born and raised Methodist, but I had strayed far from the church-- not far, I mean, I still believed in God, but I was one of those people who I was spiritual but not religious, which I think there's an awful lot of people like that. And when I came back broken, I mean, broken, I remember I needed something. And so, I talked with my husband and I was like, "I need to go to church. I just need to feel God in some way because I just am so far removed from him right now in my life." And I was sitting in the pews listening to the music, just bawling my eyes out because I needed that. And I feel like sometimes in the Christian faith and probably in others as well, we can be very closed off by the religion of who we are in our faith. Like, you have to be this and you have to do that in order to be a member of this church. And I think those things have their importance, but when you're really trying to reach people who are feeling this moral injury, you need to just love them first where they're at and then work with them as they go.

Melanie Tewes [00:38:06] Because they've been placed in an impossible situation, right? It's no win. There just aren't any winners. And people of goodwill are placed in that situation every day.

Jennifer Clark [00:38:21] And I think that you're in this place where if you have suffered moral injury you have to remember that these individuals are questioning everything that they thought they knew about themselves. And so, the last thing they need is to question that even more. They just need to be loved.

Stephanie Park [00:38:41] And making sure it feels like a safe space, too. A lot of us have gone through this hate to admit that they've done something wrong because they've been led to do that or made to feel that way, or in Jennifer's case, angry about something. So, making sure that you have a safe space, that you're not going to feel judged or just put down for what you went through is really important too because there are just things that I know for myself that were morally, ethically not correct, maybe by a white line, but it just feels like I don't want to talk about that.

Jennifer Clark [00:39:22] Yeah, exactly. Again, looking at people who experience-- like even the scenario that I described to you guys, like, I gladly called in those coordinates in that situation. I mean, that was against everything that I knew to be right in my life. And so, yeah, feeling safe and not judged.

Rita Nakashima Brock [00:39:47] I don't know if this applies to health care or not, but I've certainly had a lot of conversations with veterans who have moral injury, who couldn't go back to their faith tradition that something utterly broke for them all the way down pretty deep. One of the ones I know was raised evangelical and was from Appalachia. It's a very deep kind of thing in the culture there. And he was very devout when he was young. Then he went in the military and came home from Iraq and had PTSD. So, the VA was actually giving him some helpful treatments for PTSD and yet he felt miserable. He just felt miserable and he didn't want to go to church and it just wasn't going to work for him. He eventually heard from someone about veterans who were being allowed to participate in a place-- what I think it was Washington State-- in a

sweat lodge ceremony that was a Native American ceremony, and that the person who was leading them, who was Native American, was willing to let non-Native veterans participate. Out of desperation for how miserable he felt, and this veteran recommended it, he went out there and tried it and he did it multiple times. And he said it was like a miracle, like the misery inside of him was finally lifted. And that one of the things that the leader of the sweat lodge ceremony talked about was that people had to learn to get over needing to fight other people. That was a kind of thing the military drills in. I'm wondering if you've seen that also in health care? Have you seen people just walk away or come in without a faith and find some other way to cope with it? I've had some hospital chaplains say to me that before COVID maybe 10% of their time they actually supported staff, that somebody would have an issue and want to come and talk to them about it. Then when COVID started, the load that they were carrying in terms of staff coming to them was more like 40 or 50%. So, they were spending maybe half of their time trying to support the hospital staff. And I wondered if you noticed that change or if you yourself participated in that change?

Joanne Samuels [00:42:20] I do not notice anything like that. I feel like our chaplains did not come to the ICU once COVID started because it was such a closed unit. If you did not have to be there, you weren't there. So, we didn't have any extra-- chaplains stopped coming. Everyone didn't come to the unit once we closed it for COVID, so I did not see any of that.

Melanie Tewes [00:42:43] During COVID, you were adrift. You really were on your own during COVID, there was no ancillary help. Zero.

Stephanie [00:42:52] I remember I felt like I was getting links from higher ups in management that's like if you need to talk to someone, here's a 24/7 line that you can call. But it was more geared towards we don't want you to get burnt out and not be here to work, than it was we care about how you're feeling.

Susan Diamond [00:43:14] Well, and I just want to say to each one of you how much we appreciate your candor, your willingness to share hard things. I think that telling your story is crucially important on the journey back from moral injury. And one of the things that Stephanie and I have been involved in our church is we call it a healing circle of trust. And the purpose of that is to bring a small group of people together like this who are willing to share hard things. Stephanie, I don't want to put you on the spot, but is there a takeaway from that, that you would want to share for our listeners who may be wanting to consider ways that they could create something like that?

Stephanie Park [00:44:04] I think the best part about that was is in that small group, I believe I was the only one in health care that was going through it. But I resonated with other people who were going through different scenarios but in the same time period. And you would think you'd be in that one track of...you can't relate to me because you weren't in health care at that time. That's different. But really everybody's story was so combined and I think everybody who was in that space was meant to be there because we somehow connected almost at every meeting. There was like a line drawn to

someone that it was clear that they were meant to be there to help you get through that piece that you were talking about.

Susan Diamond [00:44:52] That was very helpful in getting feedback to think about. Do we need to just get people who've had the same background experience, or does it help to have that diversity that's there where you find your common humanity? It's not necessarily based on your profession. I really appreciate all of your stories, all of your your feedback. We really do want to think about ways that we can equip people to truly provide the support that we need during this time. So, thank you so much.

Rita Nakashima Brock [00:45:32] Yes, thank you. It was an honor to talk to you all and thank you for everything you've done during COVID.

Susan Diamond [00:45:45] Wow, what stories of real struggle! And I just continue to be amazed at those who have chosen this profession on so many different levels. One is you just really care about what you do and the people that you're caring for. And how do you deal with it in the midst of all that these four women had to deal with, it just amazes me that they are still in. I know that at least in one situation, it led that person out of where they were working into a new environment. Many, many thanks to Jennifer, Melanie, Stephanie, and Joann.

Rita Nakashima Brock [00:46:26] It's heartbreaking at the same time so heartening that people like this work in nursing. I'm just amazed. And we're going to continue this theme in episode four of people who have themselves experienced moral injury in fairly profound ways due to war. That's where this all began with veterans who've killed in war, but we're going to hear from a person who was born in Israel and raised in New York, who spent his whole career as a journalist thinking about moral courage. We're going to hear from a person who was born in Japan and came here as an adult who struggled herself with identifying with white supremacy, with a family who was involved in the World War II, and supporting the Japanese government, parents who rejected all of that. She's also struggled. And then we're going to be talking with a veteran from Union City, Tennessee, who served in Iraq and had a devastating war experience. And I think the things they have to tell us about the systems we all live with and support and how we need as a society to pay attention to the moral injury that these systems can inflict. I think it's going to be a really, really important conversation, what they have to say to us about moral injury.

If you yourself work in health care or know someone in health care who may be experiencing some of the things that we've been talking about, there is an online program that Volunteers of America offers free to the public. It's confidential. It's one hour, and it's people who gather together with a facilitator who have all experienced some kind of moral distress and moral injury, and understand it and can help support people struggling with it. It's really simple to get involved. You just go to www.voa.org/rest. The program is called VOA-Rest and you will see a schedule. There are two special groups for veterans on the schedule, but also the rest of them are open

to the public. And we have plenty of health care workers, chaplains and others who come in and want to talk and you will be received with respect and care. That's VOA.org/rest. Join a group. I promise you it will help.

Susan Diamond [00:49:04] Thank you so much, Rita. I am so glad that Volunteers of America has these resources. And I hope again also that our listeners, if you know of anyone who needs to hear this podcast, please share it. Please share it with them. All these podcasts are streaming at the same time. So, if you see one that you think would relate to somebody that you know, please share this one or share them all because that's one of the ways that we want to get this word out about Soul Repair: After Moral Injury. So, join us for our next episode.

[00:49:44] Soul Repair: After Moral Injury is hosted by me, Dr. Susan Diamond.

Rita Nakashima Brock [00:49:50] And me Dr. Rita Nakashima Brock.

Susan Diamond [00:49:52] And is produced by Studio D Podcast Production.

Rita Nakashima Brock [00:49:56] You can listen to Soul Repair anywhere you get your podcasts, and if you'd like to support the show, please subscribe. Leave a review and tell everyone you know about Soul Repair.

Susan Diamond [00:50:07] All you have to do is open up the podcast app on your phone, look for Soul Repair and click the plus button in the top right, then scroll down until you see ratings and reviews and tell us your thoughts.

Rita Nakashima Brock [00:50:20] Thanks for listening. We hope you join us next time.

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If Uncovering Moral Injury has piqued your interest, head over to Volunteers of America at voa.org/moralinjury. There you'll find resources, conferences and events as well as other ways to connect with the Shay Moral Injury Center.

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