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 5 Show Notes: Our Rescuers in Times of Trouble: First Responders and Soul Repair

When danger and emergencies threaten lives, we depend on first responders for help. In this episode, Rita and Susan explore with their guests, the impact of such high stakes, often dangerous work and the moral cost of failure and exhaustion. They also assess the legal and cultural barriers involved in first responders finding support and solutions that chaplains and other spiritual care providers can offer to repair the souls of those who dedicate themselves to our safety and to saving lives.

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 pastorsusantftd.wordpress.com.

Guests:

Mr. J. Corey Feist, JD, MBA, is Co-Founder and Co-Director of the Dr. Lorna Breen Heroes Foundation
Chaplain Michael A. Shochet, MSM, is Chaplain Coordinator, Fairfax County Police Department, Fairfax VA, and Senior Cantor, Temple Rodef Shalom in Falls Church, VA
Rev. Ann Kansfield, M.Div., is Pastor of Greenpoint Reformed Church and Chaplain in the Fire Department of New York City

Resources:

Ann Kansfield, *Be the Brave One: Living Your Spiritual Values Out Loud and Other Life Lessons*, Broadleaf Books, 2021.
The Lorna Breen Heroes Foundation,www.drlornabreen.org
For online Moral Distress Relief: www.voa.org/rest.

SOUL REPAIR_E5_Transcript

Susan Diamond [00:00:05] This is Soul Repair: After Moral Injury, where we bring to light a misunderstood trauma.

Rita Nakashima Brock [00:00:13] In each episode, we will walk together through the labyrinth that is moral injury.

Susan Diamond [00:00:34] Welcome back to episode five of Soul Repair: After Moral Injury. I'm Susan Diamond and my co-host is...

Rita Nakashima Brock [00:00:44] Rita Brock. And it's great to be with you again, Susan, because the last episode four was so profound. And I've been thinking about it and thinking about it and how profoundly important that insistence that they all have, that we live in systems that can trap us in ways that make it really hard for us to do the right thing. And now we're going to be talking to people who have worked with first responders or have been first responders themselves, because that is such high stakes work. It's when people are often at their worst, desperate, and we depend on them to save us, to protect us, to make sure we get where we need to go if we're dying. All of these things that the first responders do for us is just high stakes, amazing work. And in high stakes, so much can go wrong. You can do your best and stuff can still go wrong or you can do the wrong thing because you reacted in a way that wasn't quite appropriate. I mean, there are so many ways that this can happen. We have people with first responder experience and people who are currently working with first responders. And we also have a founder of a foundation that's trying to make life better for ER doctors.

Susan Diamond [00:02:11] I actually got interested in continuing to do research on moral injury because of this story that we are going to hear from a person who took a horrible situation and has turned it into great good.

Rita Nakashima Brock [00:02:27] Probably a lot of our listeners may have heard of Dr. Lorna Breen because she died by suicide and was the first major story about that. Now we know that there are plenty of these things happening in the first responder community in disproportionate numbers because of the high stakes work. But, I like you, Susan, was deeply moved by the story of Dr. Breen, and so her brother-in-law has taken up this work for her and it's pretty amazing. So, this is going to be an amazing conversation today.

Susan Diamond [00:02:57] I am very excited that we have been able to have these people that have come and they're going to be sharing their stories. One of the other things I was really impressed with is the amount of training that our first responders are getting, because, yes, they are in high stakes situations where things can go wrong fast and most of the time they are able to keep their wits about them. And it is amazing to me. So, my regard for first responders has gone way up as a result of this podcast.

Rita Nakashima Brock [00:03:34] And this is the other thing, is the chaplains who work with all of these first responders-- and not all first responder groups have chaplains, but many of them do-- is that chaplains themselves really need to understand moral injury. And we have chaplains

that do on this show. And so, that is also important. We're really glad to have this podcast. And if you know a first responder that would benefit from it, share it with them.

Susan Diamond [00:03:59] Absolutely. Well, with no further ado, let's listen to episode five…. Well, hi, Rita. It's great to see you again tonight. As we are doing our fifth episode podcast, we're talking to some first responders and people engaged in that work of helping others go through difficult times. And we're going to be talking about how some of us have been going through difficult times of our own. Today, I invite you, Rita, to introduce our guests for tonight.

Rita Nakashima Brock [00:04:45] Oh, yeah, it's great. We have three wonderful guests and I'm delighted to introduce them. And for the first question, they're going to talk in this order so you can get used to the sound of who they are. Our first guest is J. Corey Feist, who is an attorney and is chair of the board of the Charlottesville Free Clinic and co-founder of the Dr. Lorna Breen Heroes Foundation. Dr. Breen, an ER supervisor in New York, was his sister-in-law. He has been the Chief executive Officer of the University of Virginia Physicians Group Health, comprised of 1200 physicians and advanced practice providers. The second guest is the Reverend Ann Kansfield. She is co-pastor with her life partner Jennifer Aull of Greenpoint Reformed Church in Brooklyn. And in 2015, she became the first female and openly gay chaplain with the fire department of New York City. In 2015, she was also named the first New York Times, New Yorker of the Year. She is author of Be the Brave One Living Your Spiritual Values Out Loud. And then our third guest is Cantor Michael Shochet, chaplain coordinator for the Fairfax County Police Department since 1999. He's also worked as a journalist and a Baltimore police officer. He is currently Cantor at Temple Rodef Shalom in Falls Church, VA, among the many things he does to serve in his work as a Cantor. So, Susan, do you want to start with the first question?

Susan Diamond [00:06:21] Yes. I'm so excited to hear from all of you. And thank you for being here again. The first question that we have is tell us, if you each would, about your work and how you became aware of moral distress and moral injury and how it has impacted what you do. Corey, let's start with you.

Corey Feist [00:06:43] Thank you, Susan and Rita, for having us this evening. And in the next 5 hours that I have to answer that very detailed question, I will do my best to give you the thumbnail of that. But it is really a pleasure to be with everyone tonight in this really esteemed group. So, as you said in my background, I came to this party, if you will, through a health care background, first as an attorney and then in operations and then became the CEO of a large medical group that provides the physicians and the advanced practice professionals who work at the University of Virginia in Charlottesville, Virginia. When I became the chief executive officer, I reintroduced myself to all 21 of our clinical department chairs, emergency medicine, psychiatry, surgery and the like. And I asked them-- this was about five or six years ago-- how we could serve them better as their organization. And to a person, what I started to hear in their language was language around the loss of joy in the practice of medicine, and really the increasing operational challenges that get in the way between caregiver and taking the best care of their patient. And so, we began a number of very focused operational initiatives to remove those barriers. Well, the pandemic arrives, and my sister-in-law, Dr. Lorna Breen, who was the medical director of the New York-Presbyterian Allen Hospital, ran into her own challenges

taking care of patients and contracting the virus herself and then returning to the emergency department that was so overwhelmed with death and dying that even a very seasoned medical professional could not take, and she ultimately died by suicide after receiving her first and only mental health treatment of her life. And in the moments that followed her death-- and our real sincere hope was to keep that confidential, the information was shared outside of the family and publicly through a major New York newspaper. The response to her death by the health care community, though, came at us like a tsunami and continued to come at us for a very long period of time. So much so that what it did was it created enough of a burning platform, if you will, that my wife, Jennifer, her closest sibling, 22 months separated them, decided to create this foundation focused on the well-being of the health care professionals, the healthcare workforce, and envisioning this state of affairs where the healthcare workforce and get help in that, that is a sign of strength, whether that be mental health treatment or just help. Our work has been in full steam for a number of years now, and we've had a number of different successes. Our areas of focus have been in raising awareness of which we have now reached over 200 million people. We have been focusing on advancing solutions where we have a nationwide solutions initiative called All In: Well Being First for Health Care and then finally through advocacy, where we now have the first ever federal law looking out for the well-being of the workforce, which President Biden signed on March 18, 2020, called the Dr. Lorna Breen Health Care Provider Protection Act. We've been described as a small but mighty foundation, and as I like to say to folks, we're just getting our sea legs. So, watch what we're going to do next.

Susan Diamond [00:10:14] That's amazing. I had shared with Corey before all of us got on, that the terrible news about his sister-in-law's death was really something that sparked my interest in pursuing some sabbatical work around moral injury as it relates to ever-widening community, not just the veterans coming back from war, but the people who were experiencing such trauma during this time. So, her life made a difference. And what you are doing out of the pain of grief is making a huge difference. Thank you for your work.

Corey Feist [00:10:53] It's my pleasure. Thanks for saying all those things.

Susan Diamond [00:10:56] Ann, how about you?

Ann Kansfield [00:10:58] Hi, it's such a joy to be with you tonight. I'm Ann Kansfield, I am really lucky to get to serve as one of the chaplains for the fire department in the city of New York. And I initially became aware of the concept of moral injury by taking one of Rita's classes not long after I had become a chaplain. And one of the things I was sort of eager to say to Corey is, at that time in 2020, things were so bad. I got called out to the EMS station two blocks away from the Allen Pavilion because one of our lieutenants had had to go and pronounced 14 people in one shift before they even got to the hospital. And it was such a battlefield-like condition. And I think that often we think about moral injury as being in these horribly momentous tragedies, but one of the things that I've really learned about is that often the way that I kind of search for moral injury among the folks that I serve is the things that rattle around inside of them that they can't let go of, that their minds just lock on to. The things you think about at 3 a.m., that's like a road map toward moral injury. One of the things that I'm often surprised about is that if I were going to guess the types of things where they would get stuck up on, they would be the big monumental things. But often it's actually what we might think of a smaller, more quotidian,

mundane things where the injury really happens. And it's the smaller mundane thing that then just people get locked in on so much. I've really used the concept of moral injury as a roadmap for looking for it among the folks I serve and then also teaching about it to them. That I find that actually the first step to healing is being like, oh, this is a moral injury and let's talk through why that is actually a natural response and why it's a healthy response. And let's think about this as your soul caring in your work.

Susan Diamond [00:13:18] One of the things I love that Rita talks about a lot is that moral injury says that you have a moral conscience, you have a soul. The fact that you have this tells you that you're alive.

Corey Feist [00:13:31] And one of the things that I love is it's actually being able to say that to someone and having it click and having them realize, oh, I'm actually human and this is a healthy response or a reasonable response. I'm not beyond the pale.

Susan Diamond [00:13:51] Mike, you've been nodding.

Michael Shochet [00:13:53] Sure. Well, first of all, thank you, Susan and Rita. I'm so glad we're discussing this and glad to be in such good company here. So, as you said, I'm a police chaplain and I heard about moral injury when it was first discussed by chaplains in a class that I attended that were military chaplains, and they were talking about it in terms of how they treated soldiers. And then when I was taking a CPE class at Johns Hopkins in Baltimore, they were talking about law enforcement officers and also talked about moral injury. So, I started to hear this more and more. And I was already teaching a class to our police recruits that I call spiritual survival. I teach them about the emotional and spiritual stress in law enforcement since suicide is so prevalent in the law enforcement community. And I teach them that law enforcement is actually a spiritual calling. And so, right now, those recruits who are in the academy, they're so motivated to make the world better. They know they're good people with good values and high morals and ethics. And they believe that they can bring their morals and ethics to help repair a broken world. Their spirits, in other words, when they start, are in a great place. But then they graduate and they hit the street and they start seeing the bad things day after day. The cumulative stress of the job or the critical incident stress of a particular trauma that takes a toll on these officers. It's almost like a toxin that eats away at their souls. And little by little, they start to feel symptoms of these stressors and realize that they can't repair the world so easily since they see so much bad stuff out there. They see the couple that they keep getting called back to their homes because they continually get into fights or arguments on a domestic call. And so, the police have to keep going back. No one's listening to them. The parent who abuses a child or the driver who gets into his third DWI accident, all of these things reinforce that despite the officer's high morals and healthy spirit, they just can't really completely heal the world. It's an eye opening experience for these officers. So, I teach us at the academy with the goal of making sure that these officers care for their spirits, that through their career-- I say there's no test after this class. The way that you tell me that you heard my class and you understood what I said is that when I see you 25 years from now, when you retire, that you can retire with a smile on your face. That your spirits are in good order at the end of your tour of duty as they are now. So, I give them these tips for spiritual survival. Then when I read about moral injury in soldiers and I saw a connection, I decided to do more research.

[00:16:35] That's when I discovered Rita and read her books. I've added a section to my class on moral injury to these recruits and help them understand that the stress or the distress that they feel in their soul from the same problems I talk about in terms of emotional stressors and physical stressors and things like that, could also be from moral injury or moral distress. And I teach them about witnessing someone doing something that's against their morals or being told to do something or not do something that then goes against their models. Like, take the school shooting in Uvalde, Texas. What were those officers thinking when they were told not to rush into that classroom? Or maybe they didn't know at the time, but realize it after they saw all the scrutiny and all the facts. They realized, wow, that's not who I am. I have high morals. I want to save the world, and I failed my community. I also taught this to our peer support team, who are officers who respond to help other officers in critical incidents. Our mental health professionals in our department also have taken to this idea of moral injury and have turned to us chaplains as a source for helping officers through this. And now the newest thing is that we're now teaching moral injury to our police officers who are on our CI team-- that's the crisis intervention team. Those are the co-responders that police officer and a mental health professional that go out on a mental health call. And we wanted to teach them that there might be people they see on the street when they're called out for someone suffering from a mental health disorder that they actually might be suffering from a moral injury problem, especially when they run into veterans and things like that. It's something that our department is embracing as we care for both our officers and community members as well.

Rita Nakashima Brock [00:18:18] Wow. That's amazingly heartening.

Susan Diamond [00:18:21] That is. I'm glad to hear that that's going on in your training.

Rita Nakashima Brock [00:18:27] Yeah. We know that first responder work. E.R. work, fire departments, police, EMTs, paramedics, these are very high risk occupations. You're dealing with people who are vulnerable or at their worst or sick or in some way needing support and help, their house on fire or whatever. But mistakes have high moral content as well because the stakes are so high, I think. And so, certainly the job itself presents a risk for moral injury every day. But then there's the problem that we see this so much in people who serve like that is they don't want to seek help. They think they don't need it, that they're strong enough to tough through all the things they're feeling or whatever. So, I'm wondering in the work you've seen and done, what are the biggest factors that keep first responders from looking for help when they have something like moral injury?

Corey Feist [00:19:30] I think for the healthcare workforce, we have at least two things. You have a cultural component and you have a regulatory barrier. From a cultural perspective, it's a culture where it begins early with health care workers being very independent. If you think about the journey, I'll just pick on doctors for a minute. The journey that they are on to become physicians starts very early and it's very independent, very individual. And so, by its nature, it does not lead to or breed team-based care or looking out for peers. From a cultural perspective, it is very hierarchical and it is very much about the inability to show any weakness. And so, that inability to show any weakness can manifest into not being able to take a break or not giving yourself permission to take a break. So that's kind of a cultural thumbnail, and I'm sure I missed

a whole lot of it, but you got the culture piece. On the regulatory side, a little over a year ago, in September of 2021, my wife and I published our second article in U.S. News and World Report where we identified in that article, six has barriers to mental health care that we found apply to doctors and nurses and other licensed health care professionals that don't apply to most of the general population, at least formally. Now, it certainly applies to folks in the military, but not the general population. And four of those six barriers are all questions that appear on different applications that they have to fill out. Applications to get a license, applications to work in a hospital, applications to be insured or reimbursed for their work. And so, we've endeavored to try to not only document what the current state is and educate the workforce on the current state, but also change it and make it better. And I would just make two points there. The first is it is our understanding that many of the states-- and in fact it's about 30 that don't currently fall into the three areas that we believe are appropriate. Many of them are actually violating the Americans with Disabilities Act knowingly or unknowingly with these questions that go well beyond asking questions about current impairment and ask if you've ever gone to a therapist in your life, or if they'll put the question next to a question on literally conviction for pedophilia in one state that I saw it.

[00:21:59] It's just this unbelievable reinforcer that you cannot get help. The other thing that I would just say to that is, we've documented it. We just published our third article entitled Give Health Care Workers the Mental Health Support They Deserve, in U.S. News and World Report. We just published out on November 29th of 2022, where we published our map and we kind of published the progress on it. One of the things that I think is really important for this conversation, for the healthcare workforce, is for the consequences of obtaining mental health care to be clear and understood, because while there are real barriers, some barriers are perceived barriers. And I'll share with you that in my sister-in-law's case, she only received mental health treatment one time in her life. It was shortly before she passed, but she was so convinced that she was going to lose her license to practice medicine in New York, she could not be dissuaded of it. And it was one of the things that she articulated to us before she died by suicide. Come to learn later, New York has some of the best licensing laws in the country. And so, then you wonder how is it that you have a whole subset of the health care workforce who's literally uninformed about the reality, who could easily obtain mental health treatment and without a repercussion that is to their license or their ability to practice. That doesn't touch the cultural piece. So, a lot of our campaign is to scale tools and resources to knock down every single one of those barriers that are literal barriers in place and to work on this cultural piece where it becomes okay to say that you're not okay and to take care of yourself.

Michael Shochet [00:23:51] I think just like Cory said, in the world of law enforcement, the culture of law enforcement is so hard to change. Police officers, they build these high walls around them and nobody wants to appear weak. And Corey mentioned that, too, about weakness. Police officers, man, they just don't want anyone to see them weak. How can they? These are the superheroes that come to save the day, so they can't be weak. So, if they see themselves as needing somebody's help to get through a trauma that they've experienced or they worked on, they consider themselves weak. And no one in law enforcement wants to talk to a psychologist, but they have to sometimes. They're mandated to see a psychologist after they're involved in some kind of traumatic event or critical incident. And what I love is when I talk to some of these officers a few days later or a week later or a month later or whatever, and I just check in, see how

you're doing, they seem to be more comfortable talking to somebody like me, a chaplain. When I say to them, “How are you doing? Or tell me how you're coping and those kinds of things,” they seem to open up more. Now, I think it's because of the relationship that we build. I think that when we start talking about moral injury-- and I think it was Ann who said that-- when you talk to firefighters and you talked about moral injury and their eyes kind of open up like, "Oh, yeah, that's what I'm feeling," I found that in police officers, too. And when they hear that something actually makes sense to them and they don't see that as a weakness. They see it as responding as a human being, then in fact, you see the sense of ease come over them.

[00:25:42] And the problem is, as a chaplain and being a volunteer chaplain, the police department cannot mandate a police officer to talk to us. Chaplains can't do that. They can mandate a police officer to talk to a psychologist. But we're there, we're going on ride along and we're there in the roll calls. And we're there just when somebody might be alone just to say, "Hey, just tell me how things are going and I'm just here for you." They seem to want to open up a little bit more in that private time. But I think it's the culture of police work is the hardest, hardest thing to change. And I think some departments are being more successful at it than others. For our department, it came from the top. The chief of our department made it very clear that police officers who are involved in traumas, who are suffering from some type of mental health crisis or moral injury or whatever it might be, that it's okay, you're not going to get fired, you're not going to get written up, you're not going to go to internal affairs or anything. You'll still be able to keep your gun even if you're on medication. That was really important to hear. And I think departments like that will slowly start to change the culture and maybe officers will understand it's not about weakness, it's about their humanity and making sure that they are listened to and supported.

Rita Nakashima Brock [00:27:05] The same with military culture. It's just really hard to change because there's so much woven into that culture that's part of how the job works. Ann, what are your thoughts about resistance to help?

Ann Kansfield [00:27:21] So it's an interesting thing because I think that we all can say there's rather a culture of machismo of not wanting to ask for help. In the FDNY, we've really worked hard to develop a peer support team, which has been very helpful with that culture of machismo. But the more that I think about it, I'm wondering if some of the barriers might be–I often will joke that words are not our love language in the fire service–just the sort of neurological wiring. We tend to have very high levels of ADHD, very high levels of dyslexia. I have literally floated the idea of getting the feelings wheel put up in various strategic spots so that you could be like, what are you feeling? Because I have a feeling or my hunch is that among the folks that are in my milieu, that the ability to actually even sense and be able to explain what's going on, could be a barrier to think about. Like, how do we communicate and make that communication actually work for people who have different communication styles?

Corey Feist [00:28:32] Can I jump in there for a second, Ann, on your feelings wheel, because you may be aware of a program called Stress First Aid. And that was a peer support program adopted from the military where you map your stress injury to a caller. And we have seen across the country for the healthcare workforce who, while their love language maybe words or maybe not, when they can go in a safe environment and say, "I'm honest, on a four or five color scale,

I'm at the red today." If they're in an environment where their colleagues go, "I kind of don't need to know the details here. I just need you to make sure that you're taking care of yourself and you're going to get a pass for today," it's been unbelievably helpful. And so, it may be the kind of thing for your FDNY crew to utilize because it started in the military and it's the same kind of thing. So, just share that Stress First Aid program that we've worked on for quite some time and we've seen some really great success with.

Ann Kansfield [00:29:39] I will say that one of the things that happened I think as a result of 9/11 in the FDNY, that it was so devastating. I mean, everybody has been so devastated by it that, that sense of like, oh, no, we don't talk to counseling at all, that culture has definitely shifted. But it took such an awful situation where everybody can easily admit, well, yeah, we're really messed up. Which in some ways makes it a lot easier for sure. I think your color to emotional feeling thing could be really super helpful because we don't have much nuance after like, oh, yeah, that's messed up. Or like, I drank 12 beers and almost crashed my car. It is almost like we're such doers that we need ways of interpreting the doing in order to understand what's the underlying feelings that's causing the doings.

Rita Nakashima Brock [00:30:52] Yeah, there's a fairly new article that came out recently with a group that's creating a moral injury feeling wheel, so we're trying to see if we can get permission to publish and use it on our website. They haven't actually tested it, but they have created one to see if it helps people identify more clearly the kind of moral injury they're experiencing.

Corey Feist [00:31:22] And I would just add, back to what you were saying, we have used this Stress First Aid tools, and it's obviously more complicated than the color wheel in departments where they are the most toxic in culture and turned it around and made it some of the best culture in health system. So, we do know there is definitely something to it. But I also want to just reflect on what you were saying on peer support. And I think Michael referred to it as well, this ability to talk to someone in a confidential nature who has walked a day in your shoes is the number one thing that at least the health care professionals are asking for. And I think a lot of it has to do with the stigma of formal mental health treatment.

Rita Nakashima Brock [00:32:15] Yeah.

Michael Shochet [00:32:16] Corey, that's really important because I found that I was successful as a chaplain being able to talk to people because of the fact that they knew I was a police officer. So, having walked in their shoes was really important. And because I was a police officer that got shot at, I had already had some critical experiences in my life that allowed them to take that wall down a little bit. And that's really helpful. That's why I love having chaplains who have been in this profession because they are more successful with talking to people and trying to break through that wall and deal with the weakness and all that.

Corey Feist [00:33:01] Well, and I love that. In Virginia, the Medical Society of Virginia has this safe haven program which provides confidential peer support. And they are seeing a 50% utilization of this program, which the company they have that facilitates has never seen this kind of utilization. And so, they are very effective and I think are really one of the key pieces to all of

this very complex mosaic. I'm looking behind Rita, she's got this beautiful mosaic behind her. It's really beautiful. It's one of the pieces behind you, Rita.

Rita Nakashima Brock [00:33:41] What do you think, Corey, causes that high usage rate? What are they doing that we can learn from?

Corey Feist [00:33:47] I think it's confidential. And it's someone who's walked a day in their shoes. I think the confidentiality is really important. In that program those individuals are also not in the institution. So not only is it confidential, but you don't ever risk bumping into a colleague in the hallway. I think those are the two recipes. And I would say it's super accessible, too. It's not just that you have to do it during business hours when you're super busy. I think the accessibility, the confidentiality and the fact that it is a true peer have been critical success points there.

Susan Diamond [00:34:26] And I think that kind of leads us into the final question. But most of us in this group here are involved in spiritual care as people who operate as chaplains and clergy and that kind of thing. But I think that the peer support really leads into that conversation about, well, how can the communities, whatever ones we find ourselves in, how can we be supportive of change and providing resources so that kind of thing can happen? And so, Corey, I know you're talking about some things with peer groups. I'm just fascinated for all of us to kind of reflect on that together. Since moral injury is an injury of the soul, and we're calling this Soul Repair After Moral Injury, how can we be about that work together to provide an environment where that kind of trust can take place?

Corey Feist [00:35:25] Well, as a non-member of the clergy or the faith right now-- I was a religious studies major in college. So, there. I mean, maybe I got that. I almost went to divinity school but I got into law school, so I went in the other direction I think. Anyway, what I would say to you from a data perspective is the American Medical Association surveyed the entire workforce during the pandemic, and one of the top two things that they wanted was, number one, peer support and number two, access to members in the faith community. And I think that those are very similar. You're in a confidential, you're in a safe place, and so I think people would gravitate to one or the other. And everyone needs a menu of a safe place, a listening environment. I think that one of the things that we've heard over and over again from the health care workforce on this is they do not feel valued and they do not feel supported in their organizations, and they're craving the feelings of value and support right now. And that is just the essence of what you all do and a big component of the faith community. So, that's my non, non-religious answer. But just looking from a data perspective and just listening play a critical role. And the last thing I would say, is there are big sections of the healthcare workforce. One of our partners is the Philippine Nursing Association, and for them they are incredibly driven by faith and it is just part of the fabric. We have to also remember that there are large healthcare systems and segments of the healthcare industry for which faith and their job are just the same thing. They're two sides of the same coin.

Michael Shochet [00:37:16] Corey, can I just ask you, do you find that the role of the chaplain in the medical system, in the hospital has really always been, I thought, for the patient? But are

we seeing there that the chaplain is also now for the doctor and the nurse and the other mental health care professionals?

Corey Feist [00:37:36] Mike, I love that question. I would say in pockets. It's interesting if you remember when the naval ship that was going into the port in New York during the pandemic with the big Red Cross-- Comfort. USS Comfort came in. One of the things that we were really trying to get was we were trying to get members of the clergy and members of a formal mental health trained individuals paired up with the healthcare workforce. And, in fact, what we learned is that the military in their deployments have members of that community deployed with-- I kind of like what you were talking about where you have a mental health call, you've got a mental health person and you have a police officer. So, we were trying to replicate that and we were looking for the USS Comfort to provide some of that literal comfort. And that was back in during the pandemic. I think we're seeing it a little bit, but certainly you're exactly right. They have been historically there for the patients and their families. Although, I will say one of our key partners is an organization called the Schwartz Center for Compassionate Health Care. And they have these compassion rounds that they facilitate by and among healthcare workforce and there's always clergy in those. So, they play a role. But probably it's like 5% of their job, not what it probably should be.

Susan Diamond [00:38:59] While I was on sabbatical and I was interviewing chaplains in hospitals, one of the things that they said was because of the pandemic and their inability to get into the rooms of the patients, their focus had shifted and it was all focused on the staff. And I'm curious, where we are now, how that has either swung back to the 5% or not?

Rita Nakashima Brock [00:39:30] We've done some webinars with chaplains and a number of them have reported that before pandemic, maybe 5 or 10% of their work was with staff. But after the pandemic, at least 50% was staff wanting to talk to them and wanting support. And so, I think that that's right. The role of the chaplain has shifted somewhat in relation to staff support. And then we had a chaplain at one of our groups who had spent nine months basically supporting the staff by doing the work of helping people die. Because the nurses often do that work and they were too busy intubating people and trying to save people. She said, "For nine months I’ve basically gone to work every morning and helped people die."

Michael Shochet [00:40:19] Rita, I would say to you that the role of the chaplain in police agencies has also changed over the years. And I didn't really think about this until now, but I think it's because of an understanding of moral injury, really, even though no one's written about that-- maybe we should. But the idea is when I first got in the chaplaincy back, I was in the New Orleans Police Department in my first congregation, and it was really all about being a dignitary in the department and doing prayers and invocations and benedictions and that kind of thing. When I came up here and things had gotten worse, and then after 9/11 even more so, the role of the chaplain really changed to that person who was there for you from a spiritual, moral, emotional standpoint, cheering you on, a good listener, those kinds of things that could do pastoral care with you. And now really I see that has changed so much even now where the focus of what we do is on spiritual care and understanding moral distress or moral injury. I think that's such a great role for a chaplain, right? A psychologist is looking for where's the diagnosis code. And it's also safe for a department. They don't have to worry about First Amendment rights or

anything like that. It's safe for a department to say you have to see the psychologist. They can't do that with the chaplains. But, man, is this an important role for us to talk about moral injury? And the psychologists actually love it because somebody is talking about something that they would like to talk about, but they don't want to get into religious issues.

[00:42:11] So, it's so great for us. But I do think that one of the things that I find-- even in learning from Rita and reading her books-- just talking to some of these other people about moral injury, is that being a good listener without judging someone and being able to validate their distress is something that is so important. I was involved in a shooting back in the 1980s when I was a Baltimore City police officer. And I wish there was somebody that would have asked me, "How are you doing? Tell me what you went through." I was in the homicide unit giving statements all day about the actual event, but not listening to what I was going through, not being my cheerleader, not offering a ritual or prayer or saying that I'm part of the community, you know, we got your back, that kind of thing. So, that's what we as chaplains, I think, can do in law enforcement any way to help an officer who is dealing with a critical situation and starting to feel that guilt and shame and that inner pain that we can be there to be a good listener to validate their issues. I would love to see some rituals and prayers that could be created that would work for people who are first responders and really to embrace them, to let them know that they're not alone, that they're loved, that even though they did something that they thought maybe was terrible and they wouldn't be loved anymore, that we're there to love them.

Rita Nakashima Brock [00:43:49] Ann, have you had similar changes or things happen to you as a chaplain with the FDNY?

Ann Kansfield [00:43:56] I was intrigued to hear Mike say that about this shift in chaplaining from a ceremonial dignitary kind of thing. I think one of the things that excites me about talking about moral injury in general as a chaplain, is that's my lane. And people don't understand what does a chaplain do. On this one, I'm like, oh, no, this is mine. This is my role. I'm the one who's supposed to be talking about this. And if you think about guilt, shame, doubt, hopelessness, all that is in the realm of the chaplain. And if that's in the realm of the chaplain, that gives us a real opportunity to make a big difference. And as Mike was talking, I was thinking about who are my role models for what's happening. And I think it's fascinating I go back to thinking about Father Mulcahy on MASH.

Susan Diamond [00:44:56] I love it.

Ann Kansfield [00:44:57] And I really think that we need more examples of this. And when you were talking about hospital chaplains, I was thinking about if I were in a hospital chapel, I would have a long range relationship with people. Fire departments. Great. Nobody ever leaves the fire department. You do your 40 years in the FDNY, you never move from your house. You're in the same spot. Nothing changes. We joke that it's 150 years of tradition unimpeded by progress. And I love that. Give me a long range congregation to care for. I would find being hospital chaplain a little bit more difficult because there's a constant turn around. You might see a somebody once and you never even get a chance to check in with them. Caring for the staff, meanwhile, you could really dig in on that.

Susan Diamond [00:45:43] And I think one of the things we also getting back to this idea of peers helping one another. One of the things Rita and I have been doing with the moral injury recovery after COVID, something that a lot of chaplains have been participating in. There's a lot of moral injury that the chaplains have experienced. So having those peer groups that help to facilitate each of us telling our own stories, dealing with our own stuff, because probably chaplains and ministers are just like doctors in some ways that we all think we have to have it all together. Well, we don't all have to have it all together. We don't have it all together.

Rita Nakashima Brock [00:46:27] And I would say that's an issue also, even for congregational life, often people come and they want to say they're okay and they're fine. And so, if all you do is see somebody for an hour once a week, there's not much depth there. If someone's coming in with moral injury, it's like, well, where are they going to turn when everyone seems okay? And there's also, I think, a challenge to congregational members-- not just the leaders of congregations, but members of congregations-- to think more deeply about how to form the kinds of relationships in a community that would be peer to peer support for moral injury. And people could trust the congregation to be a place where that could happen. I'm sure Susan's been working on this with talking circles in her church to try to change-- and you've seen a change in the relationships in your church, right?

Susan Diamond [00:47:21] It's been an amazing process because COVID, of course, separated all of us and we're very hesitant in coming back together. And yet these healing circles of trust, which are designed for people to be in a very confidential environment and ask some very important questions for them to respond to with ritual, is giving people a voice. And it's amazing to me to see how quickly people are willing to share their pain.

Rita Nakashima Brock [00:47:52] Yeah, I also I've thought a lot about why, as Ann says, this is a chaplain lane. It's because, number one, moral injury is not a disorder. It's an appropriate response to devastating moral conditions. And what I keep saying to people who are experiencing intense guilt or shame or grief and all of those complex emotions, is those feelings mean that the good part of you really wants out and it's really struggling with what happened. And if you can't find a way to unload those feelings and begin to process them, then you're just going to keep a lid that's a very painful lid on that part of you that is a good part of you that's suffering. And that is not a disorder, but it's a spiritual condition. Unlike a therapist, chaplains are not in a transactional relationship with someone in terms of billable hours. You're just paid to be there and do what you do in your lane as spiritual care. But for moral injury, it's a really valuable thing to have an ongoing relationship with someone if you're struggling with moral injury. Whereas, in therapy, once you get better, you can't see the person again. I mean, it's not that therapy is bad. I think some people sometimes need it, and especially for things like PTSD, which they have good treatments for. But there's plenty of evidence that if you don't handle moral injury, sometimes it actually negatively impacts mental health work. So, chaplains have that kind of value as well, not just in terms of the spiritual care you do, but also the way you can support someone who may be going through a really serious mental health crisis because it's an added value to their ability to cope with things if they can also process their moral injury. So, I'm just so grateful for all of you, for the work you do to try to keep the first responder community healthy because, of course, all of us in our lives depend on that. So, thank you all so much. This

has been such a rich conversation, and I hope it's been helpful to all those listeners out there who have been hanging in there with us with this podcast… Well, Susan, that was really fabulous.

Susan Diamond [00:50:27] It really was. I loved the fact that we had those three different perspectives, and yet everything just kind of led to that last thing, which is about the importance of people being able to share their stories.

Rita Nakashima Brock [00:50:44] Yeah, and trust.

Susan Diamond [00:50:45] In a trusting environment to say what it is and to know that that's that next step toward healing.

Rita Nakashima Brock [00:50:52] Yeah, that was pretty amazing. I just want to say that we do, at Volunteers of America, have an online-- one hour process. It only takes an hour. We have a one hour program for moral distress and moral injury in first responders. And it's confidential. It is peer-facilitated in small groups online. And all you have to do is go to rest4firstresponders.com, and you can register and sign up for that on the schedule and attend a meeting. It's a bit a little like AA. It's the same all the time, so it's not sequential. You can go any time you want to use it. And we do have people who come back sometimes regularly, sometimes every now and then when they hit a rough spot they come back again. And it's free and confidential. So, that's for first responders. But we also have a regular-- I call it regular rest. We have just rest, that's at Voa.org/rest. That is open to anybody. And if you feel distress and you don't want to talk to somebody you know, but you would appreciate a chance to be with people who would support you as you shared something you're carrying, you can go to VOA Rest. But they're there for anyone who's feeling after this you just realized, oh, I might have moral injury myself, and you aren't sure who you can talk to that might know enough about it to give you support, you can go to Rest.

Susan Diamond [00:52:31] Well, it has been a wonderful podcast today. I think each episode has been leading us to learn more about how this is happening and some common denominators. I just want to give a plug for our last podcast, that will be an episode that will be coming up soon. Next with Kyle Fauntleroy, who is a retired Navy chaplain, and also he works now at Brite Divinity School. And we're going to be talking with Kyle about why does this matter now in our faith communities and in our world? And so, I hope you'll join us for the next episode of Soul Repair: After Moral Injury.

[00:53:30] Soul Repair: After Moral Injury is hosted by me, Dr. Susan Diamond.

Rita Nakashima Brock [00:53:35] And me, Dr. Rita Nakashima Brock.

Susan Diamond [00:53:38] And is produced by Studio D Podcast Production.

Rita Nakashima Brock [00:53:42] You can listen to Soul Repair anywhere you get your podcasts, and if you'd like to support the show, please subscribe or leave a review and tell everyone you know about Soul Repair.

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