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On-call for faith and healing: Hospital chaplains are prepared to help

BY KYLE BROWN *Apr 13, 2015*



Loren Elliott

The Rev. Raymond Massey poses for a portrait

COLUMBIA — On nights when he's on call, the Rev. Raymond Massey makes sure his pager is on by 5 p.m. When he goes to sleep, he keeps it beside him in case it goes off.

When the pager buzzes, Massey calls for the details and rushes to wherever he's needed; the hospitals want him to arrive in less than 30 minutes.

"It's kind of like (being) a fireman," Massey said. "You've got your clothes set out. You might wash your face and comb your hair, and then slam on your clothes and you're out of here. It's quick."

There's a reason for that. Massey often goes to the aid of people who've been in an accident and are either dying or in a coma. Or someone will take a turn for the worse and the family will want someone to talk to.

On-call chaplains are asked to be prepared to respond to any request.

All of the hospitals in Columbia have chaplains available around the clock to provide pastoral care whenever a need arises. And for ministers like Massey, volunteering is a way to provide spiritual consolation at a difficult time in people's lives.

University Hospital staff chaplain Gary Ostercamp finds that faith and medicine are symbiotic.

"To me, they work hand in hand," Ostercamp said. "I'd say what we do improves the connection."

Called to help

Growing up in the small town of Paris, Illinois, Massey always wanted to be involved in a helping profession, and to him, that meant medicine or ministry.

And though Massey, now retired at 67, officially decided on a career as a pastor when he started going to McCormick Theological Seminary in Chicago in 1974, he has always found a way to mingle faith and medicine.

Before entering seminary, Massey was a corpsman in the Navy, where he cared for the sick. In 1978, he worked in a hospital and visited with patients during a unit of clinical pastoral education. On top of that, his wife, Judi, is a registered nurse.

“Hospitals provided no mystery to me,” Massey said.

While working as a pastor at Community Presbyterian Church in Chase, Kansas, in the early 1980s, Massey heard about a training program for hospital chaplains in Columbia through Boone Hospital Center in conjunction with Stephens College.

Massey stayed in a dorm room at Stephens and took classes at the hospital for a week. Pastor Dick Millspaugh ran the program along with representatives from a national pastoral care association.

By the time Massey arrived in Columbia in 1985 to be a pastor for Trinity Presbyterian Church, he already knew about hospital ministry in the area. He decided to volunteer, and Massey has been an on-call chaplain for Columbia hospitals ever since.

A Bible rests among other books in the home of the Rev. Raymond Massey on March 18. Massey is an on-call hospital chaplain for two nights every other month, attending to those in spiritual need. (MISSOURIAN PHOTO: Loren Elliott)

From Nicaea to Columbia

Massey notes that the church started the first schools and hospitals.

Traditionally, chaplains are members of the clergy who are tied to a private chapel or institution, like a hospital.

“I have yet to see ‘Atheist Hospital of America,’ but I’ve seen a lot of Presbyterian hospitals, a lot of Methodist hospitals, a lot of Catholic hospitals, a lot of Baptist hospitals, too,” Massey said.

Some of the first in-patient care hospitals began after the Roman Empire claimed Christianity as its official religion. According to Christian Life Resources, the First Council of Nicaea in 325 CE ordered the construction of a hospital in every Roman town with a cathedral.

That means chaplains have been around since clergy were staff at early Christian hospitals. By the Middle Ages, monks and nuns were volunteer hospital staff.

The U.S. has hired chaplains to assist veterans since 1865, when President Abraham Lincoln signed legislation providing National Homes for disabled volunteer soldiers.

In time, these National Homes became VA hospitals, one of which is Truman Veterans’ Hospital. Stephen Gaither, public information officer for Truman Veterans’ Hospital, said the hospital has had a chaplain working at least part-time since it opened its doors in 1972.

At first, all other hospital chaplains were volunteers organized through the Mid-Missouri Pastoral Care Association, formed by local churches, including Trinity Presbyterian, Massey said. Together, they went out and bought pagers and arranged an on-call schedule for the hospitals.

The association’s members covered the night shift, but the hospitals had no clergy during the day. Massey said the hospitals saw the good the volunteers did and decided to hire chaplains of their own.

Once Columbia hospitals had chaplains on staff, they helped organize the on-call schedule. Eventually, the association turned all of its pagers over to the hospitals, which took over coordinating the volunteers, Massey said.

Constant care

While the local volunteer chaplaincy program originally serviced Boone Hospital Center, it no longer uses volunteers. Boone Hospital Center spokesman Ben Cornelius said the hospital has one full-time chaplain and four designated on-call chaplains.

The veterans’ hospital typically has two full-time chaplains (one Protestant and one Catholic) and an intermittent chaplain for the night shift. In rare cases where the intermittent chaplain is unavailable, there are two regular volunteers at the ready.

University Hospital and MU Women's and Children's Hospital have clergy on staff during the day, but from 5 p.m. to 8 a.m., spiritual emergencies are in the hands of a rotation of 12 volunteer chaplains. The hospitals' four staff chaplains are also part of the on-call rotation, Ostercamp said.

Massey needs to be prepared to minister at either University Hospital or MU Women's and Children's Hospital two weeknights every other month. He said there is about a 50 percent chance he will be needed.

"It's not a huge commitment of time, but it is important," Massey said.

Chaplains in action

One winter, around Christmastime, Massey was called in to help a man whose hands were wrapped in casts and bandages. The man had pulled over to help a woman change a flat tire, but a truck had blown the car off the jack. The jack gave out and crushed his hands.

"I bet you'll never stop to help somebody again," Massey asked the man.

On the contrary, the man told Massey he would do it again. He said, "I didn't stop because it was going to be easy for me; I stopped to help the person."

Massey uses this anecdote as a statement of faith: that it's worth it to help no matter how much it hurts. In dealing with trauma victims, there are painful situations to tend to.

The toughest cases Massey has dealt with are when a patient is dying. And the trauma affects not only the patient's family, but also the hospital staff.

Massey said it's tough on the staff to see a patient die, but chaplains are there to support them emotionally and spiritually if they are needed.

Truman Veterans' Hospital and University Hospital are both teaching hospitals, so there are a lot of trainees eager to learn. Sometimes chaplains are needed to calm the trainees down and help them focus on what is best for the patient, Gaither said.

"They want to do this procedure, that procedure, and sometimes the chaplain is the voice of reason," Gaither said. "Because they'll say, 'Stop, because maybe that's not the right thing to do,' at least let that health-care professional, who is in a training mode, stop and think about it."

Sometimes chaplains can be called in to perform sacraments such as baptisms.

If a baby is in neonatal intensive care and a family is worried the baby might not survive, Massey said a chaplain can be called upon to perform an emergency baptism, and he has been asked to baptize a stillborn child as well.

Some families will want support while a loved one is in surgery, or people who are getting surgery will seek consolation so they can be in the best frame of mind for their operation, Massey said.

And then there are times where all that is needed is someone by the patient's side.

"You might call it just a theology of presence," Massey said. "I was just there, but my presence somehow represented the presence of the Lord ... Just my presence, without saying anything, provided comfort, and that — you just don't know how much it's worth."

Vetting the volunteers

Ostercamp has been at University Hospital for 24 years and handles the on-call chaplain schedule. He said on-call chaplaincy is open to laypeople, not just clergy, but they must be connected with ministry in their faith group.

Volunteer chaplains go through semi-annual in-house training where a speaker will talk about certain areas of chaplaincy and calling.

As hospital volunteers, there are certain criteria they must meet: They must pass a criminal background check, a drug test and a health screening, then they must go through volunteer orientation. In addition, on-call chaplains must have pastoral care training.

Ostercamp has no trouble finding people who meet those criteria to fill out the on-call list. "It almost seems to me like volunteers find us because of their interest in doing this."

Primarily, hospitals want people who are sensitive to people's needs and want to help, Massey said.

Open to all

Ostercamp said that part of that sensitivity is responding to hospital crisis situations, regardless of what the patient's faith might be.

"We don't want people coming in and trying to turn everybody into Baptists or into Christian Disciples of Christ or Presbyterians or Methodists," Massey said. "We want people who will minister to people where they are and not try to make them into something else."

To stay true to this doctrine of individual care, smaller faith communities have provided the hospital with names and contacts for clergy willing to provide support when needed, Ostercamp said.

Massey said he has to call a minister of another faith about one-third of the time he is on call.

"I've never had a priest get upset when I called for one of their patients," Massey said. "They're always very grateful and thankful. And I think that's the way it should be, that the different faith groups should work well together."

Massey doesn't deny his ministry to anyone who asks for it, and if someone from a different faith asks to pray with him, he doesn't hesitate. He simply asks, "What would you like me to pray for?"

"Why am I doing this?"

Not everyone is cut out for hospital chaplaincy, Massey warns.

Ostercamp described hospital chaplaincy as a calling, and it's not for everyone.

One of Massey's minister friends is one such person.

"He has to force himself to go to the hospital because he does not like needles, he doesn't like procedures, he doesn't like seeing people suffering," Massey said. "And I don't like it, either, but you do it because you want to help the people."

Massey had his prostate removed in 2009 and followed up with 40 days of radiation treatment from August to October last fall. As he recovers, Massey is dusting off the pager and resuming his volunteer work this month.

"When you get up in the middle of the night and you're headed to the hospital, you wonder, 'Why am I doing this?'" Massey said. "But you go and you visit with some people, you have prayer with them, you share with them the most meaningful things in life, and you get more from them than you ever give them. And you come back saying, 'Thank you, Lord, for letting me be a part of this.'"

Supervising editor is Katherine Reed.

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