

Vancouver General Hospital (VGH) Anglican Chaplaincy Annual Report (2021)

1) The Impact of the Pandemic on the VGH Anglican Chaplaincy Ministry

The unofficial motto of the Anglican Team at VGH for 2021 might well have been: "Keep Calm and Carry On". By the grace of God, we (the Reverend Bryan Rivers; the Reverend Juanita Clark; and Kate Walker, ODNW) weathered the different "waves" of the pandemic quite smoothly. Thanks to the experience and expertise gained by the hospital and the Spiritual Care Department last year, there were no lock-outs of denominational Chaplains and volunteers, as occurred in 2020, and thus no disruptions of pastoral care for Anglican patients. Consequently, the Diocese was able to provide an uninterrupted Anglican presence throughout 2021.

Exceptional emergency medical precautions that were introduced at the beginning of the pandemic are now standard operating procedure: we wear hospital scrubs, masks, goggles, disposable gloves, and gowns to visit patients. This is time-consuming and fatiguing but also a very necessary part of the protocols needed to protect everyone in the hospital, our families, and the wider community.

2) The Impact of the Pandemic on the VGH Anglican Chaplaincy Finances

The traditional fund-raising approach where the Chaplain would visit local parishes to speak about the ministry and solicit financial support is no longer viable under the constraints imposed by the pandemic. Church services are cancelled, most have shifted on-line, and many parishes are themselves struggling with decreased revenues. Furthermore, in-person visits by the VGH Chaplain are not feasible at the present time; the danger of spreading the virus from the hospital to congregations, many of whom have a high percentage of seniors, is simply too great.

I am therefore very grateful for the manner in which various components of the Diocese have seen the value of this ministry and have rallied to its assistance.

At the end of December 2021, the VGH Chaplaincy account had sufficient funds to sustain approximately 18 months of operations. This is thanks to:50% funding of the total VGH Chaplaincy budget from the Diocesan Fair Share Fund; and 50% funding from: five parishes; the Diocesan Anglican Church Women (ACW); and donations from three private individuals.

This financial support has been a great blessing during this difficult time since it has reduced the stress of fund-raising, and also enabled the Diocese to increase the scope of this ministry to the equivalent of a half-time position.

3) Pastoral Care within the Hospital

Generally speaking, because of the intermittent cancellation of elective surgeries, and the occasional lock-down of individual wards due to COVID -19 infections, there are fewer patients in the hospital; on the other hand, their spiritual needs are more acute since many are suffering from anxiety for themselves and their families, loneliness, depression, and fear that, while they are hospitalized, they might be exposed to the virus. Our team has felt a heightened sense of anxiety on the part of some patients and staff who feel they are functioning in a permanent state of crisis.

On the plus side, fewer patients allows for longer and more in-depth visits. There has also been a marked increase in requests from clergy, especially out of town, to visit parishioners on their behalf. *The pandemic has only increased the need for spiritual care in the hospital*. Patients appreciate prayer, anointing, reconciliation, communion, and even baptism in times of need; as well as the gift of pastoral presence at the bedside. We also give small hand-held wooden Comfort Crosses to patients and staff which have a powerful calming effect. Many patients bring the Crosses with them when they come back to the hospital for return visits.

Throughout 2021 our Anglican Team also visited Lutheran patients on an unofficial basis since our respective denominations are in communion. Although they are few in number there have been some meaningful interactions with Lutheran patients and their home parishes. Visits are not at the expense of our Anglican patients and are only undertaken as and when time is available.

Because of the cancellation of elective surgeries, patients who are currently hospitalized constitute cases that are more serious such as: Emergency Room; Intensive Care; transplants; medical trauma; and deaths from non-COVID-19 causes. This means increased requests for spiritual care for family members who cannot have direct access to their loved-ones because of visitation restrictions; a need which was further exacerbated in 2021 by the imposition of travel restrictions, and the recent requirement for visitors to show proof of vaccination in order to enter the hospital. As a result, the Chaplain was busy on the phone with family in the city, various parts of B.C., and even out of province.

In 2021 the Anglican Team ministered to patients from: Abbotsford; Dawson City; Fort Nelson; Hazelton; Kitimat; Merritt; 100-Mile House; Nanaimo; Prince Rupert; Salt Spring Island; Sunshine Coast; Trail; Vernon; Victoria; White Horse; Ontario; Manitoba; Quebec; In one extreme instance, the Chaplain even provided prayer and grief counselling by phone and e-mail to parents of a former VGH long-term patient who are now living in Thailand and who were unable to fly back to Canada because of pandemic lock-downs.

A particularly gratifying aspect of VGH Chaplaincy is the opportunity to minister to, and learn from, Aboriginal and Inuit patients from Northern communities. When hospitalised they are cut off from their community life and culture, language and parishes. When requested, we contact the VGH Aboriginal Liaison Department for items and resource persons associated with the practice of Aboriginal healing and spirituality. During 2021 our team ministered to aboriginal patients from Northern B.C., Prince George, Whitehorse and Dawson City with prayer, anointing, communion, supportive presence and the gifting of Bibles when requested.

We are also privileged to minister to patients who are homeless and who, for a variety of reasons, live on the streets. We try to provide presence, companionship, encouragement, prayer and bibles, and to connect them with churches and shelter resources in their neighbourhoods.

The Anglican Team also provide spiritual support for doctors, nurses and support staff. With the pandemic now in its second year, the presence of vociferous demonstrators outside the hospital, the new

surge of patients caused by the omicron variant, and staff-shortages caused by its spread among hospital employees, 2021 was a stressful and testing year for all who work at VGH. I am happy to report that we had several spontaneous interactions with staff asking for prayer. We have given them Comfort Crosses, reminded them that the Spiritual Care Department is there for them, and provided support and comfort when needed. On one memorable occasion I actually had three nurses on a unit lining up with prayer requests for themselves or their families. On another occasion I found myself unexpectedly providing prayer, counselling and encouragement to a couple in the VGH parking lot; the husband is employed at the hospital, and they met there during his lunch-hour.

For Anglican patients at Christmas our Team has designed a Christmas card with traditional Christmas scenes and scriptures, and contact information which we distribute on our rounds in order to bring a little part of the "Christmas Spirit" to their rooms and alleviate their sense of isolation and loneliness.

I am deeply appreciative of the invaluable assistance provided by our two faithful team-members, Kate Walker ODNW, and the Reverend Juanita Clark. Their presence has been particularly helpful during this challenging year. They have been instrumental in providing additional spiritual support to patients on days when I was not on duty at VGH, and also visiting patients that I could not see due to time constraints. They each have their own unique spiritual gifts which are most effective in a hospital context; it is very encouraging to me to know that I can call upon them to visit specific patients and can rely on their excellent clinical notes and feed-back. It is also a good testimony to the hospital, Vancouver Coastal Health Authority, and the wider B.C. community, that our Anglican Diocese is fielding a "team" of spiritual care workers.

During 2021, despite the challenges of the pandemic, the Chaplain made 1270 visits: 369 involved prayer; 164 anointing; 45 communion; and 643 consults with family or staff.

4) Interactions with the Spiritual Care Department at VGH.

The Diocese is particularly appreciative of the strong support, encouragement and practical help received from the VGH Spiritual Care and Multi-Faith Department, and the Director, Reverend Dr. Douglas Longstaffe. As a member of the Spiritual Care Department the Anglican Chaplain is frequently involved in many aspects of the Department's wider ministry. In 2021, the Chaplain:

- Provided informal mentoring of CPE students from Anglican, Roman Catholic and United Church backgrounds.
- Provided *ad hoc* pastoral care to CPE students and members of the Spiritual Care Team through prayer and anointing.
- Responded on an informal basis to requests from the M.A.I.D unit at the hospital in cases where a consult with an Anglican priest was requested.
- Prepared two short texts and taped two interviews on the Christian theology and practice of Spiritual Care for a series of seminars being prepared by the Muslim Imam in the Spiritual Care Department at VGH. He is very motivated to spread the word about spiritual care to his Muslim colleagues around the world. This series was hosted by the University of Iran and was attended via video conferencing; each session had over 150 participating health-care professionals, in various disciplines, from all over Iran.

5) Diocesan Interaction with Synod Office and Clergy.

During 2021, the Chaplain:

- Responded to requests from 22 different parishes to visit parishioners at VGH: St. Agnes (North Van.); St. Anselm (Van.); St. Augustine (Marpole); St. Bartholomew (Gibsons); Bethlehem Lutheran Church (Van.); St. Chad (Van.); St. Christopher (West Van.); Christ Church Cathedral (Van.); St. Faith (Van.); St. Helen (Pt Grey.); St. Hilda (Sechelt); Holy Cross (Van.); St. James (Van.); St. John the Apostle (Port Moody); St. Laurence (Coquitlam); St. Margaret Cedar Cottage (Van.); St. Mary Magdalene (Van.); St. Mary, Kerrisdale (Van.); St. Michael (Van.); St. Philip (Van.); Redeemer Lutheran Church (Van.); St. Titus (Van.).
- Attended as often as possible the virtual Clericus meetings of the Oakridge Deaconry and the Granville Archdeaconry where I made verbal reports on the Chaplaincy ministry.
- Was the Guest Speaker at the diocesan ACW's AGM in May 2021 where I gave a brief report on the VGH Chaplaincy ministry via Zoom, followed by a brief question-period.
- Participated in a zoom-meeting with the Mission and Ministry Development Committee where I gave a report on the ministry of Chaplaincy and also submitted four separate documents summarizing different aspects of the work of the VGH Chaplain.
- Wrote a report for the 2021 Synod Circular.
- Submitted an Anglican Initiative Fund Grant Application for funding for 2022.

6) Expansion of Anglican Chaplaincy to Richmond Hospital

In November of 2021, the Chaplain initiated exploratory discussions with the Spiritual Care Director at Richmond Hospital regarding the possibility of re-establishing a regular Anglican Chaplaincy presence and received a very positive and encouraging response.

As a result, the Reverend Juanita Clark has seconded from VGH, on an interim basis, under the Chaplain's supervision, to provide Chaplaincy support for Anglican patients at Richmond Hospital every Friday from 10am-12am, from January – April 2022. This is very much a work in progress, but our Diocese is very appreciative of the practical help and support that has been received from the hospital administration, and their Spiritual Care Department. This represents an important expansion of an Anglican presence within the Vancouver Coastal Health Authority and hopefully provides a model for providing Chaplaincy support at other health-care facilities within VCH and, eventually, also at Fraser Health which is a separate Health Authority with its own unique challenges.

7) Conclusion

In 2021 the ministry of VGH Chaplaincy was, and continues to be, impacted and shaped by fluctuations in the pandemic. Working within the constraints of the hospital protocols has become the new normal and I have been impressed by the stringent care exercised by the hospital in general, and the Spiritual Care Department in particular. Because the Anglican Team visits throughout the hospital, we have both a medical and moral obligation to our patients, staff and families to exercise extreme caution and attention to detail regarding infection control. Overall, our team has done an excellent job in very testing circumstances.

Financially, thanks to the infusion of funds by the Diocese via the Diocesan Fair Share Fund in2020 and 2021, and support from the ACW, five parishes, and three individual donors, we are now in a much sounder financial position for which we can all be grateful. A practical result of increased funding has been the ability to provide follow-up spiritual care to: patients discharged from VGH; their families; and ancillary health-care facilities when appropriate. The Anglican Chaplaincy Team is most appreciative of the strong support and encouragement from the Diocese in general, and the Bishop, Diocesan Council, and the Diocesan Treasurer in particular.

Finally, as Chaplain, I wish to express my deep personal gratitude for the support received from my fellow clergy across the Diocese and from the Reverend Greg Jenkins and my home parish of St. Alban's (Burnaby). I also wish to acknowledge the indispensable support, advice and encouragement received from Bishop John Stephens, the Venerable Douglas Fenton, the Venerable Stephanie Shepard and the Venerable Bruce Morris. Thanks also to the Reverend Tasha Carrothers and the congregation at St. Mary Magdalene (Vancouver) for the provision of a parking spot one block from the hospital, and their continued hospitality, assistance and encouragement.

I feel privileged and blessed to be a part of this important ministry. Every day is different and filled with challenges, and it is an honour and blessing to serve the Lord in this unique arena.

Respectfully submitted,

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