Between the Storms:
Reflections on Chaplaincy During Natural and Human-caused Disasters

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For some people today getting on an airplane is an act of faith. For others, checking into a hotel is followed immediately by a quick rehearsal with fire exits tried, steps counted, and smoke detectors visually embraced. For those residing in larger cities, going into an office building or shopping center means navigating around large planters with trees/barriers securing entrances from potential car or truck bombs as well as being prepared to show photo identification.

In the twenty-first century, taking a daily threat inventory—once deemed obsessive-compulsive or neurotic—appears to be nothing more than exercising good sense. In the current climate of disaster and change, the threat of violence, both natural and human-caused, has become part of the emotional and spiritual cost of living.

Professional chaplains serve across the disaster continuum, whether the cause is tsunami or terrorism. From crisis management to consequence management, they are involved both in the process and in the outcome. They are not only called, but also well trained to be the nonanxious presence in this age of expanded anxiety.

Origin of spiritual care response

On July 16, 1996, TWA Flight 800 exploded over Long Island Sound. The families and loved ones of those on board were inundated by the well-intentioned and by the predators. As a result, the U.S. government was asked to help protect those so profoundly impacted by air disasters. In October of that year, the Aviation Family Assistance Act was passed by Congress and signed into law by President Clinton. Working in partnership with the National Transportation Safety Board (NTSB), the American Red Cross (ARC) established the Aviation Incident Response (AIR) and the Spiritual Care Aviation Incident Response (SAIR) teams.

For the past ten years, professional chaplains trained under the auspices of the American Red Cross (ARC) have responded both to natural and to human-caused disasters as members of ARC’s Spiritual Care Aviation Response (SAIR) team, renamed the Spiritual Care Response Team (SRT). The author, who serves as SRT volunteer partner and coordinator, provides an overview of this spiritual care initiative with particular attention to recent service following hurricane Katrina. He also focuses on the need to prepare for the future through appropriate training of spiritual care responders.
This program later expanded to become the Critical Response Team (CRT) with its continuing spiritual care component, the Spiritual Care Response Team (SRT). It now operates under an expanded mandate, which encompasses both natural and human-caused disasters resulting in mass casualties. After seventeen full and partial deployments to air disasters, Amtrak derailments, and 9/11, the NTGS commemorates the tenth anniversary of this extraordinary legislation on October 10, 2006.

Valued ARC partner

SRT is a valued partner in ARC’s disaster response. Since training began in 1999, more than two hundred fifty professional chaplains representing the following chaplaincy groups have received SAIR/SRT training: American Association of Pastoral Counselors (AAPC), Association for Clinical Pastoral Education (ACPE), Association of Professional Chaplains (APC), International Conference of Police Chaplains (ICPC), National Association of Catholic Chaplains (NACC), National Association of Jewish Chaplains (NAJC), College of Pastoral Supervision and Psychotherapy (CSPS), and the Federation of Fire Chaplains (FFC). SRT’s current roster includes sixty-five chaplains, each of whom is on call, i.e., deployable within four hours, for a month at a time.

In 2004, SRTs and other board certified chaplains (BCCs) served throughout Florida, assisting in the extensive care and feeding operations set up for hurricane victims and interviewing clients for emergency financial assistance. Last year, they were deployed in Louisiana, Alabama, Mississippi, and Texas to provide spiritual support to the victims of hurricanes Katrina and Rita as well as to other disaster response personnel.

Eighty BCCs and SRT managers were an integral part of ARC’s Partners for Effective Emergency Response (PEER) program, which included Disaster Health Services, Disaster Mental Health, Medical Reserve Corps, and professional chaplaincy cognate group partners. Over twelve hundred new highly-credentialed volunteers, spanning the healthcare professions, were deployed through this unique recruitment initiative.

The enormity of Katrina

Prior to hurricane Katrina, a major American city had never been evacuated in modern times. Entire communities were destroyed and lives literally washed away. Eventually every state in the nation was involved, whether as a sender of response teams and/or supplies or as a recipient of evacuees. The Department of Health and Human Services partnered with ARC and its SRTs, the National Volunteer Organizations Active in Disasters (NVOAD), NORTHCOM military chaplains, and local faith groups to staff service delivery sites across the impacted area.

As the scale of the disaster began to unfold, an unprecedented mobilization took place. With the predicted loss of life possibly numbering in the thousands—and the actual loss of life over fifteen hundred—spiritual care was imperative. Chaplains assisted in the respectful treatment of human remains, including offering interfaith blessings, in all phases of their recovery and arrival at the disaster mortuary in St. Gabriel’s Parish, Louisiana. Services also were provided to emergency response personnel and to those working with family members for whom separation, abandonment, and loss were major components of this disaster.

Vulnerable populations

When polled by the Kaiser Foundation, over 90 percent of Katrina evacuees spoke about their deep and abiding faith as their primary coping mechanism in the post-disaster chaos. Thus, providing appropriate disaster spiritual care in close collaboration with local faith communities to initiate the healing process and facilitate community recovery became essential goals for the chaplains deployed through ARC via SRT.

As a result of proximity to the disaster, magnitude of loss, and level of trauma, disaster victims are perhaps one of the most vulnerable populations. Not everyone has their best interests at heart. ARC and its disaster response partners were not the only ones who headed for the Gulf Coast. Organizations and individuals with entrepreneurial and/or predatory agendas mobilized as well. In any postdisaster arena, chaos is the order of the day, until stability—material and emotional—is restored. The geography of this particular disaster, coupled with a series of subsequent disasters, made it impossible for any one organization or government entity to serve as an effective gatekeeper and to provide completely safe space for survivors.

Ongoing disaster

In the aftermath of Katrina, another reality surfaced. Help, previously assumed, will not always be there or even be on the way. After five days of living on the Interstate 10 overpass or at the New Orleans Convention Center, children...
pleaded into the television cameras, “Where is our help? Doesn’t anyone care?” Although covered in blankets and tarps, corpses of countless individuals still lay where they had died, leading to conflicted reflections about powerlessness and abandonment. One could smell the televised images a thousand miles away.

Media coverage often places us as close to a disaster as the location of our televisions, computers, or radios. Nevertheless, all disasters are fundamentally local and are felt uniquely by those in geographic proximity. Consider Katrina: over fifteen hundred persons have been declared dead; at least eight hundred continue to be listed as missing. A total of 5,192 children have reunited with their families, the most recent on March 17 of this year. These are not numbers. They are people. For those who have not located their loved ones, this disaster still is unfolding. Even one year later, hurricane Katrina is not over for them.

Need for trained responders

Nine out of the ten most financially destructive disasters have occurred in the past four years; hurricane Andrew is the exception. It is significant that many faith-based disaster response organizations have made considerable investments in training for response and not just to the response itself. The importance of this cannot be overstated. The federal government has rethought and revamped disaster assistance as well.

Disasters destroy the infrastructure of a region and its capacity to move goods and services promptly and efficiently without waste. Eager congregations which self deploy individuals and groups to impacted areas without adequate backup resources and resupply networks, quickly join the original victims of the disaster and tax the recovery machinery.

The well-intentioned and well-meaning soon learn that severe hardship restrictions are real. In the aftermath of Katrina, numerous volunteers slept on shelter floors with evacuees. The restoration of air travel and the reopening of highways soon became bogged down as representatives of entities competing to care descended upon the region.

The additional fact that both natural and human-caused disasters may result not only in mass fatalities, but also in mass relocations of tremendous numbers of persons of all ages, makes disaster chaplaincy a very real need throughout the country. All faiths need to be part of this national conversation. When local communities are destroyed and faith leaders injured or separated from their congregations, highly credentialed crisis responders become vital to disaster response and recovery.

In this regard, the chaplain’s intuition and experience are invaluable. Chaplains respond everyday to disasters of every magnitude in hospital emergency departments and trauma centers. Clinical pastoral education (CPE) and board certification prepares them to assess, intervene, process, and begin to find meaning in the disaster event—or at the very least, to initiate healing conversations. What then of the time after the storm, the time when the lingering landscapes of disaster eats away at—and possibly kills—the spirit.

Many SRTs from the cagnate group partners have received invitations for a variety of training programs, which purport to enhance skill sets and competencies. The inauguration of a board certified crisis chaplain credentialing track has opened the door both to legitimate trainings of great integrity and value, such as pastoral crisis intervention and critical incident skills management (CISM). However, there also are some newer entries in the disaster spiritual care industry whose offerings are of questionable value. One should thoroughly investigate specifics before investing money and time.

I contend that CPE is the best disaster training on the market today. I continue to urge all interested callers, to complete at least one unit of CPE, and, if possible, to become board certified chaplains. In light of the intensity of recent disasters as well as those anticipated, the CPE model of education and self care should not be denigrated or diminished.

Long-term impact

Each major disaster, whether natural or human caused, has the capability to destroy a generation of responders and leaders as many know little or nothing of the grieving process and self care. Nine months after 9/11, ARC polled eight hundred spiritual care professionals. The results, which were published in the Journal of Mental and Nervous Diseases, came as no surprise to professional chaplains. Responders who had elemental, basic disaster training experienced less compassion fatigue and less burnout than those who had little or none.

In the first three years after the Oklahoma City federal building bombing, there was an exodus of clergy not only from the area, but also from ministry. This phenomenon repeated itself in the tristate...
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The impact of disasters on the emotional and spiritual health of our nation, our world, and one another cannot be underestimated. The intensity of 9/11 resulted in increased rates of domestic violence, including the sexual abuse of minors, and devastating acts of self-destruction. Tabloids splashed headlines of heroes turned predators.

The subsequent psychological and spiritual threat of terrorism accumulates, lingers, and destroys. There is now alert fatigue from years of living with color-coated barometers of coded terror.

Following the December 26, 2004, Asian tsunami, disaster mental health colleagues urged us to turn the television off—just as they had on 9/11—warning that repeated viewing would only compound our own trauma and exacerbate survivors’ guilt. However, on cable television, one channel countered with disaster as entertainment, airing the movie Earthquake followed by Volcano and The Towering Inferno. Outside in the “real world,” over 225,000 eventually would be declared dead or forever missing. For tens of thousands of families and loved ones there would be no bodies, no closure.

Many in the United States were untouched by that disaster, occurring as it did on the other side of a world in which thousands die each day. Indeed until 9/11, a general view held that large losses of life happened somewhere outside U.S. borders. The concept of the Divine as it intersected with domestic survival and welfare didn’t allow for nearly three thousand people to die on a beautiful September morning. Only four years later, the scenes of mass evacuations and thousands stranded on rooftops still was unimaginable.

Preparing for the future

New threats like the Avian Flu with projections of possibly two million fatalities in the continental United States are numbing. With wars raging overseas, and the possibility of the military leading catastrophic disaster response here, the imperative for personal responsibility and preparedness, for oneself and one’s family and loved ones, including pets and livestock, is very, very real.

Elemental disaster preparedness and training are essential. Make a plan. Build a survival kit. Get trained. Conventional wisdom always states that “you’re on your own” for the first seventy-two hours after a disaster; therefore, you need to be self-sufficient with adequate food, water, and supplies until emergency services can arrive and offer assistance.

Disaster drills are commonplace today in hospitals and airports; schools teach corridor safety and prepare for lockdowns. Government disaster scenarios are designed on a much larger scale as the reality of mass fatalities in natural and human-caused disasters, have become realities in the recent past. Yet, many remain in denial. They tune in to celebrity weather broadcasts and surmise that if these on-the-scene announcers got through, the emergency responders should be there too.

For spiritual care professionals, advocating for disaster preparedness is basic, not only within the institutions where one serves, but also within the larger community. Disaster training should be an integral component of all chaplaincy education programs.

Along with corporate partners, ARC’s Response Call Center in Falls Church, Virginia, currently is developing technology to provide emergency assistance by connecting disaster client callers to national help lines. The system also will have the capability to provide a seamless connection between those who need emotional and spiritual support and skilled mental health and spiritual care volunteers across the country. This will increase the pool of responders to include professionally-trained spiritual caregivers who may be prevented from physical deployment to disaster areas either as a result of disability or hardship.

Hope and affirmation

There are those who believe that Noah’s ark was the first emergency response vehicle. Spiritual care professionals represent the hope embodied in that vision. Someone will have a rope, a boat, an oxygen mask, or a life preserver. Someone will be able to get where help is needed promptly. Such hope is embodied in the primary need of disaster survivors for information and reassurance even before shelter and sustenance. Disaster-trained professional chaplains, already well versed in providing pastoral care in crisis situations, are uniquely capable to meet this multifaceted need.

May 2001, Washington, DC

I live in a city where talk of mass fatality management is as common as how high the pollen count is today … and I affirm the gifts we
bring as chaplains, the high ethical standards and principles implicit in our training to care.

I live in a city with a booming economy based upon building walls … and I affirm our healing, reconciling, compassionate presence.

I live in a city where fear is politicized and orchestrated and managed, where alerts go on for years … and I affirm the diversity of our spirits which counter such fear.

I live in a city where I hear gun salutes to fallen soldiers ever too regularly down the hill in Arlington National Cemetery, and I see the jets fly over in broken formation again and again … and I affirm our extraordinary traditions of peace and reconciliation, as well as the nonanxious presence of our military chaplain colleagues on the battlefield, with those entrusted to our care.

In the midst of our disaster-ridden world, I affirm our calling …

To be authentic.

To be true.

To be present—even when the present is too painful to bear.

To be chaplains.

**Postscript**

On August 27, Comair/Delta Flight 5191 crashed on takeoff at Lexington, Kentucky. ARC once again called on SRT to support the families and loved ones and to work with the NTSB, community clergy, local/state government, Delta care teams, and emergency responders through the first days of briefings, the recovery of remains, the site visit, and the memorial service. The following was sent to the seven board certified chaplains who served on this team: Stan Dunk, Ron Oliver, Lois Sikorski, Lewis Weiss, Joe Bozzilli, Roger Stauffer, and Irv Moore.

Twenty-nine seconds. That was all the time they may have had. You have now met their families and friends. You have been a compassionate presence just being there in Kentucky. You have grieved with them. You have protected them, and kept them safe. You have lifted them up when they collapsed—physically, emotionally, and spiritually. You dropped everything in your personal lives last Sunday and Monday and traveled to be with them.

Your families and colleagues back home may never realize just how much you did. Your flexibility. Your patience. Making immediate assessments and developing a plan. Working as a team with the Bluegrass Chapter and others on the Critical Response Team. Supporting the efforts of the NTSB and Delta to provide immediate services and support to those who faced such catastrophic, unanticipated grief.

We watched the line of blue buses on television and in the newspapers. You were there to witness through your own eyes the final resting place of this tragedy. The burnt grass and broken trees as you held families and prayers in your hearts and hands.

You empowered and facilitated local voices to remember and pray in an opera house.

Everyone said that this event ended the safest period in domestic aviation history. You know what it was like to hear those words, and you were with those who might have heard those words at the most ultimate cost. I can’t imagine the unbearable pain.

You now stand with your peers who stood with families in Kirksville and Charlotte, Malibu and Far Rockaway, Little Rock and Shanksville, Pier 94 and Aspen, Arlington and Newport, Boston and Eveleth, Minnesota. Your service was phenomenal, yet connected to what we all do every day back home at the medical centers where we serve.

So thank you for going to Lexington. Thank you for being there for your neighbor.

Earl Johnson