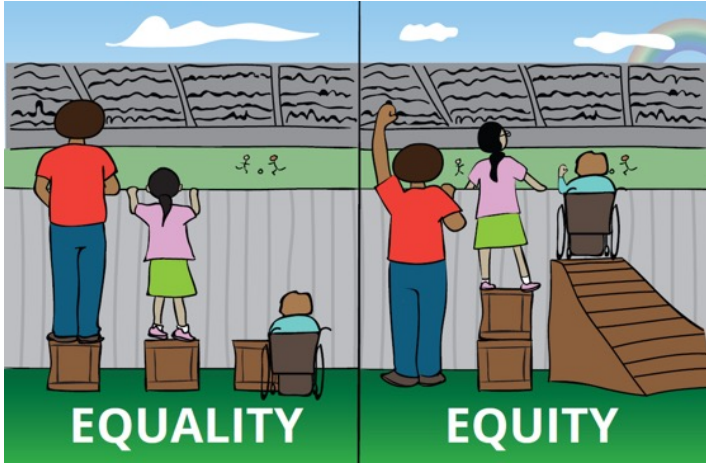




# Bishop Anderson House

Newsletter • June 2024

## Equitably Caring for the Human Spirit



(image from <https://www.equitytool.org/equity/>)

By The Rev. Tommy Rogers

I'd like to introduce you to Bishop Anderson House's new mission statement which you see above in the title to my article – "Equitably Caring for the Human Spirit." Some years ago, when I was at The Johns Hopkins Hospital and we were talking about social determinants of health, the above image was shared which really helped me understand the difference between equality and equity. Equality implies that each individual or unit should receive the same. Equity focuses on eliminating differences between groups when those differences can be addressed. In the photo above, you can see that the gentleman on the left has no problem watching the soccer match while the little girl in the middle can see it pretty good, but the person in the wheelchair can't see the match at all when they are treated equally. However, when equity is brought into the equation the gentleman on the left isn't standing on a box, the little girl in the middle has two boxes to stand on so she can see clearly and the person in the wheelchair has a ramp built. Now each of them can see the game!

Alongside our new mission is our vision statement – **"To nurture spiritual wellness through proven and innovative practices that serve individuals and communities."**

This is where we hope to go in the future. The field of chaplaincy and spiritual care is just now identifying proven practices that impact people's lives, and we want to be on the cutting edge of this. Every time one of our spiritual care visitors or chaplains makes a visit we are always innovating – we are doing an intervention and seeing what happens next. Does the spiritual care recipient allow tears to flow that have long been held in? Does the person's body relax and their stress level decrease because of the spiritual care intervention? When our spiritual care visitor goes out and actively listens, does the person being visited report feeling more connected to themselves, others, and the Divine?

And lastly, we have **three core values** that guide us in our work:

**Compassion:** extending love, care, and companionship

**Equity:** serving all persons, especially those most marginalized

**Wellness:** supporting holistic flourishing

I am very grateful to our board which did some fantastic work this last year around mission, vision, values, and strategic planning. And I am very grateful to all our faithful donors and supporters who joined us on May 5 at our Spring Benefit where we raised \$85,500 for our mission and ministry! If you didn't get a chance to join us and would like to make a gift to help this holy house continue its work, please go to our website and securely make a gift at <https://www.bishopandersonhouse.org/donate/> Thank you!

And remember to mark your calendar to join us for an open house on Saturday, September 14. This will be a great opportunity to relax, have fun and connect with our staff as well as see our offices if you've never been! More information will be coming soon via our e-newsletter.

# Strong Faith

by The Rev. Rose Cicero

I met Brian in the Pediatrics Unit of John H. Stroger, Jr. Hospital of Cook County. Brian had survived multiple gunshot wounds and was scheduled to graduate high school but the bullets that invaded his body drastically altered his life trajectory. He would not be attending his graduation, and it would be many months before he would be able to function with ease again, if at all.

One of the bullets had lodged in Brian's brain. When I looked at Brian it was obvious that something was wrong because his head was flattened on one side. Brian's speech was slow and difficult. He struggled with processing information as I told him who I was and why I was visiting him. His injuries also restricted his movements. Brian told me his brother did not survive the violence they both encountered, and his mother had gone on a drinking binge, so he did not know who would plan his brother's funeral.

It was evident that Brian's family was very important to him. During such tragedy, Brian was interested in receiving a bible from me; however, he said he could not read because of his injuries and asked me to read to him. When I asked which passage he wanted to hear, he immediately said Psalm 23 and showed me the tattoo on his arm. **The words from Psalm 23 ran down the length of his forearm. He went on to tell me how his grandmother instilled in him a strong faith.** He said that Psalm 23 gave him strength to carry on. When I began reading this psalm to Brian, a visible peacefulness and calm came over him.

A few months later Brian returned to the Pediatrics Unit for needed head surgery. When I entered his room, he gave me a big smile. I was happy to see his rehabilitation was going well and that his strong faith had carried him through.

It is only by your generosity that stories like Brian's are possible, and I thank each and every one of you for your continued support that allows Bishop Anderson House to provide much needed chaplaincy at John H. Stroger, Jr. Hospital of Cook County.



# Nurses' Week and the Blessing of Hands

*By The Rev. Dr. Micheal A. Smith*

In an era where healthcare can sometimes feel impersonal and fragmented, the ritual of blessing the hands of nurses serves as a simple yet profound reminder of the sacredness of human connection. It is a recognition that their touch, guided not only by skill but also by compassion and empathy, has the power to bring comfort and healing to those in need. The sacred ritual of blessing the hands of nurses is a testament to the intertwining of faith, compassion, and healing and the power of ritual in healing. It bridges the gap between science and spirituality, revealing the power of faith, compassion, and community in healing encompassing the whole person-body, mind and spirit.

As hospital chaplains and nurses continue to walk hand in hand, their partnership serves as a shining example of the profound impact that can be achieved when compassion meets skill, and when healing becomes not just a profession, but a sacred calling. In the gentle touch of a nurse's hand, blessed by the words of a chaplain, lies the promise of healing, hope, and humanity.

In support of Nurses' Week within the Cook County Health System, the chaplains of Bishop Anderson House blessed 363 pairs of hands across the Cook County Health System including John H. Stroger, Jr. Hospital, Provident Hospital, RUTH M. Rothstein Core Center, Cermak Health Service, Cook County Juvenile Detention Center and eight community health centers.



Thank you to all who helped us reach our goal of

# \$85,500

at our annual spring benefit fundraiser,

**Healing One, Healing the World** on May 5, 2024

at Halim Time & Glass Museum, Evanston! We are grateful for your generosity in supporting the work of Bishop Anderson House and the lives that we are blessed to touch.

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Mr. Peter & Rev. Marilyn Barnes

Mr. Barry Benson & Mr. Luis Gonzalez

Mrs. Juli Bergerud & Mr. Mark Farrell

Ms. Carol Blendowski

Ms. Diana Bolz Rhoads

Mrs. Lyle Bouxsein

Rev. Rene' Brandt & The Rev. Andrea Mysen

Ms. Cynthia Breunlin

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Mrs. Maureen & Mr. William Burke, Jr.

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Mr. Emil DeJulio & Mrs. Sharon Spellman

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The Rev. M.E. & Mrs. Katie Eccles

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Ms. Benitta Jones

Rev. Elizabeth Jones

Dr. Kimberly Joseph

The Rt. Rev. William & Mrs. Marsha Klusmeyer

Mrs. Laura & Mr. Edward Kozak

Rev. David & Mrs. Terry Kylo

**You still have time to make your Paddle Raise Pledge!**

<https://www.bishopandersonhouse.org/paddle-raise-donation/>



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**Ms. Kimberly Lessner**

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**The Rev. Brenda & Mr. Richard Lotesta**

**Mr. Travis McClendon & Mr. Dave Herzog**

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**Ms. Nike Whitcomb**

**The Rev. Robert Wyatt & Ms. Terri Lackey**

**The Rev. Scott & Mr. Charles Zaucha**

# Shedding Light on Secondary Trauma Through a Care Provider Survey

By The Rev. Dr. Ebony D. Only

In our roles as caregivers, supporters, and pillars of our communities, we often bear witness to the trauma and adversity faced by those we serve. However, this constant exposure to others' pain can take a heavy toll on our own well-being, leading to a phenomenon known as secondary traumatic stress.

To better understand the extent of this issue and its impact on various care provider groups, Bishop Anderson House recently conducted a survey targeting professionals from diverse backgrounds, including clergy, spiritual care workers, teachers, school administrators, and hospital staff.

The survey aimed to gather insights into the following key areas:

**1. Exposure to Community Safety Events:** We inquired whether respondents had experienced a community safety event involving death, severe illness due to violence or trauma within the past year. Alarmingly, nearly 42% reported such an occurrence, highlighting the pervasive nature of trauma exposure.

**2. Provision of Support to Trauma Victims:** Recognizing the role of care providers as a lifeline for those grappling with adversity, we asked if they had provided support to individuals affected by violence, economic hardship, housing insecurity, or incarceration in the previous 12 months. A staggering 87% responded affirmatively, underscoring the immense demands placed on these professionals.

**3. Access to Support Resources:** Despite their unwavering commitment to serving others, care providers often find themselves without adequate support systems to cope with the emotional toll of their work. Our survey revealed that only 28% of respondents received any form of support in dealing with the traumatic events they encountered.

**4. Psychological Impact:** The survey delved into the personal experiences of care providers, asking about instances of anxiety, depression, or doubts about continuing their work or ministry. A concerning 60% reported experiencing such challenges, shedding light on the profound psychological impact of secondary trauma.

**5. Willingness to Discuss Further:** Recognizing the importance of open dialogue and continued research, we inquired about respondents' willingness to engage in further discussions. Encouragingly, 86% expressed an interest, signaling a desire for greater awareness and action on this critical issue.

The survey garnered responses from a diverse range of care providers, including teachers, school administrators, clergy, spiritual care providers, hospital staff involved in direct patient care, and support personnel.

While the survey results paint a sobering picture of the challenges faced by care providers, they also highlight the urgent need for comprehensive support systems, trauma-informed training, and institutional policies that prioritize the well-being of these essential professionals.

As we move forward, it is crucial that we not only acknowledge the burden of secondary trauma but also take concrete steps to address it. By nurturing spiritual wellness through proven and innovative practices including fostering open conversations, promoting self-care practices, and advocating for systemic changes, we can ensure that those who dedicate their lives to serving others are not left to shoulder the weight of trauma alone.

Attached is our report of the survey results. If you would like to support our mission of equitably caring for the human spirit, donate or consider volunteering today! Should you desire to discuss support for yourself or your organization, please contact our Community Chaplain and Director of Community Engagement, Rev. Dr. Ebony D. Only at [ebony\\_only@rush.edu](mailto:ebony_only@rush.edu).



# SURVEY REPORT

## INTRODUCTION:

Care providers such as clergy, spiritual care workers, teachers, and healthcare personnel are routinely exposed to traumatic events experienced by those they serve. This indirect exposure can lead to secondary traumatic stress, a condition marked by symptoms akin to post-traumatic stress disorder (PTSD). Despite the prevalence of this issue, support systems for affected care providers remain inadequate. This survey aimed to assess the extent of secondary trauma and its impact on various care provider groups.

## METHODS:

An online survey was conducted with 108 participants from diverse care provider roles, including clergy, spiritual care providers, teachers, school administrators, and hospital staff. The survey inquired about their exposure to community safety events, provision of support to trauma victims, personal experiences of anxiety or depression, and availability of support resources.

## RESULTS:

The survey results revealed a significant burden of secondary trauma among care providers. Nearly 42% of respondents reported experiencing a community safety event involving death or severe illness due to violence or trauma within the past year. Furthermore, 87% had provided support to individuals affected by violence, economic distress, housing insecurity, or incarceration during the same period.

Despite this high level of exposure, only 28% of care providers received support to cope with the associated emotional toll. Alarmingly, 60% reported experiencing anxiety, depression, or concerns about continuing their work or ministry within the previous 12 months, highlighting the profound impact of secondary trauma.

The survey also shed light on the disparities in support systems across different care provider groups. While spiritual care providers and clergy reported higher rates of exposure to traumatic events, they reported receiving no support potentially exacerbating their vulnerability to secondary trauma.

## DISCUSSION:

The survey results underscore the pressing need for comprehensive support systems and resources to address secondary traumatic stress among care providers. The high prevalence of anxiety, depression, and doubts about continuing one's work or ministry is a concerning trend that demands immediate attention.

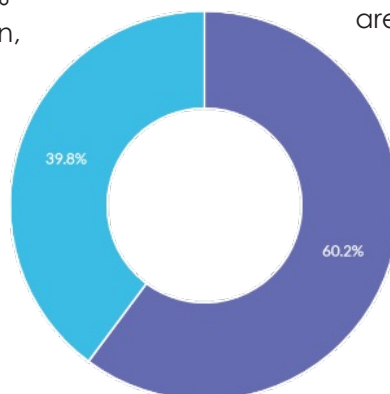
### Potential interventions could include:

1. Establishing peer support networks and spiritual care services tailored to specific care provider groups.
2. Implementing regular debriefing sessions and trauma-informed training to enhance coping strategies.
3. Promoting self-care practices and encouraging care providers to prioritize their mental well-being.
4. Raising awareness about secondary trauma and advocating for institutional policies that acknowledge and address this issue.

The limitations of this survey include the relatively small sample size and the self-reported nature of the responses, which may be subject to recall bias.

## CONCLUSION:

Secondary traumatic stress is a pervasive challenge faced by care providers across various sectors. The emotional toll of indirect trauma exposure can profoundly impact their well-being and ability to carry out their vital roles effectively. Implementing robust support systems, fostering self-care practices, and promoting awareness are crucial steps towards mitigating the detrimental effects of secondary trauma and ensuring the resilience of these essential professionals.



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# Death is Not an Optional Activity

*By The Rev. Mary Kay Tobin, MD*

I have been a physician for more than 40 years, and more recently, an interfaith minister. I have seen many people die. The ones that haunt me are those that suffered, with or without someone at their side. It is time that we realize death is not an optional activity. To plan and discuss our wishes with our loved ones before our death is imminent is an act of courage and compassion for us and for our loved ones.

An important juncture of the death journey is the last 6 months of life. The Illinois End-of-Life Options for Terminally Ill Patients Act (SB 3499), currently being considered in Springfield, would authorize medical aid in dying in Illinois. This bill allows this option: After 2 physicians have verified that an adult has 6 months or less to live, and that they are mentally capable of making their own healthcare decisions, the terminally ill person can obtain a prescription which they can decide to take if they feel it is time to die because their suffering is unbearable.

Up to one-third of terminally ill adults who receive a prescription for medical aid in dying don't end up taking it. But they get comfort from knowing they can take it if they need it, so they don't have to worry about dying in agony and they can maximize the enjoyment of their remaining time with their loved ones.

This option is already legal in 10 other states and the District of Columbia. There has been no reported abuse or lawsuits filed since it was first enacted in 1997. 71% of Illinois residents are in favor of such a bill.

It is awful to watch someone you love in intractable pain or respiratory distress. We need to give patients the option to die in peace.

Please write to your state senator if you are in favor of having this option for yourself or a loved one. The nationwide non-profit Compassion & Choices Action Network has an easy link to use: <http://tinyurl.com/SB3499>.