

Clergy Zoom Conversations
Abundant Health Team Update
Wednesday, May 13, 2020

I. Physical health presentation by Jessica Price, M.D.

A. Public health update:

- i. Number of cases/deaths in PA to-date
(<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>)
- ii. 13 more counties moving into yellow phase as of Friday, 5/15 (will include all of Western PA except Beaver County)

B. Reopening concerns and current risks:

- i. Difficult to sort out economic and political pressures from health and safety recommendations for reopening
- ii. Public health experts project infections and mortality will increase as restrictions are lifted
- iii. Progress in flattening the curve is due to strict social distancing measures and stay-at-home orders
- iv. Most people are still susceptible to infection and transmission of COVID-19 as we relax social distancing measures because we do not have a vaccine at present, nor established immunity from past infections
- v. Other robust containment strategies, such as widespread testing and contact tracing, will be necessary to prevent another spike in infections. These resources continue to be limited
- vi. Economic impacts should not be minimized, but we must be aware that there is a trade-off to reopening. Offsetting economic hardships also means increasing infections and mortality
- vii. The church needs to respond accordingly. We can prioritize life, health, and safety by waiting to reopen and remaining very cautious. This includes protecting older adults and those with chronic medical problems in our congregations who are most susceptible to becoming seriously ill or dying from COVID and also protect our frontline, essential workers (doctors, nurses, grocery clerks, etc.),
- viii. Even young, healthy people can become critically ill, and some have died, from COVID-19
- ix. Each in-person contact carries some level of risk. The risk is greatest in indoor setting with less ventilation and with face-to-face interactions lasting 10 minutes or more
- x. Asymptomatic and pre-symptomatic carriers are a significant source of infection transmission
- xi. Risks are present even when following social distancing and disinfection guidelines

- C. Guidelines for churches:
- i. Points above explain why we have recommended holding off on in-person worship during Gov. Wolf's yellow phase and ideally until the green phase
 - ii. No metric or timeline exists yet for how/when moving to the green phase may happen
 - iii. There's a possibility of reverting back to red before we ever get to green
 - iv. June 1 is a reasonable date to reassess
 1. Situation constantly changing, more information and data emerging means we must continue to reassess frequently
 2. Allows time to evaluate the impacts of transitioning to yellow phase
 3. Local and state public health officials can continue to ramp up testing and contact tracing efforts
 4. Expect more updates from the Conference Abundant Health Team as June 1 approaches
 - v. We don't yet know what recommendations will be in green phase
 1. Expect some social distancing measures still required and plan for the worst, including:
 - a. Masks
 - b. 6 feet between individuals
 - c. Disinfecting commonly touched surfaces
 - d. Limiting physical contact (hugs and handshakes)
 - e. Singing may still be too risky
 - f. Contact tracing plan
 2. Risks of infection transmission from Bibles, hymnals, bulletins, offering plates, and communion
- D. Question was asked about churches serving as COVID testing sites in their communities
- i. Contact health department or community health centers to find out what their needs are and how the church can best support those efforts.

Email abundanthealth@wpaumc.org with further questions or comments

II. Spiritual Health presentation by Rev. Dr. Renee Mikell

- A. Defining Spiritual Health: Spiritual health is an optimum state of Spiritual well being
 - a. Spiritual Health - is when you feel at peace with life. When you can experience life fully, holistically and completely. When you find hope and comfort in even the hardest of times.
 - b. COVID-19 Pandemic qualifies as the hardest of times
We can all use the peace that Spiritual wellbeing brings
 - c. Months seeing the number of sick people dying,
Watching and listening to heartbreaking stories,
Being stretched in ways we never could've imagined
 - d. We need God's Peace
 - e. Bad news associated with the pandemic is detrimental to Spiritual well-being. But the good news is *our Spiritual health is less about what happens around us and more about how you work through the effects of what has happened*
 - f. We can either regard this as a period of extreme confinement or a transformative season of consecration(S)
 - g. Pandemics only come along once every 100 years, but strengthening spiritual health is something believers should work on regularly
- B. Question is how can our Spiritual Health be strengthened?
 - a. STEP 1- Identifying Spiritual Deficiencies
 - i. Spiritual Assessment through questioning
 - ii. John Wesley's question "How is it with your soul?"
 1. What brings my soul closer God?
 2. What is putting a wedge between God and myself?
 3. What things in my life really make my light shine brightly?
 4. What is draining the life out of my soul?
 5. What takes priority over God?
 - iii. Self-awareness
 - iv. If left unchecked, unable to experience the fullness of our relationship with God
 - b. STEP 2 - Clinical assessment - some chaplains use
 - i. The S-O-A-P acronym to gather unique measured information
 1. Subjective information
 2. Objective information
 3. Assessment
 4. Plan
 - ii. H-O-P-E method of questioning
 1. H- sources of hope - what do you hold on to during difficult times?
 2. O- organized religion – Your thoughts now about Spiritual Community
 3. P- personal spirituality practices – What kind of relationship do you have with God?

4. E – effect – How has your current situation affected your relationship with God?
- c. STEP 3 - Working Through Spiritual Challenges
- i. *Beloved, I pray that you may prosper in all things and be in health, just as your soul prospers. – 3 John 1.2*
 - ii. Challenges and adversity causes struggle with spiritual health
 - iii. Some questions you may want to ask to find inner peace
 1. What makes me feel most complete?
 2. When do I feel most connected to the rest of the world?
 3. Where do I find the most inner strength? What am I doing when I feel whole?
 - iv. Inner peace: foundation for more strength & spiritual health
 - v. No prescriptive way to produce spiritual health
 - vi. Because everyone is different: some more introspect than others
 - vii. Suggestions to find spiritual health
 1. Being in nature. Some people feel connected and at peace when they are walking outdoors
 2. Helping others. Some feel the largest sense of wellbeing when they are of service to others. Doing volunteer work, Being kind to strangers, or Offering a helping hand
 3. Gratitude. Some feel the most connected when they remain grateful. Make lists of all the things they are grateful for or say a thank you out loud to remember your many blessings.
 4. Intentional Acts of faith: find the meaning of life through trust in God.
 5. Keep a positive outlook, keep serving, keep trusting God
- d. STEP 4: Turning it All Over To God
- i. God is Spirit and we must worship in spirit and in truth
 - ii. God is the greatest example of Optimum Spirituality
 - iii. We don't have to become anxious about Spiritual health
 - iv. The Lord is our strength
 - v. LEAVE IT UP TO GOD
 1. Jesus said to Nicodemus: *The wind blows wherever it pleases. You hear the sound, but cannot tell where it comes from or where it is going. So it is with everyone born of the Spirit* John 3:8
 2. In saying this Jesus allowed Spiritual things to remain a mystery: beyond our understanding
 3. Don't try to figure it all out: Yes, we have God's Spirit, but don't know all things
 - vi. No Spiritual Giants: Only God doing giant works through us
 - vii. We are free to leave the heavy things to God
 - viii. All things will be revealed in time

III. Mental Health presentation by Rev. Lynette Moran

- a. Impact of COVID-19 on mental health
 - i. Significant increase in negative mental health related to COVID-19, including daily habits (eating, sleeping, shorter temper, etc.) and increased levels of depression and anxiety. That means some people diagnosed with depression are experiencing more severe forms of it *and* some who do not typically experience depression are. There is also an increase in the use of pornography, alcohol, and other substances, with a decrease in access to support group meetings.
 - ii. COVID-19 impacts us as individuals. We have experiences in our specific, local context. For example, the experience of isolation varies—it can be overwhelming due to lack of connection and supports for some. Sheltering in place can also overburden others (e.g., balancing children and a lack of space).
 - iii. COVID-19 also impacts us collectively. We collectively struggle and make meaning as a community, church, nation, and world. As we consider how to meet the needs of our congregations, we must think of addressing both individual and collective needs.
 - iv. These challenges are both short- and long-term. We are in unknown territory. People will feel the effects of COVID-19 for *years* to come.
- b. Our culture values independence and a boot-strap mentality. Many people who are struggling right now don't know how to ask for help, don't realize they need help, or feel weak, inadequate, or shame. Tenderly confront this belief. Name it—we live in a culture that idolizes independence but we are deeply connected in our human frailty. *The Lord is close to the brokenhearted and saves those who are crushed in spirit (Psalm 34:18).*
- c. Coming back together
 - i. We are deeply disoriented. NAME IT. Put voice to this mix in the air of tentative joy and somber awareness. It is okay for us to struggle together and on our own. But we cannot effectively cope with what we refuse to acknowledge. Name the hardship.
 - ii. Anticipate the increased need for mediation— we have differences in opinions about how COVID-19 is handled by the church, government officials, etc. Right now everything is high stakes because people's health, financial security, and hope in the future are uncertain. Tensions are high. As church leaders we can help guide as we move forward.
- d. Increased need to tend to our grief
 - i. Losses can be concrete (death, employment/income) or general (a loss of connection/community). We are also experiencing grief related to rituals, milestones, and celebrations: birthdays and anniversaries; travel plans; graduation, final activities and sports; Mother's Day; weekly worship and get-togethers; choir, singing, Bible study; possibly summer camp, VBS, mission trips, annual retreats; Lent, Holy Week, Pentecost, and communion; and more.

- ii. Our grief is compounded when we experience some pains on top of others. For example, our seniors are missing out on graduation *and* prom *and* an unfamiliar first year at college, *and* personal losses (like a parent losing employment or seeing a parent less due to divorce and quarantine).
- iii. There are also more collective pains: Ahmaud Arbery and other social justice griefs; General Conference postponed and the tensions further prolonged; primaries, elections, and politics, etc.
- iv. Our grief also relates to our past—we are grieving what we were before all of this happened
- e. What we can offer
 - i. Given these unfamiliar times, it is okay to research online using *trusted* resources. Remember to refer out to other professionals as necessary. Connect with other faith leaders and professionals in your area to see what temporary and permanent resources are available (and consider how your church can fill any gaps).
 - ii. Provide opportunities for healing in ritual, pastoral care, and storytelling (in a journal, small group, or general conversation). Lead reflective conversations that acknowledge loss and change. These conversations can happen immediately and for months (years?) to come and include questions like: What do we leave behind? What do we take with us? What goes back to normal? What needs to change?
 - iii. Reflect on your own ministry—what connects and enlivens you? What drains you? How can you, your church, SPRC address that hardship?
 - iv. Be thoughtful with the language we use. Regarding illness, we refer to “people with COVID,” not “diseased” or “COVID families.” Being off work or at home could be a positive experience for some and the end of the world for others. Check assumptions repeatedly.
 - v. Do not discount the pains of others. For example, you may not think prom is *that* big of a deal. It is the whole world to some of our youth. Acknowledge that hardship differs from person to person, especially related to race, gender, socioeconomic status, and health inequities. Some people are balancing impossible situations. Ask how the church can help and gently offer a few ideas if you see alternative ways to assist. There may also be matters of social justice and opportunities for advocacy in your community.
 - vi. Meet different needs for different people—continue some type of virtual connection (online worship, devotions, etc.) even as we re-open for those who remain at home. Be visible and communicate resources multiple times and in multiple ways.

IV. Environmental Health presentation by Rev. Lynette Moran

- a. Increased awareness of our environment
 - i. In the last few months we’ve come face to face with our environment in unexpected ways including viruses (COVID-19 in particular),

locusts, and killer hornets. We're now seeing wildlife in the empty streets and improved air quality (temporary).

- ii. When we consider the impact of COVID-19 on our health we often think of sickness, death, and economic uncertainty. Also consider the less obvious and insidious ways we are impacted: the pain of seeing everyone in masks; the floor markers reminding us to stay distant; posters on every door we enter reminding us of impending danger; empty shelves; quiet streets and empty parks; and more. Our experience of space is bruising us and causing pain that needs healing.
 - iii. We're also more aware of the healing aspects of our environment, most notably the outside is a haven (parks, "nature," fresh air, etc.). That assumes we feel safe in our neighborhoods.
- b. Compounded griefs and concerns
- i. Home may be an unsafe environment. Power dynamics in the home could lead to a lackluster, rather than thriving, environment for children due to lack of engagement or harsh circumstances. Worse, home could be very unsafe in terms of physical, emotional, sexual, and psychological abuse. Being forced to remain at home adds to the power an abuser can have in controlling and isolating a victim of abuse.
 - ii. As disasters occur we must balance them with the safety concerns of COVID-19. Ecological disasters only add to the need for safe shelter and distribution of resources in times of crisis. Examples already include: fires in Florida, floods in the Congo, tornadoes in Mississippi, the approaching hurricane season, etc.
 - iii. We were unable to commemorate Native American Ministries Sunday together this year. This occurs as several indigenous groups (Mashpee Wampanoag, Sioux, etc.) are embattled with our government over questions of land and sovereignty. We also missed the opportunity to commemorate Earth Day (marking its 50th year). People are feeling pain in numerous ways.
 - iv. Many of us, in our seclusion, continue to venture into our neighborhoods for walks, to ride bikes, and have some sense of escape from our homes. At the same time, some have extra concern related to their neighborhoods. Access to reliable transportation and grocery stores with healthy food offerings is a challenge. This also inhibits the ability to attend medical appointments and access other public resources.
- v. Considering neighborhoods, in December Pittsburgh City Council declared race a public health crisis. This was based on several pieces of research looking in depth at Pittsburgh and also comparing Pittsburgh to other similar cities in the US. We all experience our neighborhoods, but let us be aware that our race, ethnicity, gender,

class, age, geographic location, and other factors impact how we experience this pandemic.

- c. Creation Care
 - i. We are entrusted to care for God's creation (Genesis 1:28; Genesis 9:9).
 - ii. Pittsburgh's inadequate air quality, federally designated a "non-attainment area," impacts our most vulnerable populations and (according to early research) increases risks related to COVID-19.
 - iii. Recycling is halted in some areas with an increase in online purchasing and single-use plastic. We also increased our medical and hazardous waste in recent weeks. Some of our plastic technology has surely saved lives and limited spreading of the virus. Still, there are ways we can minimize unnecessary waste.
 - iv. Consider the balance of safety and convenience with creation care. Favor the reuse of clean and sanitized products over single-use plastic when possible.
 - v. Voice the need and walk together in the discovery of our relationship (individually and collectively/corporately) to consumption. A conversation about consumption is not only about creation care but also spiritual discipline, lifestyle, values, and where we find our worth.
- d. The significance of space
 - i. How we stand, masked and 6 feet apart, weighs on us. Going to the grocery store may not be the front lines of war. Still, we are enduring awful, previously unthinkable (to most of us), situations. Our environment is a part of that.
 - ii. Pastoral care, relationships, and experiences are all challenged by maintaining space.
 - iii. Quarantine has forced the opportunity to revisit questions like: What is sacred space? What makes a space sacred? What does it mean for two or more to gather?

Trusted Resources:

- Center for the Study of Traumatic Stress www.cstsonline.org
- Centers for Disease Control and Prevention www.cdc.gov
- American Academy of Child and Adolescent Psychiatry www.aacap.org
- American Academy of Pediatrics www.aap.org
- American Psychiatric Association www.psych.org
- American Psychological Association www.apa.org
- Mental Health America <https://mhanational.org/>