

Risky Ministry

By Byron Davis



In Jesus' parable of the Good Samaritan, apparently there were no signs like "Danger: Thieves Ahead" posted along the Jericho road, but the dangers of this trail were well known. Yet, the Jewish man in the parable undertook the journey alone. Along the way, "he was attacked by robbers. They stripped him of his clothes, beat him and went away leaving him half dead" (Luke 10:30 NIV). This story indicates how dangerous the world was then (and still is today).

Signs like "Warning: High Voltage," "Danger: Highly Flammable," and "Danger: Keep Out!" shout to us. Ignoring a seemingly less ominous "Caution: Wet Floor" sign might cause us to slip, resulting in serious injury or even death.

Meanwhile, hidden dangers can lead to what we call "freak accidents."

Some of the families I have seen in my chaplaincy role have encountered various kinds of danger resulting in death. Death of a family member caused by a gunshot . . . car accident . . . stab wounds . . . and COVID-19.

When we enter this journey called life, there are landmines lurking all around. Often, hospital chaplains are called on to minister to individuals who have fallen victim to danger. In cities such

as New York, where I serve, there is constant suffering as a result of deadly circumstances. The call to minister as a chaplain in this city requires a deep spiritual connection with God. How else can any chaplain know the appropriate posture to assume and the right words to say in moments of crisis?

How can I know what to say to a grieving mother whose pregnant daughter died violently after being pushed from a moving vehicle? How do I console the family and friends of teens who died in a fire? I find direction in the leading of the Holy Spirit. The presence of God dwells within me, just as Jesus promised (John 14:17).

When trauma cases come to the hospital, the medical team focuses on stabilizing the patient. The chaplain's role is to stabilize the spiritual and emotional wound of the family. Hospitality is a necessary tool at the initial point of contact. Helping patients or their families feel at ease is important. This might mean being the link between the doctors and the waiting family . . . taking the patient's loved ones to a waiting room . . . or offering a drink of water. After helping family members relax, the vital process of pastoral care begins.

A recent crisis I encountered was the shooting on the New York City subway in April. Ten people were shot, and countless others were traumatized. That morning began like a normal Tuesday for many commuters—just an ordinary day to go about business as usual. Little did they know danger was lying in wait. In my conversation with one of the affected family members, she said her sister, who was a victim of this malicious act, had been afraid to leave home due to the pandemic. She finally had mustered the courage to leave home on this tragic day, not knowing danger was waiting.

As we sat in the conference room, I gave myself permission to feel and validate the experience of the victim's sister, and to help her understand her feelings were real. When a chaplain has had a similar experience, they can empathize and validate the hurt in others.

The shooting incident on the subway may have been instigated by a broken man, but let's take a look at another encounter which resulted from a dangerous occurrence on the subway. In this case the patient's story resonated with me because he was a young man and an immigrant (like me). He had been struck by a train and brought to the trauma unit in the depth of the night. His injuries were so severe, he was rushed into surgery immediately.

As the Lord ordained it, this young man was transferred into one of my assigned units. I had several visits with him and was able to observe his healing progress, as well as his spiritual and emotional transformation. This young man told me he had no family or close friends in the U.S. I was his only visitor who was not part of the medical team.

I perceived my role in this assignment to be the eyes and ears of an unseen God, bearing witness to the victim's wounds while listening to the anguish of his suffering. We prayed together many times. Toward the end of his stay he asked me for a Bible, with the condition that it be in Spanish—his preferred language. Like this young man, so many of us are pilgrims searching for a better life in our dangerous world.

An important skill required by those administering care to anyone in crisis is the ability to listen. People do not want to tell their story if they perceive they will not be heard. This reminds me of another young man, who had attempted suicide. He told me he had no girlfriend, no money, and just one friend. In essence, he was saying he felt his life lacked purpose.

I was requested to visit this patient after he refused to speak to the nurses and other medical personnel. In our discussion, he reiterated “they don’t understand”; that is, he didn’t believe he had been or would be heard. Why was he inclined to tell me of his remorse about the pills he had taken? What had driven him to such a dangerous path, creating the distance he now felt between himself and his family? I perceived he needed to be heard by someone willing to meet him at his crisis point.

In such a situation, the ministry of presence is crucial, but presence can be a two-edged sword. It demands we step out of what is familiar into the path of the unknown. Chaplains, by making themselves available to the patient, also make themselves vulnerable. However, by being present, they can strengthen the patients’ desire to rise above the uncertainties of life. Yes, presence does carry a lot of weight.

The dangers in our world are like a dark cloud hovering in the sky—we are never sure when it is going to rain. Nevertheless, this world is a beautiful place. In the Creation story, God repeatedly said the world He made was good (Genesis 1:4-25). There is beauty in the sea, in nature, and in each of us despite the dangers which originated from Adam and Eve’s sin.

We must not retreat and hide in bunkers to protect ourselves from those dangers. In my role as chaplain, I have had discussions with staff after they cared for patients who were victims of dangerous scenarios. Listening to them, I surmised my fellow chaplains had to learn how to control their emotions in order to care for others. Such an approach is a lesson for all of us. The difficulties and challenges presented should help us to become more sensitive to what is happening—to those around us and to ourselves.

When a family member goes on life support, their loved ones’ decision about whether or not to disconnect life-sustaining machines is always painful. This experience is traumatic for the victim, their loved ones, and those who serve them in times of crisis. The guilt, blame, shame, and helplessness involved are real. In these moments, my approach is to help families focus on what their loved ones would want—length of life by artificial means, or quality of life?

We who are caregivers should see ourselves as the Good Samaritan in Jesus’ parable. As God’s children, we are called to value others above ourselves, even in the presence of lurking danger.

Byron Davis is a deacon and the director of chaplaincy at the East Flatbush Church of God in Brooklyn, New York. bydv347286@gmail.com

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