

Transcript

Rev. Steve Moseley Interview

12.03: "The Impact of COVID & Making Plans for Caring for Aging Parents"

Andy: I am here with Reverend Steve Moseley. And Steve, you are the campus pastor at the Chillicothe campus. Can you introduce yourself and just share a little bit about your background? What led you to serving with senior adults?

Steve: Yeah. My name is Steve Moseley, and I've been the campus pastor here in Chillicothe for a little over three years now.

And prior to that, I had served as a trustee on the Baptist home board. And, you know, you can always see God moving looking back than you can looking forward. And I think that my dad took me to nursing homes when he would go and preach. He was a pastor as well. And he would take me and my brother and sister to sing.

And none of us went into singing. We, you know, weren't one of those stars in waiting. But we went and were a presence there in the nursing home. And then as a teenager, [00:01:00] I did a lot of puppet ministry and drama ministry and we went to nursing homes many, many times. And so, we had a presence there.

And then in college, I did a practicum at a nursing home and I learned the phrase, "I don't want to be a bother," and it is remarkable how that phrase still comes up at the Baptist home today: "I don't want to be a bother to anybody." And so, I've always pastored churches that have been senior-dominant churches. My first full-time position was youth, children, and senior adults. And so, I led senior adults, took them on a trip to a Ridgecrest. And so, God has always had me in the midst of senior adults, not knowing that one day I would be the campus pastor at one of the facilities.

I had a grandfather that was a resident at the [00:02:00] Baptist home in Arcadia Valley. And I have a great aunt who will be turning 100 soon liv[ing] at the Arcadia Valley campus. So we have quite a connection there historically.

Andy: That's neat. That's neat. Yeah. Great. To be able to have a connection, to know that your ministry is not just a ministry, but you're also able to minister in a way that...but if it's your family, even if indirectly, if they're at different facilities, you know what the other campus pastors are doing, I guess in theory. Yeah. Yeah.

Well, you're a campus pastor and when many people hear the word, "pastor," we have a general mindset of what that means, obviously, but we normally think about it as it relates to a church.

You are a campus pastor at a nursing home facility. So, how did the time, how did your time, as the pastor of a church, prepare you for the role now? And what are some of the differences between being a pastor of a church versus being one at [00:03:00] a care facility, such as in Chillicothe?

Steve: Sure. I love it.

When people ask me, "When are you going to be a real pastor?" I just laugh at that because, you know, the role I have at the Baptist home is really what most pastors enjoy doing. They enjoy preaching and they enjoy doing pastoral care. And that is my job.

Andy: Okay.

Steve: I don't have to deal with committees. I don't have to deal with budgets. I don't have to deal with maintenance. I don't have to deal with the color of the carpet or pianos and organs, even though we have both there on campus. I don't deal with those stresses of administration that most church pastors deal with.

Now, one of the things that makes us different is we have a full-time campus pastor on all of our campuses [00:04:00] [whereas] most nursing homes have a volunteer or a string of volunteers that come in and do a 15- to 20-minute service. And so, their spiritual input is about 30 minutes a week. We have the opportunity to have a pastoral presence all the time. Now you will not hear me try to call myself a bishop or an elder or some of the other terms that are also used in a local church besides pastor.

Andy: Okay.

Steve: But if you call me preacher or pastor, those are the two roles that I play with the residents of the Baptist home. So most of the residents call me, "Pastor Steve." That's what I've been known as for many years now.

Andy: Okay. Okay. And I can relate well to what you say about that: the string of people. Easter Sunday, I guess, was our [00:05:00] church's turn because that's what it's called. Right? It's our churches turn to go to and lead a service for x amount of time. And that's the first time that we've been able to do that many people. I think that particular center had started [only] three weeks prior.

So obviously during COVID, they didn't have any of that spiritual input, whereas with Baptist homes they have [had] a consistent input throughout COVID, which was obviously more critical when family and stuff could not come. So that's great.

Well, we've already mentioned that you are from the Chillicothe campus and you were the first guest that we've had from that campus on this podcast. So can you share a little bit about that campus and what might make it a little bit unique compared to the other campuses that the Baptist home has?

Steve: Yes. The Chillicothe campus is the second of the four campuses of the Baptist home. It was opened in March of 1988 and it was really out of a push [00:06:00] from the Pastor at First Baptist, Chillicothe.

Reverend Don Palmer, who recently passed away, was the driving force in getting the Chillicothe campus opened. He said that many people don't know where Arcadia Valley is and when they see it on a map, it's way too far for us to send our loved ones to, and we think we deserve a place that's closer to us to serve North central and Northwest Missouri.

And then there's a push, a natural push, from the Kansas City area as well, just [as] St. Louis sort of feeds into Arcadia Valley. And so, without that driving force of Reverend Palmer, I don't think there would have been a campus in Chillicothe, [but] for sure, it may have been a lot longer in coming [to] this region.

Andy: So, we were in a meeting together earlier today where I heard you say that the Chillicothe campus started, I believe it was 1980... [00:07:00]

Steve: 1988.

Andy: So, for 80 years, approximately 70 some years, I guess, The Baptist home had one location. And now, since then, in the last 33 years we're running at now, they've added three with more likely coming in a year's [time].

So, Reverend Palmer, you're saying, was a big instigator.

Steve: Yes, he was a huge instigator [and] was very instrumental in getting the funds raised to build the campus. And what's interesting is the campus reflects the time of which it was built. And so now 30, some years later you're asking them, why did they do that?

Well, that's the way it was done, you know? And so, it's interesting some of the dynamics that are happening on our Ashland campus building to what is new and in the norm today. [00:08:00] So it'll be interesting what that looks like 25, 30 years from now.

Andy: They'll say the same thing. We had Derek Tamm on here just prior to this. So that's resonating well with me.

Well, this next question is one I really want to be able to stop asking but we are not out of COVID yet. We, we seem to be in a relatively good place, at least in Missouri, but you know, we're hearing about things ramping up again, even as we're recording this.

So what challenges did you face as the campus pastor or Chillicothe in general? What did [the] Chillicothe campus face due to COVID over this last year or so?

Steve: Well, let me answer from my perspective first. I am no stranger to doing funerals. I was the first call of a funeral home in the St. Louis area where I averaged about 30 funerals a year. But the vast [00:09:00] majority of those were people that I did not know prior to doing the funeral.

Andy: And you're saying before you went to The Baptist home? Just clarifying.

Steve: At the church where I pastored there in St. Louis.

Andy: Okay.

Steve: When I came to Chillicothe, we started dealing with COVID. We were doing so extremely well. It began in Late August and September to ramp up in the community.

And we had a resident that went to the emergency room and our phone rang and said this resident tested positive for COVID. And we said, "There's no way. There is no way." And so, we were in denial and nobody had had any symptoms. Our staff was taking their temperature twice a day. We were keeping a close eye on our residents.

[00:10:00] This resident [that] tested positive passed away the next day before we got results back. Because when we got that call, we tested all the residents and all the staff and come to find out that there were multiple. Residents and multiple staff that tested positive.

Andy: Wow.

Steve: And we were devastated because we said, "There's no way. We are doing such a good job."

And for me, after about six weeks, we did 12 funerals, most that were related to COVID, some that were not related to COVID. I was spent. I had never dealt with death in that manner, in my entire ministry. And when I talked to other staff members, reflecting back [00:11:00] on what we went through, the overwhelming feeling was a feeling of helplessness, not hopelessness, but helplessness.

And one of our staff members who was at another facility when their facility went through COVID they were not at our facility when we went through COVID they put it this way: they said it was like reaching out to grab something only to find nothing was there. And that was really the overwhelming sense that most of us had; that feeling of helplessness, that all the things that you had done didn't matter.

Now what made that even more challenging is we were the first nursing home in Chillicothe out of five to get COVID in our building. [00:12:00] We were the first campus of the Baptist home system that got COVID. There was an overwhelming sense from staff that we were at fault when the reality is there was nothing that we could have done differently to stop it from entering our facility. It ended up at both of the other campuses. I don't know how Ashland did since there's such a different dynamic there right now, but I was reminded of the facility out in Washington State: the first COVID one. And they said, "No one, no one did anything to help."

Andy: Hmm.

Steve: And, you know, there were people that tried to help, but there was still that feeling of helplessness, utter helplessness. [00:13:00] Now what helped was the fact that it wasn't hopelessness and that made all the difference. Because there was a hope that God would bring us through that; that there is light at the end of the tunnel, whatever that looked like. I fear the church, as a whole, really didn't handle COVID well; and my fear and concern is something's going to come later.

What is far worse than COVID [is] that we didn't learn our lessons with COVID because there was such a divisiveness of how we responded and it shouldn't have been that way. The church should have been touting, first of all, [00:14:00] the great commission and the great commandment. Love your neighbor as you love yourself.

And the overwhelming witness of the church that I saw was we were caring for ourselves first. And I said to my pastor, "If I were not a Christian, I would have absolutely no interest in going to church." Because of the...there was a lot of words that I could [have] used...arrogance that the church demonstrated in response to COVID. And if you did this or didn't do that, you were immediately put into a camp and you were either with them or against them.

[00:15:00] And that just shouldn't have been. And so, we tried really hard at the Chillicothe campus to protect our residents. And that meant a lot of rules that we had to follow that were beyond our control. We had to quarantine people in their rooms, which was incredibly difficult. We did chapel over the intercom [as] they sat in their doors.

And one of the lasting images was the lady that I mentioned earlier, Betty, who was praying as chapel was getting ready to start for the first time when we were doing that. And unfortunately, we had to do that for too many months. But we've since been able to get back at meeting in person again.

And so, COVID has been the most challenging thing in [00:16:00] nursing facilities [and] probably [for] most people's careers, including those who have worked at The Baptist Home. And we have a lot of people who have there been there a long time.

Andy: Well, and you know, you said being the campus pastor, you [did] 12 funerals, many of which were from COVID. But in one sense, there's the helplessness, because there's not much you can do; but you're not alone, which brings about hope. And when I say not alone, you're with a staff, you're with an administrator who are also in this with you and may not be the pastor, but while we might not be able to determine that all of them are Christians, the likelihood is, is that they are, or most of them are.

We can't know hearts. But there's already that care and compassion. That should be a part of the Christian persona. [00:17:00] So you had help in that as the campus pastor, you personally had Him, [you] had Help, but speak for just a moment, if you will, Steve, about in trying to overcome that helplessness and overcome and maintain the hope.

You were not only ministering to the residents. But you had to minister to the staff as well. Can you share a little bit about that dynamic during that time? And just for frame of reference in mind, if you remember the September, October timeframe for the audience, that was the third surge and that was a major surge we had in America about that time, just for context.

So again, Steve, if you could just kind of share, not only, I mean, obviously you had to administer to the residents, they needed that hope. But the staff needed that hope as well.

Steve: Yeah. And to be honest, the ministry that will take [00:18:00] place because of COVID hasn't really started yet because we're still too close to the event.

We're still in a stage that we don't want to talk about it. We're not ready to talk about it. And when you deal with aspects of grief, you know, you have the denial, you have the bargaining, you have the anger and the depression. We're definitely still in that anger and depression. And I'm talking big picture and I'm talking on our campus. And I think there's a lot of things that we have yet to do. And so, my role is to be a consistent messenger; that consistent messenger of hope, because the reality is, we're probably [only] 40% believers on our staff.

Andy: Oh, okay. [00:19:00]

Steve: If I were to handicap that.

Andy: Okay.

Steve: And so, that's why the church's response was hard for me because I was [thinking], "You're not helping me in my context."

And you know, a lot of our staff were divided in the way we were responding to COVID on an individual basis. It's not as big of a division with the vaccine, but there's certainly a division with the vaccine: "Are you, or are you not gonna take it?" And in some places, you're labeled if you do or you don't.

Andy: Sure.

Steve: And so, we still have a lot to learn regarding our response to COVID and I think we are getting better, but it's [00:20:00] still a long road ahead; a long road of healing that's ahead.

Andy: Okay. I want to take one more offshoot from that question, if you don't mind, Steve. You mentioned talking to your own pastor as a pastor.

How helpful has it been? Again, you have an administrator, you have the people in the office that are administrative in nature for The Baptist Home, that presumably are Christian as well, but having your own caretaker, so to speak, that pastor, that shepherd, that leads you, provides care for you.

How have you drawn strength from that? Because he was going through similar challenges from a church perspective. And like you said, some churches handled it better than others. Obviously, I don't know about your church specifically, but he's dealing with that. And yet you needed him as a pastor, for him to be your pastor in that sense, too. [00:21:00]

How did that sustain you, provide hope for you? How did you use that to then carry that forward or carry that downstream, I should say?

Steve: Yeah. Again, that's a work in progress because we had to be cut off from the community [and] from the church to protect our residents. So, when others were choosing to go back, we weren't in the place where we could yet.

Andy: Okay.

Steve: And then, frankly, when I went back and most people were not wearing a mask, I could not in good conscious say, this is a place that I can safely be in order to protect our residents. And so, Rob was not a help pastorally from that standpoint; he was a help to me as a friend and Rob and I have been friends for many years prior to him being my pastor.

And so, we were able to talk and share [00:22:00] about the difficulties from different perspectives about things that we were dealing with [that] both of us could relate to. No matter what decision someone was going to say, that's the wrong decision. You know, we get that anyway, as leaders, obviously, [but] in that context of COVID, it didn't matter what he was doing.

He was being criticized. And so, we were sometimes laughing, sometimes crying, sometimes commiserating, you know, just about that: the context of things that we were going through. And so, he was very helpful as a friend.

Andy: Okay.

Steve: But because I wasn't able to go to church, you know, many times prior to COVID I was out preaching somewhere else.

And so being at church about 50% of the time in the months leading up to COVID, thankfully he and I were getting together on a regular basis outside of church. And so, that was extremely helpful. [00:23:00] Again there were dynamics of things that were going on in the church that I had lost touch with.

Experientially, not being a pastor in a local church, I am still getting used to the terms, "pre-COVID numbers," and "post-COVID numbers." And you know, what the churches are trying to do to recoup

where they were before COVID hit are not up to the attendance that they were prior to COVID, [but] they're still working [at it].

Some people believe that [it] may take another one or two years to fully get back. So that's been a real learning curve for everyone involved.

Andy: Okay. Well, thank you for all that clarification there. And obviously, as you said, we're not out of the woods with COVID yet. We may never be in some ways, but...

Steve: We are fully vaccinated and we're thankful for that, yet the DHSS regulations you know, they're [00:24:00] not just for our facility, they're for all the facilities in the state. And so, we still have to be far more restrictive than we would like to be. But thankfully, families are coming back in visiting their loved ones and that's made a huge difference.

Andy: Great.

Steve: There is one more thing that I would like to add; you know difficulty and challenges bring opportunity as well. We know that; we understand that. One of the things that COVID allowed us to do, me in particular as the campus pastor, is reach out and have a bigger presence in the family.

Tragically, it was COVID that caused that, but because loved ones could not come into the facility, we had to be creative. So we learned FaceTime. We learned Google duo. We learned about how to communicate. We sent pictures. We made phone calls. We made video calls. [00:25:00] We did a lot of things that we had not previously done.

And I would [have said] that I was close to the families prior to COVID. Not really. I've become far closer with families because of COVID and I wished that it hadn't been COVID that caused that change to happen. But I'm glad that it has happened. And even though we're not doing near as many video calls, we now have the ability to do that.

We have the access to do that. We have some technology that we're utilizing to reach out to our families who are going through their own dynamics as well, just as everyone is.

Andy: Sure. And approximately how many residents do you have? [And] when you say families, for the audience, give us a perspective of how many families that are involved in this.

Steve: Yeah. [00:26:00] So at full [capacity], we're at about 55. Right now, we're right around the 40 number mark. And so, when we're dealing with family we definitely deal with one family member for every resident, if not multiple family members within a resident. So those dynamics are different in every family.

And so having a ministry to about 60 people that haven't been able to come into the facility until the last month (over a year), that's been a huge blessing, huge blessing.

Andy: Yeah. Well, great. Well, let's talk about family for just one moment. As we prepare to conclude for someone to have to make a decision to place a loved one in a care facility, is not an easy decision. What would you say to that person? What counsel might you give to that person, as a pastor, in [00:27:00] general, perhaps, but more specifically, as someone who is involved with The Baptist Home and knows the ministry of The Baptist Home, how might you help them to see that as an important decision for them to make for the purpose of the residents or the potential resident in this case, the family member, rather than just saying, "I'll put this off as long as I can?"

Steve: Yeah. The two biggest phrases that I tell family members is, “Make a decision before the decision makes you.”

And we just don't like to do that. We do like to procrastinate. We do like to put it off. We do like to deny that there are things wrong. We don't want to confront in love because we don't do it in other areas of our life. Why should we start doing it when we're dealing with an aged loved one? And things like taking the car keys away are some of the most [00:28:00] challenging things that children do, but I go back to being a parent of a teenager. If all you try to do is be that person's best friend and you don't be the parent and you make the hard calls that need to be made, well, as we age those roles reverse, we all know when it happens. We can point to an incident of when those roles reverse.

And then, when we become the parent of our aging parents, we have a hard time being the parent and we don't stand up to them when they are wrong. Because the gap between what they can do and what they think they can do is wider. And everyone sees it except the individual. What amazes me is we see it in others; residents see it in others.

[00:29:00] I had one lady who has dementia that is on about a 15-minute cycle. She looked at another resident, [and said], “She's crazy.” I just laugh. I just laugh because we recognize it in everybody else, but we don't recognize the changes that happen in our own life. When I put a camera up to many of our residents, they look at it and they say, “Who is that?” because the image that they have in their mind is far younger than what they are. And it doesn't matter if they see themselves as a 30-year-old, as a 50-year-old, [or] as a 70-year-old; what they think in their mind and the reality on the outside that everyone else sees is different.

And so, I try to counsel with family members is [to] have a plan.

What is going to drive the next decision? [00:30:00] Every decision that's made takes away independence. I thought when I came to The Baptist Home, that the hardest decision would be to move into our independent living apartment. No, that's a hard decision. It's even a harder decision to move inside to the assisted living wing.

Well, I thought that would be the hardest move. No. It's moving from assisted living to intermediate care. I thought that was the hardest move. No, if you're put on a certain hall that has a reputation among the residents, that that's where you go to die. That's the hardest move. All of those moves. You're giving up more and more independence.

And so, when residents have certain behaviors, it's because they're fighting for every ounce of independence [00:31:00] and the only time that they can get someone's attention is by acting out in a certain way. And if you don't realize that and approach that with love and approach that as normal, all you're gonna do is fight.

And I see children who are trying to care for their aging parents, either in their own home or go over and care every night. And they wear themselves out because all they end up doing is getting in an argument. Because they don't understand the dynamics of things that are going on; it's just like the marriage counselor. You can fix everybody else's marriage while your own marriage is in trouble; you can help everybody deal with their parents. You can't deal with your own parents because it's too personal. [00:32:00] It's too personal. And the reality is, when we are dealing with our aging parents, we have to confront our own mortality as well.

And the only thing that's worse than dealing with someone else's mortality is dealing with our own mortality. And so, when we are confronted with the issue that our parents are not what they used to be, and we miss that, then we realize, "Oh, wait a second. I'm not what I used to be either." And so, every stage of aging is a different dynamic of grief because we're losing something each and every time. And we, frankly, don't deal with loss very well at any stage of our life.

Andy: [00:33:00] Yeah. That's a good word. In the classes I teach for, for young ministers, I often tell them; they'll say, "Well, you know, the old people in my church don't like change." And I say, that's because they have more change in their lives, then you can fathom." The church is the one constant that they want to hold on to with that.

So, Steve, I appreciate this your words today. Is there anything else in general that you might want to share with the audience today that I haven't asked you, perhaps?

Steve: I would just say, speak honestly with your parents. And make that decision before the decision makes you because too many people wait for a stroke, or a heart attack, or some incapacitating fall, or some diagnosis of an illness that is irreversible, before they ever contemplate what they might do. [00:34:00]

And because they haven't given thought to it, then they're in this struggle of, "What do I do? How do I do it in the middle, still trying to be the caregiver?" And as I've said to many, many people, yeah, if you are the loved one and the caregiver being the loved one will always take a back seat to being the caregiver, because the caregiver is the most demanding aspect of the relationship. Now, some people do that out of love and that's terrific. That's what we want. However, there comes a limit to where people can't do it anymore for a lot of reasons; a whole lot of reasons. And we cannot feel guilty for decisions that we've made together.

Most often, we feel guilty because we make those decisions in isolation. [00:35:00] That's where the guilt comes from.

Andy: Great word, Steve. How can the audience pray for you?

Steve: Well, they can pray for me in dealing with the residents, the staff, and the families, but I would ask that they pray for our residents, because the isolation that they feel on any given day for a whole host of reasons is something that we cannot imagine or understand. We think we can know their pains. We think we know what they're going through. We have no idea because we're not their age.

I had a conversation with one of our residents who was a pastor. And I tried to think about some of the things that he must reflect on. And when I asked him what kind of things he reflected on, [what] he told me; I was so off-base and it was just humbling [00:36:00] because the things that they go through are far different than what we think they go through. So pray for our residents.

Our residents definitely need to be lifted up because as we have on our conference room door, Psalm 71.9; David wrote that Psalm in his old age. And he said, "Cast me not aside in my old age. Do not forsake me when my strength is gone." And David, who had been through so many things in his lifetime, he had been through so many people that tried to take his own life and there he was at the end of his life and all he wanted for God's presence to be with him.

And that's what our residents are longing for.

Andy: Well, Steve, thank you very much for joining us today on *Biblical Perspectives on Aging* and I think that's a good word for any of us, all of us, regardless of what age, regardless of what's going on, regardless of how many responsibilities we have, [00:37:00] we need to be seeking God's presence and, and knowing that he is with us.

So thank you for your words today.

Steve: Thank you for having me.