**Engage360 | Episode 42: Chaplaincy and COVID-19 Challenges**

Introduction: Welcome to Engage360, Denver Seminary's podcast. Join us as we explore the redemptive power of the gospel and the life-changing truth of Scripture at work in our culture today.

Dr. Don Payne: Well, welcome back to Engage360 from Denver Seminary. I'm Don Payne, your host. And first let me offer congratulations to all of our recent graduates. Even though our commencement ceremonies are postponed until August 15, we are proud of you. And we look forward to seeing how you'll be able to jump into the next chapter of God's redemptive work through whatever your calling is. So congratulations to all of you. Around this nation, and maybe the broader world people are finding very creative ways to recognize and to thank, serve sacrificially and serve at some risk during the Coronavirus and the COVID-19 pandemic. Well, we're honored, very honored this week to interact with three of our Denver seminary graduates who are among those work routinely puts them in contact with COVID-19 patients and also the ripple effects of this deadly disease. We have a lot to learn from them and I'm eager for you listeners to get to know them. So I want to welcome to Engage360, Gina Graves. Gina is director of pastoral care at Swedish Medical Center in Inglewood, Colorado. Mike Guthrie, who is director of spiritual care volunteer services and clinical ethics at Presbyterian St. Luke's medical center in Denver. And Diane Kamin, who is a chaplain at Julia Temple Healthcare Center, which is a memory care facility in Englewood. So welcome to each of you to the podcast.

Diane Kamin: Thank you.

Gina Graves: Thank you.

Mike Guthrie: Thanks Don.

Dr. Don Payne: We're a very glad to have you here. First of all, I'd like to have each of you give us a brief snippet of your journey into chaplaincy ministry and include when you graduated from Denver Seminary and how you came to serve in all of this. Gina, do you want to start?

Gina Graves: Certainly. I was going to seminary and Dr. McCormick talked me into changing my degree path to chaplaincy, and then she threw me into a semester of CPE where I was at Porter Hospital and absolutely knew at that moment that that's what I was supposed to be doing and did my residency, my CPE residency shortly after, and then went to work. As the director of pastoral care Swedish in 2017.

Dr. Don Payne: Mike Guthrie. Tell us about your journey.

Mike Guthrie: Yeah, thanks Don. So I graduated in 2004 from Denver Seminary when it was at the old campus. And while I was beginning my MDiv journey, I got an MDiv

general. I'm ordained in the Evangelical Presbyterian Church. And while I was on my journey it was during 9/11 occurred. And I have a brother who was at the time flying active duty missions into Baghdad and a sister in law who's graduating from the Naval Academy. And that began a journey for me from a discernment and prayer standpoint, as far as what my pastoral role would be regarding 9/11 and, you know, the events that unfolded thereafter. And so I joined the Navy chaplain candidate program. I ended up separating from the Navy because of a heart condition. And so I've been a hospital chaplain now for 16 years.

Dr. Don Payne: Diane Kamin.

Diane Kamin: Nice. I might, story's a little different. I had no intention of going to Seminary. I met Dr. Jan McCormick in my doctor's office. I happened to be working for my doctor and she invited me to come to a class and I told her, no, I was too busy. And then she invited me to her office and we just had a conversation. I have worked with the elderly population for 32 years. My undergraduate studies are in music therapy. And so after talking with Dr. Jan McCormick, I ended up, you know, just kind of dipping my toe in the water. And five years later received my degree. I graduated in 2019, and music therapy and chaplaincy are such a beautiful marriage when it comes to dementia. So I feel like God has just placed me in the perfect place to be able to share what he has given me.

Dr. Don Payne: And you're all, I think I mentioned this, you're all in, your facility is entirely memory care.

Diane Kamin: It is entirely, yes. We have 128 bed facility and it's all dementia. That includes the Alzheimer's type.

Dr. Don Payne: Okay, great. Wonderful to have you here.

Diane Kamin: Thank you.

Dr. Don Payne: Well, the latest figures, I've seen show that in the U S almost one and three quarter million confirmed cases of COVID-19 and over a hundred thousand deaths in Colorado alone, the latest figure shows about 24,000 confirmed cases. And over 1,300 deaths. Now, I know people debate the figures, but however, the figures run out. It's staggering, any way you count it. And those numbers can sometimes be so overwhelming that, we get sort of anesthetized to them, I think. So we'd love to have each of you give us a brief view, have all of this from your front row seat in your installation. Just to give us a few high points on what you're seeing, and then we'll dig into that a little bit further as we go, Diane.

Diane Kamin: So, like I said earlier, the facility, I work at Julia Temple Healthcare Center. We are strictly dementia. COVID-19 entered our building the beginning of April. We are, because we are a dementia facility. It is very, very difficult to isolate people who are sick. You know, it's very challenging. What do you do? You can't, you

can't, you know, put them in their rooms and tell them to stay there. They don't understand. And so COVID-19 spread very fast throughout our building, and we did the best that we can with PPE. We did the best we could as staff, just to have the screenings done at the door. We, we made sure that everyone had proper PPE when they went to each neighborhood, just very difficult with this population of people to be able to keep them six feet apart. Although we try as best as we can to, and sometimes we're able to, but it's very difficult. And in two and a half weeks, we lost 22 residents. They died of dementia 20, and 22 people in two and a half weeks and two staff members. As you can imagine, it was devastating, just devastating for our whole building. All of us just grieving these losses. Very, it's been a very, very difficult time for us, but we are on the mend. We are beginning to heal and so very, very grateful.

Dr. Don Payne: Right. Yeah. It's interesting that I read in mid of May an article reporting on the deaths in the state VA hospital, particularly among memory loss patients because of the difficulties involved in helping them utilize proper social protocols.

Diane Kamin: Yes. It's very difficult. Yeah. One of the things I want to add that that is really kind of interesting. I love this story because it says a lot about human touch. One of our neighborhoods, the residents are in their last stages of dementia. And so they walk around, they're ambulatory, they walk around and they hold each other's hands and they like to sit together on the couches. Well, when COVID hit our building, we took all of the couches off this neighborhood, put the couches in a secure area and we put chairs six feet apart, and guess where the residents ended up, they ended up in bed with each other. And it just shows that human touch is so important to us and so important that they needed that human touch. And so they're like, if we're not going to get it in these chairs, we were going to go, you know, they just, they needed that.

Dr. Don Payne: Wow. Yeah. That's the [inaudible] visiting. Mike from you're a front row seat. What are you seeing?

Mike Guthrie: Well, you know, I think our hospital was acutely aware of what was going on across the world and watching it as it made its way. So you know, we have a process in place where we, you know, pull up an incident command that begins to look at processes that begins to identify where we need to Institute protective measures, our PPE, everything was getting sort of centralized, stockpiled, and assessed because in some senses we had the luxury of looking at the news that was coming out of Italy and some limits on that in New York that was really informing us regarding our protocols. And so for me, particularly as a chaplain, I was looking at my team and helping to prepare my team with regard to what we all needed to do from a precautionary standpoint, how we were going to respond for supporting COVID-19 patients, what we were doing to protect ourselves for a PPE standpoint. I got very involved in our visitor restrict policy because one of the, you know, some of the stories that I heard coming out of New York and in Italy, were that patients were dying alone. And so I worked closely with our leadership in hospital administration to identify some

restrictions, you know, when we had to go into lockdown we stopped all volunteer activities. We stopped all visitation into the hospital.

But I was allowed to kind of work in some exceptions to that around end of life protocol regularly for Catholic patients that may have needed last rights or sacrament of sick, as well as for patients that were actively dying, that we knew that were in that trajectory, that we could allow at least one or two family members to be present at the bedside. We did proper PPE precautions for them so that they could be at the bedside. And that was, you know, that was really important to us allowing that dignity piece for our patients. Administratively, you know, making sure that, you know, the checkpoint, you know, in the emergency room that the screeners knew who the person was and that we were allowing them access and having a tough one there in the emergency room, meet them to then escort them to the room and support them, as well in the process and they're grieving. So that was, you know, that was definitely one of the pieces. And then for me personally, making the decision on my team who was comfortable actually visiting, you know, with COVID-19 patients, if there was anybody on my team that wasn't comfortable with that process and how we are making concessions regarding that? I moved away from a more professional kind of, button up shirt, and slacks, to wearing scrubs so that when I would go and visit with patients that had COVID-19, I could then at the end of the day, change out of those clothes and leave them at the hospital and come home and not worry about, you know, bringing that home with me. So that was, you know, kind of, if you were to look at logistically, those were, those are some of the things that I accomplished

Dr. Don Payne: The complicated things, complicated things in many ways. So Gina, how about you from your seat?

Gina Graves: I think one of the most difficult things in the very beginning was there was so much data that was coming at us from different directions and then the next day it would all change and the next day it would be something new that would come out say from the CDC. And so keeping everybody fluid and on board, was a wild ride in itself. Because it was, you know, we want the answers and then we want to be able to go perform that. And there just didn't seem to be there at the very beginning. There were so many changes going on that all of, I think a lot of the staff felt that, you know, like the ship was on tall waves, that we were being thrown about at some points. And then when the, when the visitor restriction hit, then that was kind of the double whammy of not, it was painful for not just the chaplains, but it was, it was hard on, on staff as well, to not allow family to come in and to be on the, especially the COVID units. And we did make exceptions for end of life, for non COVID patients. But that was hard on the staff, knowing that it was hard on the family. And you know, you think about not having visitors there, but until that happened, I'm not sure that we fully understood what that would feel like just to watch the families not being there. I think one of the things that I've, it dawned on me a couple of weeks ago that the messaging for this has been all wrong and it shouldn't have been social

distancing. It should have been physical distancing, social connectedness, and that we should have -

Dr. Don Payne: Yeah I've heard that recently. And that caught my attention.

Gina Graves: Yeah, we need touch, and we still need touch and that's, you know, like Diane mentioned that that's, that's really kind of, that's critical to ourselves as people, staying connected has been a theme that, trying to keep everyone connected on the same page throughout different layers of whether it be how people get treated medically to how we let people in the hospital. It's just, it's been layered policy, so to speak,

Dr. Don Payne: Let me follow up on that, that image of layers, because perhaps this is routine for you, but I hear at least three layers in the type of care, the type of ministry each of you are given, there is obviously a layer of ministry to patients. There's a layer of involvement with patients' families. And there's a layer of involvement to your staff. What have been maybe some of the most demanding or complex challenges in any of those layers, or has the ministry changed in any of those layers for you?

Diane Kamin: I think for me, one of the biggest challenges, especially with staff, we have, you know, we have many CNAs and nurses, and I had people, I was, you know, things that I just wasn't expecting to happen to me as a chaplain that happened, I would have staff members come into my office. They would close my door and they would just weep. They were fearful. There was so much fear when it first hit our building. And especially cause we lost a staff member who was well loved by everyone. And it was just devastating. So they're grieving, they're fearful of this virus and for them just to be coming into my office and just weeping. And they're saying, my family wants me to quit my job. And that's very real. It's very real. Their families are like, why are you still working there? You're putting our family at risk for you to be working at this facility. And, you know, they had to grapple with that.

Dr. Don Payne: Yeah. They're getting pressure from multiple angles, aren't they?

Diane Kamin: They really are. And they're fearful themselves, because you know, the viruses is so easily contracted. And so they're yeah, they're fearful. And then I had some come in who are questioning God, they're questioning God, questioning their faith and just weeping in my office. That was a huge challenge as a chaplain. And yet I learned so much in it, the presence of God and that we carry with us the presence of the Holy spirit, the presence of God. And sometimes just being present with someone who's fearful and just listening is huge. It is huge and praying with them if they want prayer, which a lot of them, would have never asked for prayer before, you know, or asking for prayer. And just the beauty that was in that.

Dr. Don Payne: It sounds like that level of ministry, that layer of ministry to staff has really expanded then.

Diane Kamin: Yes, it really expanded at our facility. Another thing really quick that happened at my facility. I was not expecting. And it is another one of those layers is we had so much going on that there was so much fear, that I started a prayer group. I'm like, there were two people who, you know, were believers and they said to me, you know, can we go pray? And I'm like, by all means. And so we started gathering in the courtyard and more and more people started coming. Very beautiful presence of God that I, wasn't not expecting to have, you know, fellow coworkers to come together and we're praying for our facility. It was beautiful.

Dr. Don Payne: And for listeners who may not know what the backstory to all of that, when you're working, even as a chaplain in a pluralistic or a secular religious setting, you have to be very, very careful about how you initiate those kinds of things. Right? Which many people may not be aware of that, but it's not like working in a church.

Diane Kamin: You're right. Don, you know, one of the things that I was also doing was I would send out letters. I would send out prayers via email. I would print them up for staff members. And I did, I had to think very carefully through, because we do have different faith traditions in our staff members and yes, it's, it's challenging. And yet, it was very beautiful to be able to just come together, all these different faiths and be praying.

Dr. Don Payne: Yeah. Mike, Gina, what have you seen in terms of shifts or expansion of any of those layers of ministry?

Mike Guthrie: Well, one of the, one of the things that I did was, I started it on St. Patrick's Day, but I realized that St. Patrick's Day was coming around in the midst of all this. And everybody was so focused on the COVID-19 preparations that people were beginning to lose sight of some of the holidays and the traditions. And so I started this basically what I called a mindfulness moment that would send out via email to staff, because a lot of our staff that were not essential were sent home and a lot of people were working from home, and that was very difficult for them. And I was trying to figure out how I was reaching, you know, staff in the facility. Certainly I would round on them, but those that were not in the facility. And so creating this email a mindfulness moment, and I would send that out daily and still do as a way of just helping reframe people around concepts of gratitude and compassion and forgiveness. I would, you know, what I would call, as you said to address some of the pluralistic concerns from a spiritual standpoint, I was calling it higher meaning. And really basically calling people to various ways of how they were considering resiliency for themselves in the midst of the stress that they were experiencing. And then during hospital week, which is earlier this month we have a tradition where we would go around and bless the hands of staff.

And because of, you know, we have the same social distancing requirements in the facility. And so there was no, no touching. So I did a virtual blessing that I offered staff that we put through Facebook, and it's been interesting. I've gotten really positive comments. People have, you know, sent emails back that I was completely unexpected a response. And they were talking about how encouraging that was. And I think so many people are feeling isolated that for us, as pastors finding creative ways to reach into that isolation and support them. We had two staff members that died. One of which was, I was very close with. And that was really, really hard for me. And raised you know, certain questions for myself and raise questions for staff and, you know, supporting them in the midst of that, having them see some of my vulnerability around that. I think strengthened just kind of a collegial bond because at the chaplaincy what's unique, at least certainly military chaplains can attest to this is that chaplains are in the trenches alongside of those that are caring, and as hospital chaplains were right alongside people who may not go to church, but, you know, they're looking for answers as Diane was pointing out. And we have a, you know, a pastoral role and sensitivity and support in the midst of being able to, and really support them in the midst of that, that comes from a trust.

Dr. Don Payne: Yeah. It's frontline trench work, just as much as in the military versions of chaplaincy, Gina, before we started the recording today, you were mentioning something about how some of your own vulnerability with your staff had really opened doors of opportunity with them.

Gina Graves: Yeah, absolutely. Thanks, Don. We, I started doing a chaplain's corner email almost like a mini homily that would go out either once, sometimes twice a week. And I tried to tailor it to what I was feeling. Maybe not necessarily always in the hospital, but you know, everybody that works in the hospital, you've got the stuff that's going on in the hospital, but then you've got what's going on at home with your family. And you, you sit and watch the news like everybody else does. And you see all of the fear and anxiety that's that is present and all of those different layers as well. So everybody in the hospital had their own different layers within themselves. And I tried to tailor little mini homily, so to speak, to address some of those fears as they would roll in. Maybe one week it was anxiety and maybe the next week it was on fear. There were times where it was just no, nobody understood what was going on. And it was, it was good to be, I would always try to tell a personal story sometimes more personal than what I probably would have told under any other circumstances, but I understood that for them, for the staff to open up to me that I had to earn the right to hear their stuff. And I earned that right by being vulnerable with them. And that has really helped. We've been talking in our facility. We've been talking about self care and resiliency for over a year. I'm very thankful for the conversations that we've had over that year, because it set a foundation for the conversations that we're having now. And if we hadn't have had that you know, it probably would have really sideswiped. This would have really sideswiped, a lot of the staff.

Dr. Don Payne: Wow. Thank God for that. Hey, I want to ask about some of the ethical issues that any of you might face related to COVID-19. Mike, I know that clinical ethics is in your actual job description, but it seems like it, you know, end of life issues Mike, you use the phrase aggressively dying, and those tend to be code words for some of the really tenuous, precarious, human issues, the life issues that then give rise to really tough, ethical considerations that families have to navigate. And in one sense, hospital chaplains, maybe chaplains of many sorts are confronting those ethical issues fairly routinely, but I can only imagine that that has been intensified some of those ethical questions you've had to confront and navigate and help others navigate. What's that been like?

Mike Guthrie: Well, I know for me, you know, one of the things that I've come to realize, you know, in the 16 years of doing chaplaincy and clinical ethics is that most, if not ethical dilemmas are not black and white, they're very gray. And so these difficult bedside situations can't really be addressed with some sort of simple, blanket, absolute biblical imperative

Dr. Don Payne: Right. Tradeoffs left and right.

Mike Guthrie: Right. You know, we want things to be black and white. But, but you know, so much in what we have with regard to medical technology and advancements, it's very difficult for us to, you know, it's very gray. And so, and as we watched, you know, COVID-19 sweep, then, you know, the world getting closer to Denver, I think we were as a medical community, figuring out how we were going to respond to the surge. If it overwhelmed our critical care resources, and forced to make difficult resource allocation decisions. And so that was definitely one of the ethical challenges that were presented. And then, you know, in the in the event that as a disease, as the disease progressed for patients and that person who was COVID-19 positive needed to have you know, CPR resuscitation, when their hearts stopped, if it didn't prove to save the person's life and, and put the staff at risk for COVID-19 exposure, we had to look at what do we do in the event that we know that coding a patient isn't going to be beneficial to them. And it puts the staff at risk. Do we not code them? And how do we address that? How do we communicate that to families who aren't present? And so, you know, for me, actually, it reminded me of an article that I read that was back in 2012, that actually it says, can bioethics be evangelical? And it talked about some of the, you know, the ways that we go about understanding scripture, understanding things like the image of God, and how we approach human dignity and the worth of every person. How do we go about doing that in relation to clinical ethics?

So you know, I worked with, and Gina is familiar with this, but work with our hospital and our sister hospitals to craft the policy and procedures around triaged response, and working very tirelessly to take into account every single person, the patient, the family members medical and professionals involved and their human dignity. And how do we go about, you know, making some of the challenging decisions in a way that respects human dignity. Now, thankfully we didn't have to do that. At least not so far that Colorado entered into a crisis

standards of care surge. But I think that definitely we are forced with these ethical challenges at each day and how we communicate the human dignity piece and how we honor each human person, not just the person in the bedside, but the staff caring for them. You know, and those are things that are lived out day by day in case management.

Dr. Don Payne: This is one of the areas that generates the most respect in my own life, for those in chaplaincy arenas, who are dealing with those murky, murky, ethical considerations on a pretty routine basis, because while, to your point, Mike, while we will affirm absolutes such as the dignity of the human person made in God's image, when it comes down to the practicalities of the tradeoffs of at what point or points is it worth doing or not doing X for a very questionable outcome. Those are simply gut wrenching considerations, gut wrenching, places to walk through. Theologically, I keep, coming back to the need for us to thicken our theology of God's grace to live with the trade-offs involved, because at, you know, anytime you make a decision or somebody else makes a decision based on your own counsel and input, that decision because of the murkiness involved can always, always be second guessed. Right?

Mike Guthrie: Absolutely. Yeah, absolutely.

Dr. Don Payne: Just a really, really difficult to live with without a rarely thick theology of the grace of God. Diane, Gina, anything to add to that in terms of how this has heightened the tension perhaps of some ethical considerations?

Diane Kamin: You know, when I think of attention ethically, and this is probably quite a bit different from what Mike shared, but I think of a story something that happened in my facility, as we all know, we are to be social distancing. And I was called to one of our neighborhoods when they say we need the chaplain now, I drop what I'm doing. And I go, and I just pray this little prayer for the Lord to go before me. And they wanted me on this neighborhood and I went to the neighborhood and they were all grieving the loss of this first employee that we had lost. They had all just heard that he had died. And so you can imagine what this neighborhood was like, the staff were devastated, they loved this staff member and this housekeeper, we're all decked out in our PPE, and this little housekeeper, she comes running towards me and just falls into my arms. And in that moment, it's like, we're supposed to be social distancing, but I did not. We're people and love God's love rules, over all, over all rules. And I just held her as she sobbed. She literally was sobbing and weeping being on me. To myself afterwards, after I pondered that, because my initial reaction of course, was to hold her, even though we're supposed to be social distancing, but I just held her. And afterwards I thought biblically and theologically, Jesus was right there with the untouchable. He touched lepers. He touched those that others wouldn't touch. And just for, in that moment in time, she needed, she needed somebody to hold her. And although we were not to be doing that, I did that. It was one of those times where love overruled the rules.

Dr. Don Payne: I'm curious what each of you have learned through all of this. What does all of this have to teach the rest of us? Maybe another way of coming at that? Are there any popular misconceptions that need to be corrected? Mike?

Mike Guthrie: Yeah. So when we went into, you know, safer at home and, you know, restrictions were put into place, I started thinking about books I wanted to read. And I picked up by recommendation of a really good friend, Wendell Berry's book, Jabber Crow. And it's just, it's a phenomenal book. And you know, you read about the character and he's narrating his life, but it's interesting because he accounts when he was in college and he's studying to sort of follow what he was called to be a preacher. And he reaches this watershed moment where he goes into the opposite one of his professors, and he runs through this laundry list of theological struggles, and Don I'm sure you've had one or two students come into your office and do a similar thing during your tenure. But the professor responds to him by saying, you have been given questions to which you cannot be given answers. You will have to live them out perhaps a little at a time. And then the character says, how long is that going to take? And the professor says, I don't know, as long as you live, perhaps. And one of the things that it's taught me is to have a greater acceptance of ambiguity. And to trust God and what he's doing in my life, even when I don't have the answers. Okay. and then learning as a Pastor that in these challenging times, it's not the answer that what matters most, but it's about the commitment of standing alongside people that are dealing with very difficult medical challenges, listening to them, affirming their struggles, and then really honestly, helping them not feel alone in the midst of that incarnational presence. And just being comfortable with not having the answers.

Dr. Don Payne: Yeah. You know, it's always possible isn't it too, to be faithful, even if we don't have a specific answer, I think we have to detach those two things. Those two concepts, faithfulness does not depend on having answers because if it does, then we're all we're all in pretty deep weeds because we don't have a lot of answers, particularly to the questions that scream at us. What have you learned from all of this?

Gina Graves: I think the biggest thing was being able to think outside the box and be able to pivot, when we get curve balls to be able to pivot and be fluid, allow for changes and just keep working through them. Being able to spend a lot of attention with my staff was very important. And the feedback that I got from that, that was time that was well spent. There were things that I ended up doing that I would have, you know, six months earlier, I would not have been comfortable doing. So the fluid piece, the being able to pivot and do things a little differently in order to, to bless family members that couldn't come to the hospital or to bless the patients and the staff, was just really, was really important.

Dr. Don Payne: Well, and I'm sure, in some cases you do that at some risk, whether it's personal health risk or institutional, I'm sure there are risks involved in trying to care. Well, and it sounds like that's part of the nimbleness. Diane, what have you learned? What does this need to teach the rest us?

Diane Kamin: You know, there's a lot that, that I've learned. The thing that I think I would love to communicate to our listeners that I have learned is being present, being present with the person I'm with. There is so much going on in the midst of all of this. And I've really learned as a chaplain to be present with the family member of the resident that I'm with. I've done a lot of zoom sessions, a lot of FaceTimes with families. Being present, and especially, especially with death and dying, just being with these people who are grieving, a lot of people will ask me, well, I never know what to say. After, you know, someone's lost a loved one. And I just kind of talk about how important it is to just listen, to just be present. Sometimes I think most of the time people are not going to remember down the road that, that you probably said to them after their loved one passed, but they are going to remember that you were present with them. It's that ministry of presence kind of like Jesus in the garden of Jessamine he asked his friends to stay with him and to be present with him. And I think that that's what we're called to do is to be present with that person that we're with and help them through, just be there.

Dr. Don Payne: Yeah. There's plenty of experience to validate that point. I want to just give a, just a deep thanks to each of you, not only for appearing on the podcast and giving us your time, your experiences, and your insights, especially after a full day of work already at the time we're recording this. But thanks for being among the many who are really putting a lot on the line, not only with your own health, but putting your own inner world and your own faith and putting lots of things on the line that are not easily [inaudible]. And on behalf of anybody and everybody who might be listening to this. I want to give a shout out to you. And we're grateful to those of you who listen, whatever your relationship is to Denver Seminary. We're grateful to you and for the superb and I mean, superb Engage360 team who make this happen every week. Dusty Di Santo, Christa Ebert, Maritsa Smith, Tessa Thompson, and Andrea Weyand. I'm Don Payne, and if you found anything here, beneficial, we hope that you'll give us a rating or a review wherever you listen to us and maybe even tell somebody else about the podcast. So we hope you'll be safe and join us again next week. So from Denver Seminary and Engage360, take care.