

NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

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EVIDENCE

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[00:00:00]

Geneviève Eliany

Good afternoon, Randy. Thanks so much for your patience. I'll ask you to state and spell your name for the record.

Randy Banks It's Randy Banks, R-A-N-D-Y B-A-N-K-S.

Geneviève Eliany

Do you promise to tell the truth today?

Randy Banks

I do.

Geneviève Eliany

We're going to focus on only one aspect of your testimony. Could you tell us about how difficult it was to do your job and the poor service you felt you were giving, especially when you were ministering dying people?

Randy Banks

Okay, so likewise, I'm a pastor in a small midwestern Ontario rural church. And I was able to make quite a bit of identification with the previous speaker. However, we experienced this, I think, a little differently perhaps than in the city.

The main thing for me is I'm a pastoral caregiver. It's probably the strength of my ministry. And that was the ministry that suffered the most. And by pastoral ministry, I mean hospital visitation, long-term care visitation, home visits for people who are housebound. So that's what I mean by pastoral care and that's a strength area for me. And essentially, for the longest time, I wasn't able to do it. I wasn't able to go in hospitals, wasn't able to go in retirement homes, long-term care facilities. And certainly, would go into very few homes unless I was absolutely invited to go into them because people were afraid to have anyone in their house, even their minister. So I really felt that that was the area that really suffered the most; and it really showed up especially in terms of dying and death.

I was allowed in for a couple of palliative patients for a very short time. But I certainly felt like I was an intruder—kind of in the way, it wasn't really necessary for me to be there. And then it also showed up especially at funerals. Funerals were also struck by capacity limits, whether they were inside or outside. As few as three at one funeral—outside. And at one point, 10 was the number the funerals were capped at no matter where they were being held.

And I just felt like there was no way I could minister to the quality that I had been used to as a pastoral caregiver in those situations. Some of them still haunt me very much. I feel like I couldn't do for the families what I wanted and needed to do for them. They got shortchanged. And I don't know who cared that this was happening, but certainly I did. And there's no going back there, none of these things can be righted.

Some of these people were going to have celebration for life services afterwards, but it's stretched out for so long that most of them have given up on that now. It's been so long. So that's the main area that really hit me.

Geneviève Eliany

Can you tell the story of trying to minister the man—a dying man—through a window of a nursing home?

Randy Banks

Oh, yes. That was in June, thank goodness, because it was good weather—hot weather, but it was certainly not bitter cold and snowing. But at that particular home at that time, that was the only way that I could visit with this dying man, who was by that time unconscious. He wasn't conscious, but his wife was present in the room. And the window was open, so you could talk through the screen. And I think there was a couple of family members there as well. And I was trying to talk to her and pray through the screen. And I couldn't see him, only his feet at the end of the bed. And she was hard of hearing, so she wasn't really getting what I was saying. And I just felt like it was just an awful situation to be in and minister; I never envisaged anything being like that.

And he did die. And his funeral was one of those that only 10 people were allowed to be at.

Geneviève Eliany

In terms of a shift in attitude, you mentioned that your services are less prioritized now. How long could you spend in the hospital or in a care facility with a person before the pandemic? And how did that change during the pandemic?

Randy Banks

Oh, what an interesting question.

[00:05:00]

Because I've been saying to people lately— Now that I am allowed back in hospitals and retirement homes with testing and mask-wearing and so on, I've been saying to people, "I remember when I used to be able to walk up to this retirement home door or this hospital door"—well, not so much the hospital but retirement home—"and walk in like I owned the place." You could go there and talk to anyone, go from room to room, spend as long as I needed to or wanted to, as long as people wanted me to be there. Felt very welcome and not in the way.

And hospitals— Of course, I didn't quite have that attitude towards hospitals; I couldn't just walk in like I owned the place. But certainly, there was no limit of time in hospital and retirement home visits for me to be there. Because it was valued. The visit of a pastor was something that was valued and cared about.

Geneviève Eliany

Thank you so much. I'll turn it over to the commissioners to see if they have any questions. There are no questions.

Thank you so much for your patience today and for telling us about your experiences.

Randy Banks

You're welcome. Thank you.

[00:06:28]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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