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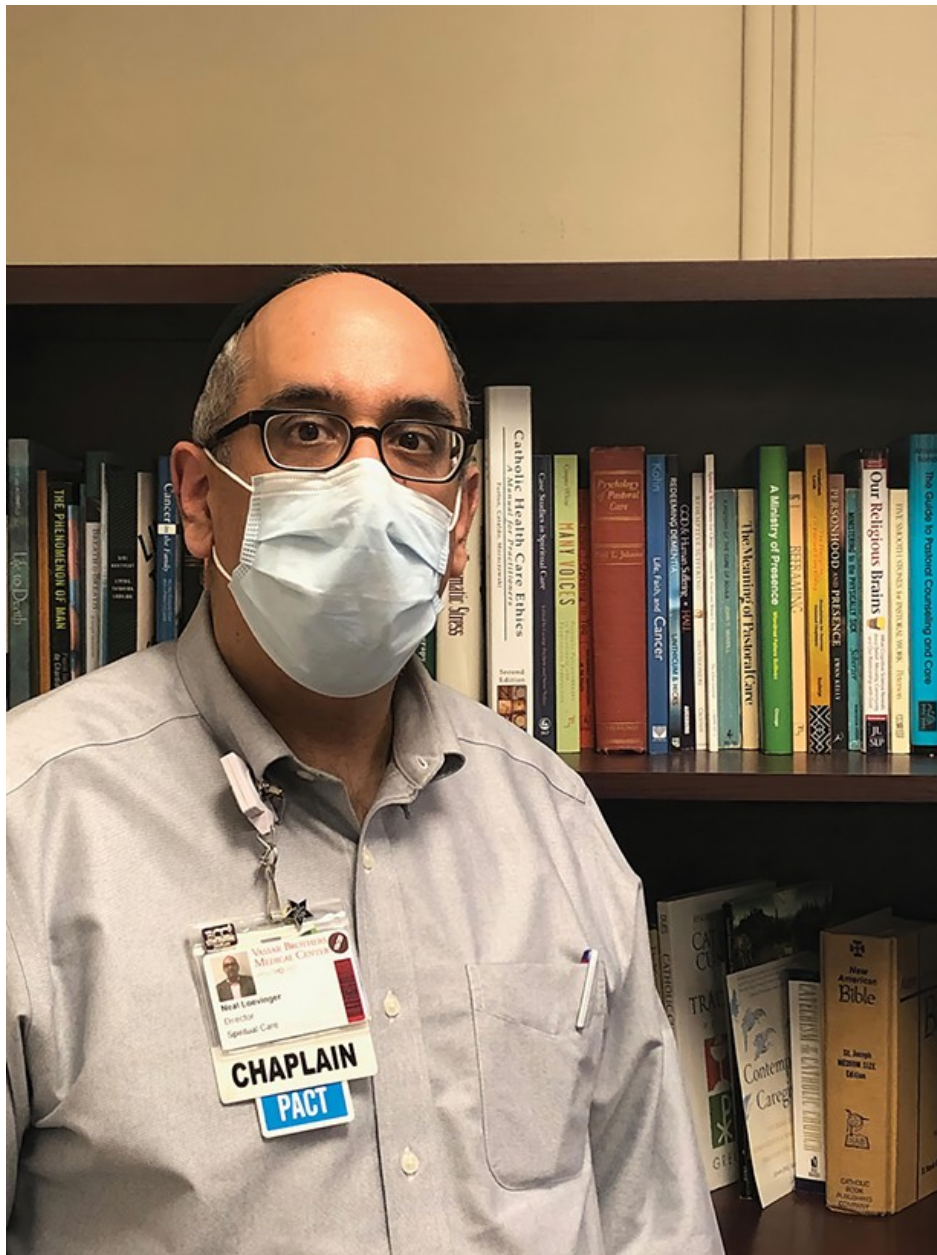
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The Chaplain's Job

By Erica Ruggiero

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In the world of coronavirus, the halls at Vassar Brothers Medical Center in Poughkeepsie are quieter than normal. While still accepting non-COVID patients, fewer guests and visitors roam the halls and fill the waiting rooms of the hospital. The day-to-day care of the sick and injured continues as normal,

however, as hospital staff care for their patients. Rabbi Neal Loevinger, director of spiritual care at Vassar Brothers Medical Center, and his fellow chaplains also are continuing their work during the pandemic, ministering to patients, patients' families, and hospital staff. I spoke to Rabbi Loevinger in late April about how he and his fellow chaplains are dealing with the changes to their ministry wrought by COVID-19.

—*Erica Ruggiero*

As a hospital chaplain, what kind of services and practices did you provide before the pandemic? How does it differ to how things are now?

Rabbi Neal Loevinger: We have an interfaith team of chaplains, Jewish, Christian, and non-Christian who are all trained to meet people where they are in their spiritual need. I happen to be Jewish. I might go in and talk to a Jewish patient who requested a rabbi, but it's just as likely that I would go in to meet a Catholic family or a Muslim family. In a moment of crisis, what people want to know is: Is your heart big enough to hold their pain and suffering and just sit with them?

We have a Catholic chaplain, Father Rick [De La Pena], who delivers the sacraments to Catholic patients. When he's not here, I or one of the other chaplains might pray with his patients. We talk to a lot of people who have no spiritual or religious beliefs but are happy to have someone address their personhood.

The chaplain might be somebody who has time to sit down and spend 20 or 30 minutes with someone talking to them about their family concerns, talking with them about what's on their heart that's not related to their illness. We often end up talking with people about concerns they have for their family or hopes they have for our country or the world or grieving over a lost pet or who knows what it is.

Has that remained the same during the pandemic?

NL: It's all the same. And it's all different. We are doing far fewer in-person visits—there's a very strict visitation policy. Now we are mostly calling families, especially families of those who may be intubated or unconscious. Sometimes we're able to pray with the family or counsel them over the phone. Sometimes we listen. Sometimes we pass along requests for particular kinds of information.

What kind of practices have you been performing as a chaplain to keep safe?

NL: We are not going into rooms that have any kind of contact precautions. For the most part. There's exceptions to every rule. There are still patients in our hospital who don't have contact precautions, who are coming in for all the usual reasons that people come to a hospital. And we've been doing some of those visits in person.

We are wearing masks walking around the hospital as are everybody else in the hospital. We're observing the same kinds of common-sense precautions with masks and frequent handwashing and disinfection.

What are you most concerned about?

NL: My personal concern is for our state and country's health care system as a whole, that this is going to stress the healthcare system financially, morally, physically, and spiritually. And I'm concerned the good people will get burned out, will leave healthcare. I'm concerned that we don't have the political will to fix the systemic problems in our healthcare system that the pandemic has revealed.

What has been the most difficult for you during this time at the hospital?

NL: I think what's been most difficult for chaplains is that we are so accustomed to being present with people in a holistic way. We see the tears on their face. We read their body language, we look in people's eyes, we touch a hand or the back of someone's arm during prayer. And to try to bring that intensity of presence to an electronic connection is challenging. That's been an adjustment and there's been so many times with staff, you just want to put your arm around somebody. But with social and physical distancing, we have to be careful. We have to really think about how to give the fullness of our presence in a different way than we're used to.

Have you all developed any new skills or tools that you're using?

NL: Oh yes. I think that how you relate to somebody on the phone is different than how you relate to them on Zoom is different than how you relate to them in person. Imagine paying attention to someone talking with your eyes closed. You're going to be focusing on hearing every little nuance in a different way than if you're watching or staring. You're using your own voice in a different way on the phone than you would be in person.

What's the most rewarding aspect of your work right now?

NL: I think that what's rewarding about being a chaplain is no different now, which is helping people draw on their own resources and accompanying them through suffering. They already know how to do much of what they need to do in life. They have things that give their life meaning. They have a story that they're telling about their life and their family and what happened before they came into this world, and what's going to happen after they leave this world. They just sometimes need someone to help draw that story out to help them articulate that feeling.

Sometimes people are greatly comforted by prayer or meditation or a particular verse of scripture. And when you pull out exactly the right thing to comfort somebody, that's very satisfying.

Do you have any particular thoughts or prayers that are helping you get through this pandemic?

NL: We just finished Passover a few days ago. Passover recreates the story of the Exodus from Egypt. They went on a perilous journey, and while we know that the journey was accompanied by signs and wonders, they didn't know that at the time. The people had to overthrow Pharaoh internally and not be afraid of him anymore before they were ready to overthrow Pharaoh externally and leave Egypt. But each step of the way was a step of faith for them. They just had to keep putting one foot in front of another.

And in retrospect, we see the meaningful arc of their story. I remind myself that they didn't know why when it was happening. For me, I just say, "Okay, let's get through today. Let's do the best we can. Let's bring us comfort to the people we can." Someday I'll look back on this and say, "Wow, that was an incredible story." But I'm in the middle of it now and I don't know how it ends, but I have faith.

Do you have any goals regarding your work during the pandemic?

NL: I think for all of us, the challenge, the goal is to stay centered, to stay faithful, to stay hopeful, to stay optimistic, to be what's called a non-anxious presence. There's a lot of anxiety in our society right now. We're in the middle of the story and we don't know how the story ends, although it looks like it's going to have a better ending than some of the endings we thought might've happened. But it's the chaplain's job to be the non-anxious person; to be the person who says time is bigger and the world more mysterious than the crisis of the moment. And we will get through this together. And you're stronger than you know, we all are.

What has your lived experience been thus far in the pandemic?

NL: Just walking into a hospital is different now than it used to be. Many routine meetings are now held by Zoom within the hospital. My personal experience is one of much more time staring into a screen. Much less time out and about with human beings and that's its own kind of shift. It takes some getting used to. I think the hospital is much quieter now. There are fewer patients, fewer visitors. The hospital used to feel like a busy city street and now it feels like a very different, quieter kind of place.

How do you minister someone who's on a ventilator? Someone who might not be able to speak?

NL: There are lots of people who can't speak, but who nevertheless are awake and can react. And you figure out other ways of communicating. People write, or they use facial expressions, or all kinds of different ways, or squeeze my hand once for yes and two for no, that sort of thing.

Most people on ventilators are heavily sedated and we're not interacting with them very much. Just sometimes they're kind of sleepy and woozy, so they can nod their head a little bit or squeeze your hands.

Since you're focusing more on the families of patients, what are they looking to you for?

NL: The first thing we have to say when we call people is this is not a medical call and there's no emergency. Because people will react when the chaplain shows up. "Oh my God, someone's dying, right?" There's a misapprehension that the chaplains are only for the dying or for the families of those who are dying or making bereavement calls. And that's not true at all. I mean, that's part of our work. But most of our work is working with families, either in the unknown of waiting for their loved one to get better or helping people navigate changes when they fully expect to be discharged from the hospital. People don't necessarily have an expectation of us, but rather we have to set the tone very quickly that we're here to provide a space for them to process their emotions, their spiritual and moral concerns, and just hold the space for them to say whatever they need to say with a safe person who can handle it.

If we do that well, the family members will lead us to whatever work they need. For the most part, what chaplains do is hold the space and different families will use it differently. Some people just want to cry. Some people want to pray, some people want to complain, some people want to tell us how scared they are.

If a patient is conscious and awake and they want a conversation with the chaplain, how does that work now?

NL: If a patient does not have any contact precautions, we can still go visit them, but we're going to be masked everywhere and probably try to stay six feet away. If there are contact precautions we could connect with the patient or their family by Zoom.

Is there anything that you want to cover that you feel like that I didn't bring up?

NL: The one-line job description of the chaplain is to be the non-anxious presence. On the one hand, everything is different because of COVID-19 and on the other hand, nothing has changed in that people are anxious or afraid. It's stressful. All of those things were true before COVID. Human beings are the same now as they were six weeks ago. It's just that the topics are different. The chaplain's job, while doing it differently, is the same. Which is to accompany, to support, to let people know they are loved, to be with people in

their moments of grief or distress and to let them know there's someone they can lean on. They're not alone in their struggle.

How are you handling being the non-anxious one?

NL: I don't know that I'm always so great at being not anxious, but I think I just remind myself that there's enough stress floating around the world that I don't have to add to it. Other people have that covered. If you focus on how you can serve and just take the next step, do the next thing you have to do, then there's not a lot of need to be anxious about the big picture things.

This interview has been edited and condensed for length.

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