



Neshama: Association
of Jewish Chaplains

The Professional Organization of
Jewish Spiritual Health Specialists

Journal of Jewish Spiritual Care- A Rebirth

At the request of NAJC's President, two former editors were asked to reestablish the journal. Both of us served in this position for a number of years, and it is our pleasure and honor to present you with this issue.

Narrative psychology is an important tool in our chaplaincy toolbox. Reflecting and reframing the life story pieces of our patients, our families and our colleagues gives us essential clues to how to serve the patient and the family around the holy space at the bedside. We share stories and midrashim to help them as well.

For three years Jewish chaplains worked to keep ourselves in our work during the Covid pandemic emergency. We asked members to share short narrative essays on how Covid affected their work, and what adaptations they had to make to continue to provide spiritual care to our patients, their families, and staff. These Reflections were written throughout the Covid Pandemic Emergency(2020-2022).

Although the pandemic emergency just ended May 11th, 2023, COVID is still with us. Jewish Chaplaincy continues to provide our highest presence. Chaplaincy, and Jewish Chaplaincy specifically, is changed forever.

We hope that these narratives will help you to adjust to the new reality as well.

We want to offer our tremendous gratitude to Rabbi Karen B. Kaplan, BCC for her thorough copy-editing skills.

May you continue to walk the path of service from strength to strength and blessing to blessing.

Rabbi Bryan Kinzbrunner, BCC
Co-Editors

Rabbi Charles P. Rabinowitz, BCC

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Hineni-

HERE I AM

by Rabbi Charles P. “Rabbi Charlie” Rabinowitz, BCC

The heat is blaring in our co-op apartment. I open the windows and shades wide in the living room. As I sit at my dining room table in a tee shirt and shorts instead of my regular work attire with my work tablet open and a phone in my hand, I telehealth patients and their families. I watch the seasons pass, and the trees go through their seasons. Without driving between patients, I go from one to another all day long, with not even a minute between them. Instead of four visits, I’m making six a day. My work schedule is different. Beginning this Fall, I began doing home visits again most Tuesdays. (We are Covid tested each Tuesday morning) and Thursdays. I’m working Sundays as well. If someone dies, I answer and comfort on Saturdays as well (Before Covid, my work week ended early Friday afternoon and picked up again Monday morning.) My car remains in its spot at the Larchmont train station. Instead of \$350 increments on my EZ Pass each month, the increments seem to last forever. At the end of each day, my family and I mask up, and take a walk in a quiet neighborhood or I curbside pickup from the library and/or Stop and Shop grocery.

Before ordination as the first liberal Reform Musar trained rabbi and one-hundredth generation of rabbi in my family, I had to pick a teaching that would be my guide for the type of rabbinate I intended. I chose a teaching from Rabbi Shlomo of Karlin: *“If you want to pull someone out of the mud, it is not enough to stand above them with an outstretched hand. You yourself have to climb into the muck, immersing yourself fully in the mud. Only then can you grasp them with both hands and pull them out with you.”*

So you can imagine what it is like to try to continue to bring psychospiritual presence and support, love and support to each of my patients, their families, and my colleagues over the phone. I hear myself saying after words of comfort, song and prayer, *“I hope you can feel the hug I’m trying to give you over the phone.”* It is a very different visit that I bring dealing with

working from that table with all the different inside and outside noises. It was strange having the two teachers teaching from the two bedrooms. My wife, Wendy, went back full time to New Rochelle HS at the beginning of November but all last year she was teaching virtually from our bedroom. My daughter, Brynn, went from virtual teaching at home back into her school in Mt. Vernon in September but just went virtual again until January 18th this past week. Corporate in Lakewood is happy with the increased daily output but grumbling once in a while to my bosses that I remain doing telehealth three days a week from home.

I work as a home hospice chaplain for Caring Services of New York in Brooklyn and Queens. Because my agency saw something changing in the last week of January 2020, we started wearing masks and gloves the last week of January. My day starts an hour earlier because I want my colleagues to wake up with something to bring them hope and strength each morning. .So despite anyone asking, I started writing a Morning Prayer for the staff at that time as well.(I've been using and tweeking Rabbi Kedar's *Amen* and the works of Alden Solovy along with some of my own.

I've used some other prayer poetry books as well. I've gotten a lot of positive feedback and thank yous for the daily pickup.) Because of the shortage of PPE, social workers and chaplains began telehealth visits only in early March 2020. (Because of age and health risks for my family, I'm one of the three social workers and chaplains still just doing telehealth.) We began accepting COVID patients very early in the pandemic emergency into hospice. I began working longer days and more hours. The amount of deaths grew rapidly. (I lost half of my patients during the high point. The agency's numbers the last two months declined from 160 to 101)

We continue to see how Covid hastens the hospice process. It was and is not unusual for me to deal with one, two, and even three patients either transitioning actively or actively dying each day. For example, on Tuesday, November 3rd, I drove to our office in Marine Park, Brooklyn for COVID testing, and then spent the rest of the day bringing psychospiritual presence/support through active listening, reflection-reframing processing, words of comfort, life story piece review and an End-of-Life Covering of Peace Ritual of song and prayer to three

patients and their families. It is not unusual to have a patient come home from the hospital with Covid and die very quickly afterwards. For example, one day last week I admitted and did an end-of-life ritual the very same day.

Besides the Morning Prayer, I'm doing more individual spiritual counseling to my patients and their families, and my nurses with whom I work. All our weekly team and special meetings are on Zoom. (One of the positives are the family and friend Zoom times for holidays, funerals and shivas.. Although it's odd conducting Walkabout Clearwater Chorus practices and some of our concerts on it.) During the high numbers in this area, at one point 45% of our nurses were positive. One of my nurses is still feeling the aftereffects so she needs to talk to me frequently.

The Covid pandemic health emergency means that we haven't seen our son, Jamie, who has been in Arizona since he went back last January 2nd. We just told him that he won't be able to come home yet. We are not sure when we will be able to visit him either. Thanks to technology, we see and hear him but he's lonely. One of his jobs never came back.

I've found new ways to enrich my call as a rabbi and as a palliative care/hospice chaplain. My work on the CCAR Rapid Response team and as NAJC's Chair of the Ethics Committee and working on the Common Code of Ethics for all North American chaplains via Zoom is fulfilling. Being on the NAJC Board this past year has been interesting. Knowing that I'm not just using my car as my daily office but knowing and feeling my family so near warms my heart, and brings me strength. I'm surprised and embarrassed by the responses from colleagues, who tell me that I'm a model rabbi and chaplain, patients, families and friends who tell me that I make them feel better just hearing my voice, my singing and my praying. I have learned how to make that special holy place around a bedside effective over the phone, and my psychospiritual presence/support is different but just as effective. There is more to say but this is long so I will conclude: May all of us on the path of service continue to walk from strength to strength and blessing to blessing.

ADDENDUM November 2023

I'm back on the road full-time except for IDG Zoom Meetings Wednesday mornings. Then I make one visit in the afternoon. I'm still doing a Morning Prayer for my colleagues, and my psychospiritual presence/support for my colleagues is still an active part of my call. I haven't had my bimonthly sessions with my therapist for almost a year and a half. I'm starting my second term on the NAJC Board. After over a year of working on it, the first issue of the reestablished *Journal of Jewish Spiritual Care* should be out by the end of 2023.

There are still some families that prefer telehealth calls, and I continue to refine my psychospiritual presence/support via the telephone. We still have Covid cases and deaths.

About a month ago I had a slew of patients ask me how long my family has done hospice chaplaincy. My grandfather started about 1910, so over a century. I think of the wars, the pandemics that they worked through and am grateful and blessed to continue this call.

I'm still wearing masks and PPE where necessary. It was announced that the chaplains had scored above national average on our Press Ganey Scores for Emotional and Spiritual Support before and after death. (The bosses said that it was partially because of my work as Senior Chaplain. I said it was because the three of us work with an amazing team.)

We went back to pre-pandemic protocols sometime in the middle of May. Although it is a few months later, the entire staff remains anxious because we still have staff, patients and family members coming down with Covid.

The work of this Rabbi Chaplain continues to evolve, and Covid pandemic emergency has changed my chaplaincy work forever.

Warmly,

Rabbi Charles P. Rabinowitz, BCC

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Mourning Loss in the Age of Covid – A Broader View

by Rabbi Dr. Joseph S. Ozarowski, BCC

I put down the phone after a long and intense day at the hospital that I serve part time: By phone, I had comforted a recovering but lonely elderly Jewish woman, who had been diagnosed with Covid, and whose family could not visit her. By phone, I prayed with the family of a young Latino man, who was intubated and sedated because of Covid. This family told me of their frustration over not being able to see their loved one, and not being able to be at the hospital to obtain information. They did not speak English. I had to use the language interpretive line to offer them comfort as well as to pray with them. I spent time in the lobby with a family upset about not being able to visit, and not getting information about their loved one. I had to work hard to maintain my social distance, and they were not wearing masks.

When I finished, I let out a long and audible sigh. I did not feel like I was fully trained to do this. How could I offer presence and support when I could not even see my patients or their families? What has happened to my profession, based on presence and empathy, when we cannot be physically present? What have we lost through these months of Coronavirus?

Our lives have been turned upside down during this pandemic in one way or another. We have missed or adapted to life events such as Jewish holidays, weddings, graduations and funerals. Many of us are still trying to process our experiences. We are reflecting not only personally but as a nation, as a culture and specifically in the Jewish community.

As we try to make sense of all this, we may find an underlying theme: Loss. Not just the obvious loss of life. But also loss of the way of life, which we have known for some time - the ability to socialize freely, the mobility to travel, to see loved ones who live at a distance or even just a few blocks away. Economic losses such as loss of income and jobs. Loss of our ability to spend leisure or hobby time, such as sports or movies. We ought to acknowledge the other losses as well. Working through loss is one way to move towards hope.

Perhaps we can use some of the rich Jewish tradition of mourning loss as a framework to look at and maybe understand what we are experiencing.

***Aninut*: In Shock**

In Jewish tradition, the first stage of loss is hearing about the death of a friend or loved one. We are often in shock or disbelief, even if it was expected. Routines are suspended, calls are made, all while we shake our heads over and over, saying, “I still can’t believe it’s real.” The numbness sets in. We cascade, in free fall, into a new time and space. In Jewish tradition, this pre-burial time is called the period of *Aninut*.

If one researches the Hebrew letters in the root word for *Aninut* – Alef, Vav, Nun - one can find versions of this root that reflect the various aspects of grief that a mourner experiences at different points along the grief journey. Pleas, questioning, lament, elegy, complaint, doubt, accusation, sorrow, grieving, trouble, oppression, a cry of pain are all part of the linguistic root of the word.

According to Halacha (Jewish Law), during the period of *Aninut*, the "pre-mourner" is exempt from positive time-bound commandments. No davening/formal prayer, no tallit or tefillin, no *brachot*/blessings before food or mitzvot. The pre-mourner is often caught up in the details of making funeral arrangements and arranging for burial, precluding the performance of these mitzvot. This can also be seen as an inappropriate time for praising God (as taught by Rav Soloveitchik in several places, specifically his eulogy for his *machateniste*, the Talner Rebbetzin, published in the 1970s). The structure of religious life is loosened.

Generally, *Aninut* has an end which comes soon after the death – the funeral service and burial. While there is no specific timeline, it is generally accepted that the service takes place as soon as possible after death. *Aninut* then leads to Shiva, the seven-day post-funeral mourning period. In many ways, our current situation feels like *Aninut*. An international pandemic may not have been expected and has thrown off our sense of routine. The key difference is that this *Aninut* has lasted months. It still does not seem to have a specific point at which we can talk

about transitioning to mourning our losses. It gets better and then it gets worse; it leaves us “Covid-fatigued” and the effects differ from place to place. It feels like an *Aninut* without an end.

Wisdom of Shiva

Shiva offers us structure at a time when structure has been ripped away. Having prayer services and kaddish at the mourner’s home, various restrictions on entertainment, grooming, leather footwear and more gives mourners a matrix. It does not tell them how to feel, but rather gives life an outline and a focus into which mourners can pour their feelings.

With so many changes due to Covid-19, structure during these times has been supportive to many. I have found for myself that some structure in my life has been helpful as I work from my house, sharing the router with my wife who is trying to teach three year-olds via Zoom while I am running meetings and providing comfort to others via Zoom. My prayer and Torah Study practice, my general meal schedule and routine, being able to walk two miles almost every day, all have helped me navigate these uncharted waters.

Synagogue attendance – Shabbat and daily - has been an important part of my spiritual structure. But all our synagogues were closed for many months, and many either still are or are operating on a limited basis. I had to invent my own substitute spiritual structure within Halacha/Jewish Law. When I was home for Shabbat, I found myself in prayer, singing most of the same tunes I would have sung had I been in shul. On Friday nights, I sang and danced with myself, trying to create the sense of joy that Shabbat is supposed to bring. While it may in some sense have been better with other people, I have found that I could still enter that wondrous world of rest and joy we call Shabbat by myself.

Connection in the Age of Social Distancing

How does social isolation of Covid 19 make us feel? Lonely? Isolated? Abandoned? And how do we cope with those feelings?

The model of shiva can guide us as well on connection. While it is possible to sit shiva at home alone (and some people do, by choice or due to simply being alone), the healing of shiva best takes place when visitors come to the mourner's home and listen.

In order to stay safe and not being able to travel, we have invented Zoom Shivas. I had the opportunity to participate in two Zoom shivas for members connected to my previous congregation in Long Island. Likely I would not have even attended these shiva gatherings in person due to distance. But, with a couple of keystrokes, there I was on the screen with other participants. It felt strange at first, not being in the same room. But I realized both times that I was in a virtual room, and the conversations went the way of most shiva conversations – laughter, tears, stories, memory and connection through community (albeit virtual). The electronic shivas did what shivas are supposed to do, bring healing.

Much critique of high tech has centered on its ability to keep us separated and apart. But in our current world of social distancing, we have learned that virtual meetings, services, classes, shiva and mourning, tech linkage is a key modality for developing and maintaining connection.

Telling the Stories

The Talmud (Sanhedrin 46b-47a) discusses whether *hesped* – often translated as eulogizing, but more broadly rendered as “story-telling” - is for the sake of the living or for the dead. The question is never fully resolved, suggesting that it is both. Beyond the eulogizing at the funeral service or the grave, storytelling is an integral part of the shiva observance. Part of the healing shiva process is sharing memories, cracking a smile and shedding a tear (often in the same breath), and recalling the qualities of the loved one. All of this is in the presence of compassionate visitors. Healthy grieving involves integrating those memories into life as we slowly move forward. Even in the age of virtual almost everything, it is vital that we find outlets for telling our stories of loss and how we are enduring this period of bereavement. In the many on-line support groups that I have facilitated over these last months, I have heard stories of struggle and difficulty, but also of generosity and strength. One social worker thanked me for just listening via zoom as she recounted her challenges with Holocaust survivor clients. The survivors reported how being locked down triggered memories for them. This in turn caused the

social worker great stress. Just being able to share it with me helped her find her own footing, so she could in turn support her frail and elderly clients.

Professional Others

The shiva model suggests having others help the mourner through the difficult initial period. Sometimes we need others. There are times when we need professionalized others such as chaplains. Chaplains are spiritual care professionals who are trained in a health care setting, experienced in listening skills, group process, multi-disciplinary teams, and able to hear the “big questions” of meaning, suffering, purpose, hope and more. But chaplaincy itself has changed in these last couple of months. We now even have a name for it - tele-chaplaincy. This now involves phone calls to clients, support groups via Zoom, support of health care staff and other means for supporting those in need. Again, like virtual shiva visits, the goals are the same, but the means and modalities have changed. I have discovered in my own chaplaincy work that some things are harder – like trying to assess body language and non-verbal cues when you cannot see all of the client (on Zoom) – or (on phone) when you cannot see them at all. But my colleagues and I have been forced to sharpen our listening skills to compensate.

As I processed my own chaplaincy experiences, I realized that the techniques and outcomes in my pastoral encounters such as the Covid phone calls were not so different. I asked the same questions and explored the same issues that I would have if I had been in the room. And the goal was to let my patients and clients know that they were not alone.

What memories and stories are we taking with us as we move out of the past months of Coronavirus? How will we deal with two years of inability to travel – to see loved ones, or to vacation? What about the changes to our economy and our economic well-being? How will we tell our stories? How will we integrate these memories and experiences into our lives? What can we take with us?

We do not fully know the answers to these questions yet. They are just beginning to evolve.

Jewish mourning practices can give us structure when structure has been stripped away. Our tribal, religious, ethnic and peoplehood tendencies can be protective factors that may help mitigate against more dire realities. However, we must continue to convey that it is okay to ask for help. Step by step, we can thus proceed on a long and winding road made more difficult when we do not have the mechanisms of up close and in person socialization.

Slowly, we are finding ways to come together again. Hopefully, we will bring with us some lessons learned even as we encounter new crises (such as the one in which we find ourselves right now, following the horrific attacks by Hamas on our extended family in Israel) – finding blessings and opportunities amidst the challenges and difficulties, making use of platforms of which we did not even know, and more. How we navigate the process of grieving for what we have lost will help determine how we translate these losses into the life that awaits us after the pandemic subsides.

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Making Space: A Reflection on Coronavirus

by Rabbi Benyamin Vineburg, BCC

One cannot simply share about one's experience of Coronavirus. No. Even after nearly three years of regularly using the words *pandemic*, *outbreak*, *distancing*, and *vaccine* as if they were regularly traded stock commodities; one cannot simply just share, but for once, finally, "exhale" their experience.

That is what the "event" of Coronavirus was like for me. A deep breath, beginning in March of 2020, filling your lungs, overwhelming your senses with the feelings of urgency, concern, awe, disbelief and wonder. A deep breath that perhaps until quite recently we couldn't exhale.

I was a chaplain resident at University of Michigan Hospital in Ann Arbor when our first Covid positive patients began arriving. Apparently, our resident health benefits didn't include "incidental coverage for a worldwide pandemic" in it; so we were sent to work from home while a handful of our seasoned colleagues volunteered to care bravely for patients, family and staff.

I will always remember what it was like to call the family members of Covid positive patients on my unit from my basement. The caller and callee both with the same amount of fear, wonder and concern as to how their loved ones were doing – being that neither of us could "lay eyes" on the patient – but an equal amount of appreciation that the other was on the other side of the telephone. An unbelievably disorienting yet strangely awe provoking experience.

As we returned to the hospital in Summer of 2020, I will never forget the look of sorrow, pain and exhaustion on the faces of the nurses I worked alongside just months before. The unspoken "we could have used you here" was painfully evident and the strange feeling of survivor's guilt readily sunk in. There were no words, no excuses, just an acknowledgement to those that stayed, that had to stay, of the tremendous bravery, heroism, and selflessness they displayed as minor consolation.

Abraham Joshua Heschel famously labeled the experience of entering Shabbat as “a palace in time.” While I dare not attempt to equate the two experiences, it was evident that the moment of returning to the hospital was an experience that allowed us to “enter into” a space of great holiness, experience awe, and to see, with our own eyes, forces of healing, strength and resilience above nature – completely unlike those we had left just a few months earlier.

Perhaps the greatest learning I have gleaned thus far from my experience during the Coronavirus was the importance of *making space*. Hashem famously said to Moses “*And let them make Me a sanctuary, that I may dwell among them.*” (Exodus 25:8). During the pandemic we were not only required to *make space* for our health but to *make space* for our relationships, our emotional needs, our spiritual incongruence and reshuffled priorities. It is during that time that our being forced to *make space* allowed God’s presence to enter and dwell within us in a way unlike ever before. Whether we know it or not, our relationship with The One and us within God has fundamentally changed. The awe and holiness of persons, places and things is so evidently recognizable than it once was and the call to make space has never been so thunderous.

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Chaplain Reflection on Covid

by Chaplain Nehama Glogower, BCC

When the deaths began to mount during the pandemic I would see frequently interviews with hospital staff bemoaning the number of patients they were unable to save. My initial reaction was: “Wow, some of your people live?” That was the moment at which I recognized how working as a hospice chaplain had totally skewed my perspective. Unlike most health care professionals, we have no expectation of physical healing and recovery.

This was always the case. The pandemic revealed the hard reality that we humans are pretty helpless and death is inevitable.

It wasn't so much the deaths that were heartbreaking, but the circumstances. The hospice emphasis on comfort and peace in the final hours of one's life was so very much at odds with the final hours of life experienced by those who died from covid in hospital. Families were not allowed to be present, to hold hands, sing a song, offer a prayer or a memory. Instead, the overworked staff had to step in providing face time with families, doing their best to be present, all the while gowned up in such a manner that obscured their humanity. This is what the virus stole from us. There was no opportunity to pause and actually calculate the loss of humanity that was sacrificed on the altar of safety and protection.

My sister-in-law's sister died from covid in a New York nursing home in the early days of the pandemic. It wasn't easy to arrange for the burial; the funeral homes were overwhelmed. And when the burial took place my brother-in-law and sister-in-law had to stay in the car at the cemetery while the ground crew buried her. No eulogy, no kaddish, no shoveling dirt into the grave. How do we measure that loss?

I was furloughed from my job for four months. My immune system is compromised because of treatments I receive for an auto-immune disease. My employers insisted that I

continue face to face visits, despite my requests to convert some visits to phone visits and reserve face to face to limited visits.

The furlough was a gift, since I was eligible for unemployment benefits. When I was called back to work I had to decide whether to quit or take the chance of seeing people in person. I couldn't afford to quit, so I went back to work and quietly chose to make more visits by phone and let the chips fall where they may. As one of my colleagues likes to say, "Better to ask forgiveness than ask permission." There were no chips.

I quickly realized the importance of my job visiting folks in nursing homes and assisted living facilities. I took the weekly covid tests and wore a mask and was allowed to enter, even when family members could not. This was a new type of heartbreak, calling family members to say, "I had a great visit with your mom. She's holding up pretty well, but missing you. We sang Amazing Grace and prayed together." Families would thank me; at least someone was visiting.

We had a new patient in a nursing home. He was going downhill fast. This was a Sunday. I called his wife to check in. She couldn't visit him until she had a negative covid test and couldn't get the test until Monday. "It's okay," she said. He died that night before she could see him and say goodbye because she couldn't get a test. It felt criminal.

I have grown accustomed to living with a fair degree of helplessness. But this was helplessness on a level I hadn't yet experienced. And yet, I maintained my schedule and attempted to continue being the non-anxious presence.

I signed up for my vaccination at the first opportunity. When the nurse pulled out the needle I said a prayer of thanksgiving, that God gave us the tools we needed to protect ourselves. It felt miraculous, we all thought it was the beginning of the end of the pandemic. As Winston Churchill said, however, it was the end of the beginning. We let down our defenses – literally – by removing masks in the stores and in patient homes when we were all comfortable with taking that step. Suddenly we could see one another's smiles and expressions. All the non-verbal communications came roaring joyfully back.

It was fun while it lasted.

Now we are instructed to wear our N95 masks, covered with a surgical mask and a face shield when we visit. I can't bear walking in with all of that interference. I will wear the N95, and that is plenty. Even that comes off (with the patient/family) permissions, especially when someone is hard of hearing and needs to read lips along with the verbal cues. I am constantly confronting the impossible choice between safety and appropriate care.

At the beginning of the pandemic every person I saw in the grocery store or walking down the street was a threat. I kept my distance, kept my mask, and moved away. How can I help someone if they are a threat to me and I am a threat to them? That's not how chaplaincy works! Sometimes I wonder when I will once again be able to hold a hand or embrace someone without thinking about how I need to get some hand sanitizer asap. The only comfort is that the question is "when," not "if." All I know is that those gestures will be more meaningful, more powerful. In the meantime I do what I do best: muddle along

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Being the Spiritual Link

by Rabbi Andrea M. Gouze, BCC

Eyes:

Searching
Pleading
Weary
The Light of Hope Dimming

Hands:

Moving with Purpose
Fluttering aimlessly
Reaching out
Trying to Hold On

Breath:

Short Gasps
Fractured
Hurried
Getting too caught up to breathe

Patient, Caregiver:

Each caught in the same cycle
Each mirroring the other
Each synchronous with the



When looking at the
Which is which?

eyes, hands, breath:

Chaplain:

Standing in the intersection
Pulled by both the patient and caregiver
Struggling, straining,
Being the bridge
Over the abyss
The bridge that connects them
On a deeper level than their physical
Holding them up

Being the Spiritual Link
Rabbi Andrea M. Gouze, BCC

Creating holy, sacred space
Providing hope, the ability to hold on
and reaching across to create the spiritual link.



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Chair of the NAJC Certification Commission.*

Lifting My Eyes for a New Perspective
on My Growth During the COVID Pandemic
by Rabbi Susan Landau Moss, BCC

I recall attending one of the first informal Zoom gatherings of chaplains hosted by NAJC very early on in the pandemic. Our professional and personal worlds were just being turned upside-down. Some of us were still new to Zoom! With the exception of a brave and confident few, I heard most of my colleagues echo my own feelings of uncertainty. We don't know how to do this. We are trained to be present, to read body language. How can we do that through a mask, let alone while working remotely? Handouts were circulated containing best practices for telehealth appointments (speak clearly, find an uncluttered background, wave goodbye at the end of an encounter). I had the feeling that we were all making it up as we went along. There was some comfort in that, though not much.

I felt guilty. What does it mean to be a healthcare chaplain during a pandemic and not set foot in the hospital for three months of the chaos? Am I really considered a front line worker and a "hero," if I'm just making phone calls from the safety of my own home? Why are other chaplains risking their lives and I am not? And then, once my team was asked to return to in-person work in July 2020, I wondered, am I really serving patients and their families if I am not supposed to go into rooms where patients have Covid? And finally, am I really a good chaplain if I feel I cannot always do my best work and communication from underneath so many layers of PPE?

While working remotely during the start of the pandemic, I utilized new video platforms and made more phone calls than usual. I tried to think creatively about how to make myself open and available over the phone so patients and staff alike could reach out, regardless of their

locations. I recorded videos of myself holding spiritual space, offering prayer, poetry, silence, and song. I was trying to guess what might soothe and resonate with the staff. Sometimes it felt like enough, and often it did not.

The months went on. I kept in touch with colleagues throughout the pandemic's ebbs and surges. I started to notice that we all were able to report having moments of uncertainty and guilt but also success and satisfaction, no matter where we were located or what type of chaplaincy we were doing. Again, it was validating for me to hear similar sentiments from colleagues—both in NAJC fora and other spaces.

The day I returned to the hospital I felt relieved and a bit uneasy to see so many people in person again. One of the first in-person visits I made that day was with a patient I had spoken to regularly over the phone but had not seen in person in months. He looked at me in the middle of our conversation and said, "I can tell you are really worried about me, I see it in your eyes." I was taken aback. Of course, he was right. I was worried. And I'm sure I was reflecting that care and empathy back to him through my body language, as any good chaplain does. But I realized I needed to become even more mindful of what I convey through my eyes, now the only visible part of my face.

Now, nearly two years into the pandemic, I still wear masks and sometimes also goggles. And that focus on my eyes has not left me. I found the focus on my eyes intensified, and when I became more aware of it I could get better at using my eye contact as a sensitive and effective mode of communication. In some ways, that patient's comment to me might represent the moment when my perspective shifted. After all, we can change perspective, or the way we look at a situation, by shifting our gaze. I call to mind the phrase so commonly found throughout Torah, *nasa einayim*, which describes that moment when someone "raises their eyes." We see eyes being lifted in many varied contexts in biblical narratives, and those instances always signify a moment when something changes because the character is able to see it differently.

More recently, I have tried to look at my chaplaincy during this ongoing pandemic differently. That day I lifted my eyes to hold my patient's gaze in a new way. And I choose to keep lifting them for a fresh view of my own work. I am trying to elevate my understanding of

the role I play. No doubt, my occasional uncertainty about my work during the pandemic is a reflection of the ways I have felt uncertain in a changing, unsafe world. Some of that is understandable; it is human. But I no longer need to belittle my professional contributions just because I am not always certain of the impact of my contributions.

When I myself contracted Covid eight months into the pandemic I experienced firsthand how healing a caring phone call can be. When my supervisor called to check in, or even when a researcher called to collect national data on Covid patients, I felt empowered to share my symptoms, express my fears, and tell my story. I felt seen. Although I was isolating at home I felt less isolated. I realized only much later on that this is the gift of connection I have been trying to give others the entire time, regardless of the platform being used.

I needed to change the story I had been telling myself and my colleagues about my work. Instead of simply saying that my work now involves more phone calls to patients' families and some video visits instead of in-person ones, I discovered that I have actually been doing telehealth—*telechaplancy*—practically since its inception. This subtle shift in language helped alter my understanding of my contributions and elevated the importance of my work, not only in my eyes but in the eyes of other disciplines as well. This year I joined a national Telechaplancy Research Working Group where my skills and experience are valued. Our group of chaplains and researchers is working on how we can cull our collective experiences and share new data about this exciting development in the field. This is how new trends and techniques begin. I am discovering how I am playing a part in it.

Self-doubt can be a helpful tool to an extent, when it leads to reflection and growth. Other than that, I have decided it does not help me serve my patients. I try now to notice moments of presence, when I feel I am really able to connect with someone—whether it's over telephone wires, across screens, or hand in hand. I try to cherish those times as my real learning and my real service. I try to honor the sense of purpose I am sometimes lucky enough to feel, like Queen Esther: Perhaps I was put here for *that* goal of care conversation, *this* cathartic prayer, or each nonjudgmental moment of silence I share. When I look for these moments, I find them.

The more I reflect on my ongoing growth as a chaplain during the pandemic, the more I realize the pandemic has helped me grow into more of myself, a better chaplain. It has reminded me that we have the tools we need, and we have had them all along. Pandemic or no pandemic, chaplains are needed, adaptable, and equipped to serve.

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Chaplaincy Response to COVID

by Rabbi Paulette Posner, BCC

As the pastoral care provider for Selfhelp, Holocaust Survivor Program, part of my position is bringing Jewish life into the hearts and homes of Holocaust survivors. During the pandemic, many of the Selfhelp clients were given tablets and the opportunity to connect to Selfhelp's virtual senior center (VSC). The VSC offers a variety of programs ranging from music to comedy. I added "zoom into Shabbat" as well as "zoom into holidays." Together with my supervisor, we created a robust calendar ranging from zoom into the High Holidays, to Yizkor, to Yom HaShoah.

Programs are held on the first Friday of each month in the early afternoon (before Shabbat) and include music, a teaching relating to the Torah portion, and the blessings over the candles, wine, and challah. Most importantly, the participants wish one another Shabbat Shalom, share a memory or story, and connect with one another via Zoom. The clients are from Manhattan, Brooklyn, Queens, Nassau, and Washington Heights. In addition to the clients, social workers, managers, and other members of the administration join these programs. For the social workers who, in some cases, have not been permitted in-person visits for over a year, this is an opportunity to see their clients. Most of their work has been done over the phone during the pandemic. The clients and social workers wave to one another, share stories of latke recipes, and have an opportunity to reconnect with one another. While it is necessary to stay on mute while we are singing, it is beautiful to watch the survivors and social workers sing and clap together as we bring in Shabbat together.

The two most meaningful programs for me were Yizkor and Yom HaShoah. For the Yizkor program, I began with the lighting of a memorial candle. After a psalm and reading, I invited the survivors to share the names of those whom they were remembering. They all gave one another their full attention, no one interrupted another person, and we truly created a sacred space in which all who wanted to were able to speak about loss. One of the survivors became a

rabbi after immigrating to the United States, he recited the K'eil Malei as part of the Yom HaShoah memorial service, and that was incredibly powerful for all of the participants. At the Yizkor program, one of the survivors had difficulty unmuting; at the end of the program when she was able to share her story, she spoke about the last time she saw her father; she, the social worker and I were all in tears as she described his last words to her. Here is part of the email that I received from her social worker after the program:

“I was concerned about her after she shared. I was all choked up myself. We spoke about her family and after a while she was able to tell me all about her grandson's wedding that she attended this past weekend.

They honored her by asking her to make the blessing over the challah!

She is truly a remarkable woman and I am so grateful that we are able to all connect through these virtual programs.”

These programs have allowed me to create a connection with both the clients and the social workers. It has also allowed me to collaborate with the social workers. While zoom will never replace in-person programs, it has become an important tool for connection during the pandemic.

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Growing Through the Covid-19 Pandemic

by Chaplain Paula Van Gelder, BCC

I had hoped that by the time I wrote this, I could use the past tense throughout. Unfortunately, that is not the case. The number of omicron cases in our hospital has been rapidly growing, more than doubling from last week to this. I hope and pray that we will not experience a huge surge as we did at the beginning of this year.

I've been thinking about all the ways that the pandemic has affected my personal and professional life. I suppose, more than anything, that it has made me aware of how closely we are all connected as human beings sharing one fragile planet. My hospital received one of the first cases of Covid in the United States, brought to our shores by an infected person who got off an airplane at Los Angeles International Airport.

For those first few days and weeks, we were all afraid of the unknown. Masks started to disappear from the kiosks outside the inpatient units and from the closets outside patient rooms. I felt vulnerable and afraid. An infectious disease specialist admitted then – as now – how much we didn't know. I think that learning to live with that uncertainty has been one of the great lessons that I've needed to internalize. I like to know things for certain and to feel in control as much as possible, and this virus has brought home the fact that that is not always a reasonable goal. It has taught me humility.

Perhaps it is not strange that the virus seems to have opened up avenues of communication among people across the hospital, regardless of title or position. We are all in this together. The environmental services workers cleaning the rooms and the food service personnel are also on the front lines. In the early days of the pandemic, when so much was unknown, I was afraid to be on the front lines since I found myself in a high-risk group by virtue of my age. My supervisor kindly allowed me to telephone patients and family members from my home. I had to learn how to provide tele-chaplaincy and to make referrals to the appropriate colleagues on site.

With the almost miraculous discovery of the vaccine, the head of my department, Rabbi Jason Weiner, became a strong advocate of vaccination, setting an example by being one of the first to get the shot. With his encouragement, I signed up for my first dose earlier than I had originally planned.

Although our department always makes it clear that we are here for staff, as well as for patients and loved ones, I think that our service to staff has become much more widespread and appreciated during the pandemic. My department undertook a series of initiatives, including providing calming and centering materials in our chapel and on a comfort cart that can be wheeled to units. It also uploaded a number of videos to our website, including a slideshow of our healing gardens, which I was privileged to narrate. That was a first for me.

I feel that more staff members have initiated informal conversations with me, whether in the corridor or at the charting station. Most often, they seem to be seeking a compassionate, listening ear and someone who can validate and normalize their experiences. In this role, I have probably provided more interfaith chaplaincy than I have in the past. I have also learned more about employees' personal lives and struggles, and that is indeed a privilege. One emotion that has come up several times in these informal discussions has been anger. One physician, in particular, expressed great anger at those who have decided not to get vaccinated. She was especially incensed because she was in the process of treating a young mother with Covid, and she feared that her patient would not survive. A nurse expressed anger at her relative who was afraid to get the vaccine. She said: "Does she want to wait 30 years and see if something in it will kill her, or does she want to die now?" I have also had to acknowledge the anger of patients whose loved ones could either not visit them, or experienced great delays in entering the hospital due to screening and changes in visiting policies that have been in a state of flux.

I also have had to deal with my own anger when friends have shared their reasons for not getting vaccinated, including citing quack sources on the Internet. I have found that their positions are akin to religious beliefs, and that nothing I say will convince them. Even when I was able to prove that one of my friend's claims was untrue, it made no difference in her outlook or decision.

The people in our department have always been caring and emotionally available. We know that we can safely confide in one another. The younger members of the department have been able to share their stories of juggling parenting, spousal and work duties. Along with everyone else I have spoken to, I am simply tired of this pandemic and what it has done to our lives. I yearn for a return to “normal,” though I’m not sure what that will look like right now. My work as a chaplain feels more important, more needed and more respected than it has ever been, and for that I am grateful. Every day that we are privileged to be part of the caring, healing team is indeed a blessing.

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