



INSIDE A HOSPITAL PARISH

A glimpse into the intimate and grace-filled ministry of chaplaincy. **CATHY NORMAN PETERSON**

Before he's even had a chance to check his messages at the office in the morning, José La Luz is paged to the emergency room. When he arrives, he finds a family who has just received a negative prognosis for their loved one. As they struggle to digest the information, La Luz talks with them and takes a moment to pray with them.

Later, La Luz makes rounds to newly admitted patients. As the director of the pastoral care team at Swedish Covenant Hospital on the north side of Chicago, he and his team of chaplains make an effort to visit every person who is admitted to the hospital. Many hospitals, including faith-based institutions, have seen reductions in their pastoral care staff. In contrast, Swedish Covenant Hospital retains a well-staffed team of four full-time and eight on-call chaplains.

After a quick coffee break La Luz, a member of Immanuel Covenant Church in Chicago, goes to the chapel on the third floor where he leads a weekly meditation service, a practice he began with his predecessor, Ruthanne Werner, who served the department for twenty-five years until her retirement last year.

When they began holding the services, Werner and La Luz almost despaired because no one seemed interested in coming. Now a core of a dozen or so regular attenders join together each Thursday for quiet reflection. "It's Meditation 101," says Werner when she describes the service. "It's a protected time where we hope to help employees, visitors, and patients relax, meditate, and focus."

On Thursday mornings La Luz leads a spirituality group on the mental health unit. It's a unique ministry, offering hope to people with mental illnesses. La Luz begins each meeting with music, a breathing exercise, and then introduces a topic for discussion, such as suffering or crisis or hope. One goal, La Luz says, is to help the members of the group recognize that in spite of their illness, there are other important aspects of their lives as well. It's a fact that's true for all patients. "We are affirming a person's reality, not denying or minimizing their suffering," he says. "We say together, this is real and it hurts."

The hospital, which opened its doors in 1886, was

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established by early Covenanters who looked around their community and saw immigrants in need of medical care. It continues to operate as an affiliated ministry of the denomination, and three of its four chaplains are ordained Covenant ministers. Set in one of the most diverse zip codes in the country, Swedish Covenant Hospital intentionally serves the spiritual needs of all of its patients. Regular prayer services are held in the chapel, and patients and visitors use the chapel to pray on their own as well.

“Every room is a new world,” La Luz says, describing their multicultural setting. “I may travel to Afghanistan, Mexico, Croatia, the Philippines in a day at work.”

Melanie Tornquist, the newest member of the chaplain team and a member of Winnetka (Illinois) Covenant Church, explains, “Because it’s a faith-based hospital, we have a sense of mission, and we’re a part of that mission.” She continues, “Instead of our being another ancillary profession like respiratory care, or physical therapy, here we’re integrated in a way that says this ministry is part of what we’re trying to do.”

Because of that mission, Swedish Covenant has a chaplain on call twenty-four hours a day, seven days a week. To achieve this coverage, the work of the full-time chaplains is supplemented by a tight-knit group of eight on-call chaplains who serve the hospital community on nights and weekends. “They are wonderful,” says Marge Stromberg, the administrative secretary for the pastoral care department, “because they pick up where staff chaplains leave off. Some nights are very quiet, and other nights they don’t get any sleep.”

The hospital’s focus on holistic care means that practices that might be unusual in another setting are

encouraged and supported here. Every Wednesday, chaplain Stephen Chang holds a healing service in the chapel. The number of participants varies—sometimes hospital staff come, sometimes attenders are family of patients. How does he explain a healing service in a setting that expects medical answers? Chang responds, “In the Epistle of James the apostle says, if you are sick, call for the elders of the church. So we anoint family

express their grief,” says Chang, “and I help them deal with that process.”

Dealing with grief is, of course, a significant part of the chaplains’ work, and the diversity of cultures represented in this urban community means there is a wide variety of ways people cope.

“We see that in facing death head-on some cultures are very emotionally present, with literal weeping and wailing and throwing themselves onto the person,” says Kari Lindholm-Johnson, chaplain and member of North Park Covenant Church in Chicago. Some cultures take pictures of the deceased to send to absent family members, she explains. Others are restrained and tentative about being present in the face of death.

One African family was very strongly connected to each other and wanted to be together when they saw their loved one for the last time. It was very important for them to be with the person immediately after the death. Lindholm-Johnson describes their experience saying, “They were talking to the person, almost like they were releasing the person. The tradition seemed to be that the spirit of the deceased was still present. One family member sang a beautiful song that was releasing the soul.”

When asked the most challenging aspect of their work, each of the chaplains describes the anguish of confronting truly meaningless suffering. Dealing with the death of a child is wrenching. Lindholm-Johnson mentions reading a hopeful promise in a trade journal, “Even in an empty shell, you can still hear the sound of the ocean.” Then she adds, “We have the privilege of hearing the sound of the ocean—and God’s presence in the middle of all that.”

Yet the chaplains continue to offer God’s hope even in terrible circumstances. Lindholm-Johnson says, “In



Director of the pastoral care department, José La Luz greets a patient at Swedish Covenant Hospital.

members in the prayer service on behalf of their loved ones.”

“The physical, emotional, and spiritual are all connected,” he says.

One essential aspect of Chang’s ministry is the Korean patients who come to the hospital. Since joining the staff at Swedish Covenant, he has worked to build bridges between the local Korean community and the hospital, and he represents the hospital at local community groups and events. Chang started a six-week grief counseling support group and also organizes regular health screenings and seminars. “Korean people tend not to

the mystery of illness and suffering we see how God's grace can be so pervasive and so present."

Those connections are what make the work rewarding. Tornquist describes one encounter she had when she responded to a page. The patient was somewhat disoriented and was sitting out in the hallway so the hospital staff could make sure he did not become agitated. "He'd been weepy," Tornquist says, "so they were hoping I could come and sit with him because they didn't have time to help."

When Tornquist arrived, however, the patient had calmed down and they had a cheerful visit together. She proceeded to visit the new admits on the floor and met a woman whose son had been killed the previous day in a shooting. The woman herself had been admitted, and was awaiting test results with her daughter. When her daughter asked Tornquist to pray with them, Tornquist agreed. Because her mother did not speak English, the daughter acted as translator. But then, Tornquist says, "The daughter launched into this beautiful prayer herself, and we had this prayer meeting in the room. I thought, *No one had called us about that—if we only saw patients based on referrals would this moment of ministry have happened?*"

Although the interpersonal connections the chaplains make may seem fleeting given the high turnover of their "congregation," Lindholm-Johnson notes her surprise at the continuing relationships she has developed. "With those who come in repeatedly, there is a chance to build long-term relationships," she explains.

"It's amazing how people—when their facades are down—are willing to let you enter into their lives at some of their most vulnerable moments, and together you can experience God's presence," she says.

Chang adds that physicians have told him that even when patients receive positive diagnoses, they still appreciate the ministry of the chap-

lains. "Some patients receive good news, and they want prayer as well," he says.

Lindholm-Johnson describes one visit to a patient who was agitated and in restraints. "He was open to prayer, and while I was praying he fell asleep. I thought, *Okay, there's an answer to prayer.*" She continues, laughing, "But then the person who was sitting with him woke him up and said, 'Hey! Wasn't that nice? Wasn't that nice? Hey!'"

The chaplains' ministry extends beyond direct patient care. Lindholm-

place that it's okay to talk about how you feel and trust that the chaplains would be people who would be a part of that."

A year ago the chaplains began leaving prayer boxes in various departments throughout the hospital, as an invitation for staff to submit any requests for prayer. Each week the chaplains pick up the boxes and pray for the requests at their staff meeting. Stromberg notes, "It's been interesting to notice in which departments the box is very full. In other departments it's empty—and that's quite all right!"



José La Luz, Melanie Tornquist, Marge Stromberg, Kari Lindholm-Johnson, and Stephen Chang

Johnson has organized an annual art show that focuses on themes of healing for the community. Hospital staff also rely on the chaplains for spiritual support, and they have officiated at baptisms, weddings, and funerals for staff members and their families. Recently when a difficult death occurred in the community, Chang asked the nurses if they wanted a chaplain to help them debrief. The nurses readily agreed.

"We have a lot of history of chaplains who have been very well-respected," says Tornquist. "That's kind of built into the structure. There's that trust, but also openness. It appears to be the culture of the

Now in their second year, more and more of the boxes are being filled.

La Luz calls his work "ministry in reverse." He explains, "I don't presume that I bring Christ with me to anybody. I look for signs of Christ already at work and follow the work that is already there."

In a traditional church setting, La Luz says, "There is a sense of expectation, of programming, rehearsal, and control." But in the hospital there is no way to anticipate what might happen on any given day. "I find myself dancing through emotional and spiritual mine fields, but we meet people at a point of difficulty and offer them grace." ■