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Speaker 1 (00:00):

In this episode of Tim Talk, bridging gaps in Community Discourse across Faith Groups.

Speaker 2 (00:07):

Greetings, loyal listeners. As you know, Tim Talk is a place where we welcome diverse viewpoints and fresh ideas, and we have a fresh new face in the Bangor community, a man who has been a champion of inclusion within his own faith community. Rabbi Sam Weiss from Congregation Bethel and Bangor, rabbi Weiss, thank you for joining us.

Speaker 3 (<u>00:31</u>):

Thanks for having me, Tim.

Speaker 2 (00:33):

Absolutely. Rabbi Weiss, before we go too deep, as you are new to not only the Bangor community, but also our Tim Talk audience, will you please share a little bit about yourself and your background?

Speaker 3 (00:49):

Sure. Um, I am, uh, I'm a reform rabbi ordained by the Hebrew Union College, um, Jewish Institute of Religion in New York City. I grew up in Andover, Massachusetts. Went to college in California community college at first, um, in Berkeley and in Oakland. Um, and transferred, finished my degree at University of California Berkeley. Um, was degree in rhetoric. I had no idea that I would, uh, become a, become a rabbi at that point. But it's, it served me well to have studied rhetoric in college. Began my rabbinical studies, not, uh, not that long after graduating. And, um, and during rabbinical school, I explored all different facets of what it meant to be a rabbi. Um, I was a chaplain at the Bellevue Hospital Center. I did home visits with older adults in the upper west side of Manhattan, working with a social service agency, um, to help reduce social isolation among that population. Um, served a variety of, uh, of pulpit internships, uh, both in my hometown of Andor, Massachusetts and also in Williamsport, Pennsylvania. Um, so I really got a taste of taste of everything. And, um, and, and now, uh, here I am in Bangor at Congregation Bethel.

Speaker 2 (<u>01:57</u>):

That's wonderful. Thank you for sharing that. And, you know, you are, uh, there's a lot of our listeners, myself included, you know, that loves New York City. There's a lot of people that really, really love New York City, either train there, live there, spent, uh, some of their earlier years or have a lot of family there and that kind of a thing. And you, you really also connected with me when you said, um, you were a chaplain of Bellevue. So you, you get it as far as healthcare delivery settings and what they can be like for people and that kind of a thing that aren't used to that setting. People that work in healthcare settings come in, we get used to it. Right. But the people that we serve aren't used to it until all of a sudden they're faced with it. And then you experienced that, uh, as a chaplain at, at Bellevue, and you mentioned social isolation. Mm-hmm. And that's a big area that we are exploring Sounds too, sort of, uh, I don't know what, but it doesn't sound as engaged as we're trying to be. Um, there can be social isolation, obviously in rural communities mm-hmm. <affirmative>, just as there are in, you know, big metropolises like New York City. So your experience in, in, in the healthcare setting as you are learning your profession and your vocation mm-hmm. <affirmative> and, um, you know, what comes to mind when you think of New York City and now here in Maine? Hmm.

Speaker 3 (03:24):

I, I, I think as far as the, the social isolation piece goes, you're, you're right. You're bringing us something very interesting. Um, and true social isolation can ha can occur as the, as a result of social distance, you know, maybe, uh, the vast distances between, uh, towns here in Maine and between potentially health healthcare providers, um, and people in need of care. Um, the social distance we experienced over the last two and a half years, or however long it's been of Covid. Um, and, um, but it can also, you know, it can, it can happen even in, I think the thing that was most striking, um, about the folks, uh, I I, I worked with and that I visited, um, in New York City, was that they lived just, you know, 50 feet away from the next person. They lived in apartment buildings. Um, they live surrounded by other people.

Speaker 3 (04:13):

But, um, social isolation, it's not only a, it's not even only a function of, um, of physical distance, but also, um, but also the extent to which a person has, um, feels themselves a part of, of a community. Um, the extent to which they're connected to what I identify as inner spiritual sort of resources and an awareness of the fact that they are, they, you know, they're part of a larger, they as an individual are part of a larger system or a larger hole. Uh, that's something people can lose touch with, uh, whether even, even in a crowded room, um, even in a hospital setting. I mean, I saw that in Bellevue, um, a lot. I hadn't connected those dots either, but that was a large part of what I was helping, uh, people with. And what the spiritual care department was helping people with was to, um, engage at a personal, a spiritual level with, with folks to remind them that they, um, to remind them of their connections to community and to family, uh, to friends outside of, outside of the hospital. So that, you know, it's an intense experience. Easy to forget, um, that you're, uh, about those connections when you're, when you're, when you're a patient.

Speaker 2 (05:17):

Thank you for sharing that. Rabbi Weiss. And you know what, really, again, what, what drove home with me to our listeners, we're recording this very last day of October, 2022. Um, COVID is still happening, but it feels like much of the pandemic kinds of raw nerve endings that we've lived with for the last two and a half years. Maybe we're getting at least past that mm-hmm. <affirmative>. But one of the big lessons learned that we shared early on was the devastating impact of social isolation and the devastating impact of, uh, when we aren't trying to be united a community, what can happen as far as, um, inaccessibility for so many things that we needed. They were our tools during the pandemic. So, um, I, I just hope that, uh, the listeners really listen to what you just said. Go back and listen to it again, please, listeners, if you can, uh, because that's so key for us moving forward. Yeah. Is making sure that all of us, especially in healthcare, I think we could absolutely say in all of society mm-hmm. <affirmative>, but that we are all highly sensitized to the fact of, um, connection to one another. And if there's sense of isolation or sense of withdrawal, take that step forward and, and reach out and we'll be better healthcare providers. Um, and we have better communities as, as a result,

Speaker 3 (<u>06:49</u>):

Right. How, uh, interesting isn't the right, isn't the right word, but I think it's a, um, uh, a profound thing that you're recognizing and that, that I've been recognizing, um, in, in my work that, um, access accessibility, um, in the way of having open doors and policies that are, that are, that are, that are aimed towards being inviting. They only go so far that there also needs to be among, among, um, all of us, all people. Cuz everyone's gonna find themselves at one point or another in need of, uh, help or care. Um, uh, there needs to be that, that muscle and it needs to be in shape, the muscle that says, I can, you

know, I, I, I need help and I can ask for it, and I'm gonna make, I'm gonna make the, you know, I'm gonna, uh, get in my car or step out the door. And that can be like climbing a ma that can be like climbing Everest at a cer when that, when that muscle is out of, is outta shape. Um, so I think, I think that's, um, as a, as a spiritual leader, that's something that I'm, you know, trying to build up in myself all the time. The ability to reach out and reach for help, um, but also to help others to, to, to work out that muscle as well.

Speaker 2 (07:58):

Wonderful. Thank you. Rabbi, what factors or influences, what, what influenced you, uh, to decide to come here to Bangore and lead the Bethel congregation? What a, what an amazing journey. What an amazing opportunity. And, um, you know, as someone who also came from away, I've been here for six years at the time of this recording, almost six, I fell in love with the place. I fell in love with the people, the culture, exploring, understanding, and, um, the grit of Mainers and, and what is needed, I think, um, to help people just feel greater about our own quality of life in her own physical state, mental state, and spiritual state. And you're bringing the spiritual perspective and the other two as well. But what is it that brought you here?

Speaker 3 (<u>08:50</u>):

I'm not sure , I'm not sure what it is. The thi what the thing that brought us here, the big, that's the big mystery, | laugh, whatever it is that sort of, uh, that shepherds us through through life. Um, I'm grateful, uh, beyond grateful. My wife is grateful. Uh, I, my, I I am hesitant to speak for my eight month old son, say that he's grateful, but he seems happy, uh, at least, um, that we were, um, that we were open to, uh, to going wherever we needed to go to find the right fit, the right community, the right place to be helpful, | laugh, um, and a part of things. Um, and that those, the, the ability to be helpful and to be a part of, and to enjoy and feel purpose and meaning, it was just so obvious, um, so quickly that those things were available.

Speaker 3 (<u>09:36</u>):

Um, to us, it has to do with fit. It has to do with the, you know, the, the character of the, the, the, of the Bethel community. They're, I mean, they're people that I just adore, um, and that I relate to very quickly. Um, I think the feeling was, the feeling was mutual for many of them. That's something I'm grateful for. Um, but I think it's also, I think it's also something special about, uh, about this, about Maine, about this part of the state that, um, when we came to visit, when I came from my, uh, various interviews and met with congregants, um, congregants, some of whom were healthcare providers and some of whom were teachers, some of whom, who, uh, served the community in various ways. They spoke with such gratitude, um, and so movingly about the fact that by living, by that they could, um, that they had purpose here, that they had a job, that they had a, that they lived in a place that they cared about. They felt that care come, come right back to them. And like, they could have a hand in shaping, you know, what this, what this community is, um, and that their neighbors could do. I didn't get that sense, um, about, um, all of the places where we could have possibly, you know, uh, uh, put down roots, not true communities in that, in the way, in the way that we're finding here.

Speaker 2 (10:46):

Right. Yeah. Yeah. That's, that's part of my experience too. I think you, and you said it perfectly, it's, I, I feel, just as I heard you say, that I'm constantly giving, giving, giving every ounce of good that I can bring to make a better quality of life, and the healthcare setting better place for our staff to work and that

kind of a thing. And it comes back to me tenfold from everyone that I interact with and work with, which just inspires me on to do more good. Right. Do you feel that centered, that mutual connection that way?

Speaker 3 (<u>11:22</u>):

Yes. Yeah. We're out in, you know, we're out in, I don't know where to call it. We're out in nature. <laugh>, we're out, we're, we're at a bit of a remove, or sorry, I'll, I'll say, you know, um, from my, I grew up in Massachusetts, um, sort of not quite the Boston Metro area, but a little, you know, just outside. Um, there wasn't, there wasn't this feeling of being, you know, of of being at a, at a remove, you know, or, or, or ne necessarily the, the, um, not only wanting to get to know one's neighbor, but needing to know one's neighbor. And I, I, I feel that, I feel that here, um, very much.

Speaker 2 (<u>11:59</u>):

Excellent. Yep. Thank you. Rabbi Weiss. What, what do you hope to bring to this community? How, and, and when I, when I say to this community, I, I also pause because, um, there's so many unique aspects of like, what, how do you define community? That's a very broad community. So I would think that your congregation is one community, the geographic footprint of Bangor, be a community, but you know, you can keep going. I look at the state of Maine as a community that I care about and serve, and we have 10 hospitals. And, and in each one of those communities, I consider us community treasures. So how do we live up to that every day? So I look at community differently, but maybe how do you even define community? And what do you bring to the table, and how do you see community engagement and interfaith dialogue shaping your journey here? And let me ask one more question where I give you back the mic. Sure. How do you see yourself and your congregation involved in building a highly inclusive community?

Speaker 3 (<u>13:03</u>):

Hmm. I think community, um, is defined by that. Um, I don't know, strictly, I don't know, dictionary defined, but, but for me, the, the crucial, the crucial, um, uh, element is that, is, uh, the mutuality. Um, and, and, um, what we were talking about just a moment ago about really need, you know, recognition of sort of need, needing, needing one another and some sense of a common of a common goal or purpose. I think it's difficult, um, to def to, to identify, I think we speak maybe too, um, sweepingly about community. Um, today, I think speaking about, um, communities that span the nation or span the globe, I, I'm, I'm, uh, personally, you know, skeptical of that. I think in ways Judaism is, is skeptical of that. Um, there's the, there's sort of a fundamental, there's a, there's a, a scriptural passage that is, um, that is sort of a, a linchpin for, um, for many of the Judeo-Christian faith, certainly for Judaism and for Christianity, to love thy neighbor as thyself, to use the th the ths and the thunk, um, that were once so in vogue.

Speaker 3 (<u>14:14</u>):

Um, and the, you know, the, the crucial distinction, and as I, as I understand it, between a Jewish, a Jewish reading of that verse, and maybe a Christian reading of that verse, um, is that, uh, Christianity takes a, um, you know, understands neighbors, sort of a, a metaphor, you know, for the other, uh, the big, the big o, other, the, the, I mean, that neighbor could be anywhere. They could be waiting for you, you know, in, in, um, in, uh, England or in Bangladesh or wherever. Um, and as much as that is a, um, is an ideal, and as much as I try, I try to live in a way where, you know, I, I could, I could discover neighborliness between me and any person I meet. I certainly, um, it's a commendable ideal. Um, I think

over time, really, the, the sort of the Jewish interpretation of that, of that verse has been a little bit more narrow, has been, it really means your neighbor.

Speaker 3 (<u>15:06</u>):

It doesn't nec and it doesn't necessarily mean even Jew, you know, that means just Jews and Jews. It means the people in your midst in with the, with whom you have some amount of proximity. Um, and I think that there's something, um, productive and, and, and really helpful about that, about that framing. I don't, I, I try, you know, I think it can be heard as, um, uh, a cynical somehow. Uh, but to me, it's hopeful I get, become hopeless, um, when I start to imagine the community that I'm a part of, um, uh, as too big, when I overestimate my sphere of influence, um, it takes my attention away from where I really have impact. Um, and that's, uh, in the room right here, right now. Um, so, so how do I define community? Um, I think it's about that inter that interconnection. Um, but it's also about real true, true proximity in the real, in the real sense.

Speaker 3 (15:59):

It gets confusing with the internet <laugh>, uh, what's proximate or what isn't. But I just try to look around and who are, who's, who's here right now, um, what's the impact that I'm trying to, that I'm trying to, uh, make or the, what, what do I bring, um, to my community? Um, I bring that perspective. I bring the, um, to my Jewish community. I bring the perspective. Um, you know, one thing I think that's unique to me is that I was not, this was not a lifelong plan, um, for me to become a rabbi. Um, it was a flash of an idea when I was very, very young. Um, and then couldn't have been, you know, uh, uh, less, uh, you know, couldn't have been further from, um, further from my plan or further from my self-concept for many years after that. It wasn't until my mid twenties, um, that I sort of became reacquainted with the idea, and I became reacquainted with the idea, um, because it became evident to me that I personally had certain, um, spiritual and religious needs.

Speaker 3 (17:07):

Um, it became evident to me the transformative power of a person, um, connecting to that, you know, to that part of themselves or, or coming to a place of recognizing that they have spiritual religious needs. Um, and, um, and also the fact that I can't change, uh, this is, this is me. This is my story. I cannot, uh, cannot change. Um, being Jewish can't change being a Jew. I am one. Um, I always have been one. Um, and, uh, but part of growing up for me was discovering what that means, um, what does that mean to me? Um, because unless you go through that, or unless until I went through that process of, of, of discovery, what it, what it means to me, it was up to everybody else. Um, and, uh, and, and that's a lot to give away. So I, I come with that, with that perspective as well. And that's part of how I understand my responsibility as a rabbi is creating the space and, um, the encouragement for each person who chooses to, you know, really be, not just be a Jew floating out there, but be a part of a Jewish community to really ask themselves, well, what does that, what does that mean? Um, what does that demand of me? Um, and what do I really appreciate about that?

Speaker 2 (<u>18:24</u>):

Thank you for that. That is wonderful. I, I loved all the, um, ideas and, and deep connections that you shared by stating that, you know, we're, uh, most people would think community. That's outward looking. You, you brought it inward and how, you know, you see yourself as a Jew and then being able to fulfill, you know, I use the word leadership all the time, probably, maybe too many times. So I think in

this context, it's absolutely right, though, rabbi, that you are, what you're bringing to the community is also a reflection of the way you say yourself as a, as a Jew. Mm-hmm. <affirmative>. Yes.

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Speaker 3 (<u>19:07</u>):
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Yeah. That's all, that's what I have to, to give. I think that's what,

Speaker 2 (<u>19:11</u>):

Ah, that's what I have to give.

Speaker 3 (19:12):

That's, that's all any of us have to give particularly is give of ourselves.

Speaker 2 (19:17):

I love, I love that. That's all. Yes. What we have to give of ourselves. That's, that's all we have. And so we all should be, should embrace that and love that, and not be cynical as you, as you mentioned, some might view that point of view, but, um, feel so embolden. I'm emboldened by that thought. Good. I, you know, I feel better having really listened to what you just said and internalize it. And, uh, as myself, as a, as a leader and, and that kind of thing. I, I will give all that I have, as I said, and that is me, and I'm giving of myself, I'm giving of me. That's who my spiritual, physical, and mental being is. Here. It is. And that's why I think, you know, you are in the right place in Maine. Cuz if there's any one thing that I've learned, learned so much, but one is, I remember when I first started to talk to people about being here and what, what will it take to really connect, you know, cuz uh, and, and the, the response back was just be genuine.

Speaker 2 (20:21):

And you just had a very genuine answer to a very broad question that I posed, and it was personal. So I thank you for that. In our first season of Tim Talk, we had as a guest, your predecessor at Congregation Bethel, rabbi Dar Lerner. That was right in the middle of the worst of the Covid 19 pandemic back then. She reminded us that doing good on a daily basis is a key tenant. Judaism, we're now almost in 2023, rabbi Goner also taught us about tku the obligation to repair the world. How can we apply that to the work we're doing in healthcare Now, our listeners, how can they, how can they internalize that as people are literally trying to heal themselves from the Covid 19 pandemic, whether we are the caregivers, there's a lot of stress and tension in caregiving right now, as well as the patients, the consumers of healthcare. So what do you say about that?

Speaker 3 (21:24):

Uh, I think that the tku framing that Rabbi Lerner, um, proposed, uh, at that very different point in the, in the pandemic is, is a, is a, a very, very useful one. Um, in that TikkunOlam, the obligation to heal, heal the world or repair the world, um, refers back to the ka ballistic idea that, um, that the world from its inception is, uh, broken. It's not that there was a, um, or in, in need of, in need of, um, repair. Um, it's not that there was a perfect world that then, you know, and then a fall from Greyson, it was destroyed. And, you know, it it more so that just by, its very, by its very nature, this is how I understand it at least. Um, it's, it's broken and there's these fragments and everyone has their, their little, their their job to do in terms of gathering up the fragments and piecing it, piecing it back together.

Speaker 3 (22:17):

I think that's a useful thing to, um, to bear in mind at this point in the, uh, in the pandemic in that it's tempting. I think many, many have been tempted, myself included, to, to say, okay, that's it. You know, ta-da <laugh> the end. We're done. It's over. And I would, I think that this, this framing, this tku alum framing reminds us that, well, you know, the work is, the work is, is continuous. You know, the fractures are, the fractures, um, in the world are, um, deep at moments less deep at others, but they're all sort of interconnected. So there's always something that calls, uh, you know, the world calls out to us in every, in every moment, in every generation in a different way. Um, and it is in, and is in need of different types of repairs. So we're in a much better place.

Speaker 3 (23:02):

Um, my understanding as a rabbi, I don't, you know, I'm not a doctor. My understanding is, um, uh, learning from doctors in my, uh, in other healthcare professionals in my community, you know, we're in a much, much, much better place with respect to the impact that the, that Covid 19 has on people's, um, health, its effect on our hospital systems. Um, we're in a, we're in a very good place thanks to the, the, the miracle as far as I can tell of the, you know, the vaccines and, and, and other therapeutics. We're now living with the consequences of the, um, steps that we took to mitigate the impact of the virus when that wasn't the case. Um, so the impact on, um, on people, on mental health, on behavioral health, on folks, you know, I'm, I'm the recovery community is, is near and dear to my heart.

Speaker 3 (23:46):

This, this thing did, uh, it did, did a number on people's ability to, um, find the community and the support necessary to, um, to, to take steps towards recovery from substance use disorder. And as we talked about, you know, earlier in this, in this conversation, it really, um, it, it caused that muscle, uh, that muscle that that has to be maintained. Um, the one that helps you reach out for, for help or to reach out to a neighbor or to, um, uh, to trust other people enough to, to put yourself out there and feel known and connected, um, that, that muscle atrophied. Um, so, uh, so the, the fissures, you know, the fissures remain, um, they're there if we're willing to look. And I think we can do, I think we have a, the sort of a crucial task and challenge ahead of us, which is to both recognize that the big, you know, that the, that the really big scary problem, um, that we face, that so many people in healthcare bravely, you know, bravely faced head on, uh, over the past couple of years, not pressing in the way that it once was.

Speaker 3 (<u>24:48</u>):

And now we have, that's, you know, now the opportunity is not to walk away <a hre

Speaker 2 (25:05):

Thank you. So true. Rabbi Weiss. Is there anything else you'd like to cover? Any, any thoughts that also came into your mind as we were talking that maybe we haven't put on our sharing list for today that you'd like to share with our listeners?

Speaker 3 (<u>25:19</u>):

Something came to mind when I was, um, when you asked the follow up question about my time at Bellevue, and you know, I was, you didn't say it, you didn't say it outright, but I, this is, this is what I

heard. You know, there's, um, there are healthcare providers who are in a healthcare setting all the time. They're very, very used to it. Um, they go, you know, sort of at a certain point, um, not notice the smell anymore, not notice the color of the wall anymore, not notice whatever. And that's natural. That's it's habit. That's, you know, being in your work and focusing on, you know, patient outcomes and, and those, that's, that's it, that's the, as far as I can tell, that's the primary <laugh> the primary thing going on here, um, in a hospital setting. But then you, you know, you have a patient, um, who comes in and, um, and it's entirely new to them.

Speaker 3 (26:04):

Um, and they'll notice the color of the wall, the smell, the beep, you know, um, all the things that the provider's gone, you know, more or less, um, has faded from their consciousness, become the sort of, in, in a lot of ways the most important things. Um, and so you have these two very, you know, sort of contrasting realities. And then you have the chaplain and lots of other people as well. Well, let's just introduce the chaplain. My experience as a chaplain was having much more of the experience that the patient was having than that the, than that the, uh, other providers were having. It was a unique opportunity to sort of straddle those two, those two spheres and made clear to me how important it is that someone, you know, that there are, are people in the, in, in a healthcare setting who are, uh, whose job it is, is to try to straddle those two spheres.

Speaker 3 (<u>26:48</u>):

It's not po I, I'm not, I'm not sure it's possible, um, for everybody to be straddling those two spheres, but some people have to try to do it because so much gets lost in translation. The most important, you know, like I said, the most important thing to the patient might be that beep, that beeping. Well, if, if you, if you don't hear it anymore, cuz you've heard it for seven, you know, 17 years, um, it's gonna be hard to address that with the, the patient. So that was one thing. The other thing I think the most, probably the most profound realization I had, um, during my time, um, at Bellevue, was just how it is. It is, um, special, it is sacred, the human impulse to end suffering in others. Um, you know, I was, now, I was at that point when I, when I served that, um, internship at Bellevue, I was exactly halfway through my studies.

Speaker 3 (27:39):

Um, and I'm not sure that I saw anything more obviously, uh, spiritual, religious, whatever word you want to use during my time in, in rabbinical school than visiting patients in the emergency department and watching new patients come in and people care, you know, healthcare providers, but you know, at bottom underneath it all people rushing, you know, rushing to the aid of people of, um, of strangers and in a blink of an eye over, you know, demolishing that barrier, initiating the intimate contact necessary to, to heal, um, and to, and to support, um, and just exhibiting, um, you know, uh, care. Um, and that care being sort of appearing almost out of thin air. Um, that made me feel very proud to be, um, to be, uh, at serving as a chaplain at Bellevue. It made me very proud to be a human being. Um, so there's something very, very sacred, um, happening in, in institutions like, like that one, like this one.

Speaker 2 (28:39):

Thank you for that healing care all being sacred. So, so true. Thank you for that perspective. Rabbi Weiss, rabbi, thank you so much for being our guest today, and thank you to our podcast listeners as well. And I just wanna add personally, more, far, more than a guest now, you, you're a neighbor now, you're part of our, our bigger family around here, and we welcome you and are so grateful, uh, that you

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and your family chose to, to be here right now in this, in this period of time. You, you are, I'm sure already bringing the kinds of things that all of us need. So thank you for that, myself included. Thank you.

Speaker 3 (29:20):

Thank you Tim.

Speaker 2 (29:21):

And until next time, I'm Tim Deentre encouraging you to listen and act, to promote our culture of caring, diversity, and inclusion that starts with caring for one another. Thank you. Take care.

Speaker 1 (29:35):

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast, be sure to join us next month for a new episode. And please know there are several ways you can tune into Tim Talk. You can find new episodes on our website@northernlighthealth.org slash podcast. We are also on Google, apple, and Podbean, which makes it easier for you to listen on the go on your favorite app.