



## Broadcast Transcript

**Broadcast:** Honoring Elizabeth: The Never Alone Project – Part 2

**Guest(s):** Steve Reiter

**Air Date:** February 21, 2023

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**Dr. James Dobson:** Welcome, everyone, to Family Talk. It's a ministry of the James Dobson Family Institute, supported by listeners just like you. I'm Dr. James Dobson and I'm thrilled that you've joined us.

**Roger Marsh:** Well, welcome back to Family Talk. I'm Roger Marsh. On yesterday's program, we heard part one of a conversation with Steve Reiter. Steve was not allowed to visit his wife, Elizabeth, as her health failed, and then she eventually died alone in the hospital. Now, Steve is on a mission to change hospital policies, so that no one else has to feel that kind of pain even in the midst of a pandemic.

Steve Reiter is the founder and president of The Never Alone Project, a nonprofit organization working to pass legislation that would allow a patient in a hospital to be with one guest at any time with no time limit. Steve is also the host and producer of the Holy Smokes podcast. He's been working in radio and media production for over 20 years. Steve worked with Dr. Dobson on Focus on the Family for many years in the late '90s and early 2000s. Later, in 2010, he joined Dr. Dobson here at Family Talk, where he served for just over two years. Steve lives out every day now honoring Elizabeth, by raising their two sons.

Well, let's join our co-host, Dr. Tim Clinton, as he talks more with Steve Reiter in part two of this discussion here on Family Talk.

**Dr. Tim Clinton:** I remember getting a phone call from a woman whose mother was in a home, and she couldn't go visit her mother, and she was frantically trying to connect with her, any way she could, phone, what have you. But she just said, "Tim, I just want to go see my mom," and she couldn't. And her mother fell ill, because of COVID running through elderly homes. And Steve, she lost her. And I remember her calling me and she was just screaming over the phone, "I just wanted to talk to my mom." You guys, the same thing happened.

**Steve Reiter:** It's tragic. It's absolutely tragic.

I listened to an episode of the Huberman Lab podcast. Dr. Andrew Huberman, he's a neuroscientist at Stanford, and he's got a health podcast, and he really did a deep dive into grief.

And one of the things that I really pulled away from that is there's something called complicated or prolonged grief. And what is the difference between someone who goes through complicated and prolonged grief and someone who doesn't? And a couple of studies that he cited said that people who are in a high stress situation and they go into that grief, that significantly increases the chance of them experiencing complicated grief.

And so, in the case of so many of these family members that were locked out, we desperately wanted to be there. We desperately wanted to hold their hand. We desperately wanted to have that peaceful transition for those that were about to die. Study after study after study shows that having a loved one there aids in the healing process, and loneliness and isolation increase mortality. The science is so clear. We know this stuff intuitively as human beings, that being there helps people to rebound.

And so, if you're desperately wanting to get in there, it's stressful and there's tension, and you're trying to get in and it's not happening, this elevated cortisol, these elevated adrenals are increasing the chances of people going through this complicated grief.

Dr. Tim Clinton:

I can't even imagine what it would be like not to be there. And for the thought of losing someone you love, to die alone.

Steve, God began to work in your heart after all this, and he put something deep down in your bones, and it was a message. They often say that your tragedies, God works in a way to use them hopefully to help you triumph in life. They take messes in life and make it your message. You began on a mission, you said, "Never is this going to happen again to anyone else if I can help it." And you launched a project called The Never Alone Project.

Steve, take us into the middle of it. I know we could talk a lot about grief and the journey of what you've been through, but God gave you great healing and a lot of the healing came through this initiative. Tell us a little bit about it, why it exists and what's driving you.

Steve Reiter:

Elizabeth was in the hospital 21 days and I was never once allowed in, even when she was moved into the ICU with bleeding in one of her lungs on Mother's Day weekend, because of the stress of her being in there alone on Mother's Day caused her health to dip.

And that night, when I came home and I told my boys, I broke the news to them, my son Caleb immediately jumped up and he was like, "I got to go ride my bike." And then Matthew just sat there on the couch and he stewed and stewed and stewed. And finally, after 10 to 15 minutes, I put my arm around him and I said, "Hey, what's going on in there, bud?" And I tapped his chest. And he said, "Dad, I'm equal parts sad, equal parts mad, because the last three weeks of my mama's life were stolen from me."

And during that 21 days, Tim, while she was in the hospital, I started to get some media attention across the state, and even a little bit outside of the state, and friends would start sending me stories of people that would talk about being locked away from their loved ones. I remember one story that a friend sent me on Twitter, of a mom of a seven or eight year old boy who, I believe, had broken his arm. She took him to the ER. They wouldn't let the mom be with him, and they wouldn't even let the kid have his teddy bear.

Dr. Tim Clinton: It's pathetic.

Steve Reiter: Tim, I fully understand the need to protect doctors, nurses, staff, and other patients, because my wife was one of those patients. My wife was one of those that had the autoimmune issues. She had two comorbidities, autoimmune issue and lung issue, and COVID could have been something very serious. So I totally understand the need to protect those doctors, nurses, staff, and other patients.

There was a study, I believe it was in the American Journal of Geriatrics in 2015. It was talking about physical touch and how that's good. And one of the things that they said in there is that screen time, they were talking mainly about Skype in 2015, screen time is not as good as having someone there to hold your hand. It does not have the same protective effects. And so, if we know all of these studies, can't we balance that, that need to protect doctors, nurses, staff, and other patients, with giving the individual what they need?

Tim, there are still hospitals that are locking COVID patients away for an X amount of time, and it varies based on the hospital. But as soon as you go in with COVID, a lot of hospitals, there is a set period of time, whether it's three days, five days, or more, where that COVID patient will not get any visitors. Can't we balance it with giving the individual what they need?

Dr. Tim Clinton: Steve, what I love about you and your efforts, your passion, is you are not messing around. Steve, you're trying to change what is happening at the state level and what happens inside hospitals. Can you explain a little bit about that process? No doubt there's many listening right now. They understand your narrative, your story. They've lived it too. They want to be involved. What do they do? What do they need to know? Steve, help direct everyone here for a moment.

Steve Reiter: Fortunately, we do have some states that do have legislation. Here, in Colorado, we tried to get some legislation done in 2020. We were the first to pass some kind of legislation. Unfortunately, before it went to committee, that we were working with the Hospital Association, and they undercut us, and they changed it from a requirement to let a visitor in, to a suggestion, the hospitals review the visitation policies.

Arkansas, in 2021, was the first state to pass substantive legislation. And if you go to [neveralonepandemic.org](http://neveralonepandemic.org) and you click on the legislation and studies page,

you'll be able to see the states that do have legislation, as well as some studies that back up the need for this kind of balanced approach. That way, you can take that to your state representative. But even in Arkansas, where probably the best legislation in the entire nation exists, Representative Julie Mayberry told me last year, she said after they had got it passed and it had been on the books for a year, she told me, "Steve, there's still problems because hospitals are still locking people out and people don't know about this legislation."

And often, the ones that do are afraid to report it to the state because they're afraid of retribution from the hospital in terms of quality of care. And so, they don't try and ruffle any feathers and they don't try and elbow their way in, which is their legal right to do. And so, we've seen some states where they have good legislation. But unfortunately, people don't know about it. And then, we've seen other states, where in Florida, Governor Ron DeSantis, he championed this bill, saying that, "We have No Patient Left Alone Act. I'm signing this. Yay." Tim, all it guaranteed is a daily two hour visit. That's it.

In Texas, you have the right to visitation, but it can be overwritten by a doctor. And I've learned, definitely, over the last few years that all it takes is a hospital administrator to say, "No visitation right now," or whoever is the head of infectious disease to say, "No visitation," and all the doctors are being coerced and forced into saying, "No visitation."

And when it comes to that daily two hour visit in Florida, I have a friend in Greeley, which is kind of northeast of Denver. Her elderly aunt was in the hospital in the summer of 2020. And hospitals were starting to let visitors in, but they were only letting one visitor in for one hour. And the daughter, her cousin, a nurse, was the one that took that hour. And she would go in and she would say, "My mom is dehydrated. She's developing bed sores," this, that, and the other. The next day she'd come in for her hour, "The bed sores are getting worse. She's still dehydrated," this, that, and the other.

The problem is, when you're locking people out, nurses who are mainly the ones that are on the front lines of this, they're being asked to provide emotional support. And often, when you're in this high stress environment, you can't think creatively, you don't have margin. And all of a sudden, these patients that you were normally helping suddenly become a threat to your very life because you're so exhausted, you're so worn down. And then, that quality of care just goes down, because it becomes a self-preservation thing.

Dr. Tim Clinton:

Steve, we're fighting time here on the broadcast today, but I want to make sure, and bow tie this, and that is getting this through legislatively, I think you said about 10 states are moving in that direction. What else needs to be done to help maybe even get this all the way to Capitol Hill? And then, what would you like listeners to know and to do right now if they share your heart and want to see something meaningful done, so that people don't ever go through this experience that you've had?

Steve Reiter:

So fortunately, Representative Jeff Van Drew, he is on the Doctors Caucus. He and another Doctors Caucus member have introduced legislation on the federal level to change the Social Security Act, to have visitation written in there. So if a hospital is participating in Medicaid and Medicare, they need to let visitors in. I've had some conversations with them about the current wording and how it really needs to be beefed up, but that one has not officially been proposed. It has not been thrown into the agenda. And so, it's just kind of sitting there right now.

For listeners, if you want legislation in your state, you can go to [neveralonepandemic.org](http://neveralonepandemic.org). And there, you'll be able to click on the states and the legislation and studies tab. And in there, I've got some information on how you can work with your state representative and your state senator to try and get legislation.

Some of these states have legislation, but it's kind of weak and it just needs to be beefed up a little bit. Unfortunately, at the state level, the hospital association carries a lot of weight. They have a lot of money to throw around. And so, they want to stop this, as well as the Doctor's Association and the Nurse's Association. The association's job is to protect the members, and they feel that this kind of stuff is a threat to their members, which unfortunately, all I've wanted is just to work with them.

And so, right now, we're trying to mobilize a community to raise awareness about this issue, so we can see substantive legislative change, so that no one is forced to die alone.

There are two stories that really, in my opinion, put an exclamation point on why legislation is so important. One year ago, I get a call from a buddy of mine in the Dallas-Fort Worth area. He's a young pastor, and both his parents had COVID, and both of them needed to be hospitalized, so he took them to the hospital. This is January of 2022. Takes them to the hospital, sitting in the ER. They both get admitted, no visitors whatsoever, and they're moved to separate rooms. Both of them positive for COVID, both of them have the same disease, and they're moved to separate rooms. And my question is why? We know that people need someone to hold their hand. And so, why not put them in the same room? When one is has the doctor in there, the other one can be listening, and vice versa. And they can hold each other's hands and they can lay in bed next to each other and give the physical touch and all of that, that's needed.

The other one that blew me away, this is late December 2021, stretched into January of 2022. Young couple in Ohio. She is 26 weeks pregnant. She ends up going full on eclamptic, so her whole body is shutting down, and they do an emergency C-section and pull this micro preemie baby boy out and take him to the NICU. She's given a 10% chance to live and is taken to the ICU. Then, they turn to the husband and they say, "You get a choice. You can either go with your wife or you can go with your son. You can't go between the two for the next month. What do you want to do?" And he's like, "Okay, I'm going to go with my

son, because I fully understand how important these first few weeks are of him in the NICU, but can I talk to my wife one more time?" "No." "Can I talk to her through the glass in the ICU?" "No." "Can I pass her a note?" The answer was still no.

Fortunately, her dad was able to be with her and her husband was able to be with their son. And that 10% chance, she made it home. These arbitrary rules when it comes to these decisions, they don't make medical sense. Why would you separate a marrying couple with the same disease? A study out of Boston, 950 plus patients that went into the hospital without COVID. They traced, and figured out these patients that went into the hospital didn't have COVID and weren't asymptomatic and didn't develop COVID. How many of them got COVID two? Two. So we don't have this massive outbreak of COVID in the hospitals. The hospitals are doing a good job and making sure that there's no transmission, or very minimal transmission. And one of those patients that got COVID came in from an asymptomatic spouse before masking.

So on the legislative front, all we're trying to do is we're just trying to just balance that need to protect doctors, nurses, staff, and other patients, and give the individual what they need. And a lot of politicians get it, but unfortunately, there are a lot of politicians who are... They're listening to the Hospital Association who funds the money, and the Doctor's Association and the Nurses Association that gives them good campaign funds, and they just don't want to hear it.

Dr. Tim Clinton: Steve, you founded and are the president of The Never Alone Project. I saw in March of 2023, coming up, The Never Alone Project is holding a "Remember the Victim's" national rally in San Antonio, Texas. Tell us about the significance of that, there at the Alamo.

Steve Reiter: So there's two other organizations that I've gotten to know over the last year. One is a Facebook group called "C-19 Widows and Widowers that Want Justice." And these are protocol victims, because so often when a loved one would go into the hospital with COVID, they would automatically be put into this protocol of remdesivir and ventilators and narcotics, and any sort of alternative treatments were not used because kickback money from the government maybe, I don't know. But this group was created in January of last year to help organize these widows and widowers that had lost loved ones to the protocol.

And then, there's another organization called Former Feds, and they've started a Humanity Betrayal Project, where they're documenting these stories of people who died because of the protocols.

And so, the three of us, these organizations, we're doing a national rally to remember the victims. And so, we have lots of speakers, like Dr. Peter McCullough and Nurse Nicole Sirotek and some other frontline doctors and nurses that are going to be speaking out and talking about this.

And so, we're doing it in San Antonio because, one, DC. has made it extra prohibitive after January 6th, to do any kind of rally there. But meanwhile, in San Antonio, it's kind of fitting. All these people died at the Alamo and became a real rally and cry for Texas independence. And in our cases, our loved ones died alone, or they died because of hospital protocols, and they've become a rallying cry to make sure that this never happens again.

And so, March 25th in San Antonio, we're having this rally, and we'll be live-streaming it. So be sure to follow Never Alone on social media and we'll be sure to have a link to that if you can't make it. And if you are in Austin or San Antonio, or you want to fly in, be sure to go to [neveralonepandemic.org](http://neveralonepandemic.org). And there, you'll be able to learn more about that.

Dr. Tim Clinton: That's exciting.

Steve, I love your passion. I love your drive. I think it's a testament to the love you had and have for your wife, Elizabeth.

Steve Reiter: Thank you.

Dr. Tim Clinton: I really pray God gives you grace and strength. And by the way, success here.

Steve Reiter: Thank you.

Dr. Tim Clinton: There's so many out there who agree. We all stand in agreement with your heart.

Steve, I want to close this way. Psalm 147:3 says, "He heals the brokenhearted and he binds up their wounds." And I know, Steve, you've had a lot of time to sit alone, reflect, go deep with God on all this hurt. Those, by the way, who love much, grieve much, we've learned that. And it's not a fun place to be, but thank God he's in the midst of it. And when you realize his heart's toward you, that's a gift you also give to your boys.

I want you to give a word of encouragement to those out there who are hurting. Maybe to that lady who called me. Maybe she's listening right now and saying, "I remember like it was yesterday. There's still a big hole in my heart."

Steve Reiter: My advice and honestly the best advice I had ever heard during my years of working at Focus and Family Talk, we had a young widower come in, and I think he was on the Focus broadcast at one point. His name is Danny Oertli. He's a musician. And he talked about losing his wife at a very young age. I think he was in the late twenties when she had passed, I believe, from cancer. And he was meeting with a friend who had lost his wife earlier. And the friend gave him the advice of, "Lean into the pain."

I have learned, telling this story can make me raw. And so, I fire up my sauna and I grieve. I feel the pain. And then, I just try and get upstairs and be there for my boys. So my advice is: when you feel that pain coming, feel it, lean into it, acknowledge it. Don't ignore it, because if you do ignore it, I promise you, it's going to pop up in terms of some sort of other health issues. It's something that you need to feel. And while you're feeling it, you will feel God very close to you.

Dr. Tim Clinton:

I love that. We need Him. Without Him, I don't know how we see our way through this life. Thank God, that He loves us, and that one day He'll wipe away every tear, He will. And one day, we, because of who He is... It's like my dad said, "Tim, it's because of Him, I'll see you again."

Steve, what an honor, what a delight to have you come on and share your story and all about your project, The Never Alone Project. And I'm praying that God will strengthen your heart, your resolve, and may he give you the desires of your heart.

On behalf of Dr. Dobson, his wife, Shirley, the entire team here, Steve, we pray for you, and ask God to continue to bring healing to you and the boys, and look forward to catching up sometime soon again out there in Colorado.

Steve Reiter:

Thank you, Tim.

Roger Marsh:

You're listening to Family Talk, and that was the conclusion of this powerful two-part conversation featuring our own Dr. Tim Clinton and his special guest, Steve Reiter.

Now, if you missed any part of the program, or you'd like to go back and listen to it again, or even share it with someone you know who would benefit from hearing this interview, please visit our website at [drjamesdobson.org/familytalk](http://drjamesdobson.org/familytalk). That's [drjamesdobson.org/familytalk](http://drjamesdobson.org/familytalk).

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I'm Roger Marsh, and from all of us here at Family Talk, thank you so much for joining us today. Please join us again tomorrow for another impactful program right here on Dr. James Dobson's Family Talk.



Announcer: This has been a presentation of the Dr. James Dobson Family Institute.