

## Show Me Your Face

### 1. The Beginning? The Middle?

During C-19 people are told to stay home unless they think they need hospitalization. The hospital is overrun with people who are “alone.” People with a cough walk into the ED and sit down, breathless, to text their loved one to tell them that they have arrived and are waiting. Sometimes that is the last time the family will hear directly from the patient. That’s how fast this happens. My new world is faceless. The patients are intubated, and at first I could only see them from a tiny window. And now we have masks and goggles and gowns and caps — we are all covered up. You don’t get to feel them or see them in the same way. There is no touch. There is no body language. Sometimes there isn’t even eye contact. Normally my job is to listen, to comfort, to pray for healing. Now as I hear the doctor’s prognosis and witness the free-fall of any signs of strength or life, my job is to pray for a swift and merciful death for most of my patients.

You can't have someone come with you when you die. In some ways, we all die alone. I hold weeping, sweaty-faced nurses through gloves and masks, to whom I promise their work is meaningful and is changing lives. I promise them that it’s OK to feel bone-tired, that everyone’s living with nightmares that they’re going to get sick. One day a few doctors and I trade the content of our actual nightmares and laugh hysterically as a joint reaction to our rich imaginations and deeply disturbed unconscious dream worlds.) I have spent this morning making condolence calls (30 deaths over the weekend—we normally have five. No timeline for how long the virus may persist – no beginning, no middle and no end. Today I shared in three separate interviews that this

story of Spiritual Care in the Age of Covid is not like any story we've ever told. You see, I explained to these journalists, as you know a story has three components – a beginning, a middle, and an end. But this story doesn't. It doesn't have a clear beginning, no one knows where/how close we are to a middle and our sharpest scientific minds don't know how to envision an end. So what do we do? How can the chaplains find grounding? We listen. We see. We absorb. We witness. That's how. The question felt easy to answer. I felt sort of like I was at home, but in a bizarrely twisted version of every hospital story I've ever known.

Then later in the day, when I was asked to go down to linens to order scrubs and a lab coat so that I don't wear civilian in the unsterile, and when I filled a out document counting each piece of PPE for each of my chaplains today, and was warned to wear my surgical mask over my N95 to preserve it, I knew I'd entered a new part of the story. It's unclear which.

#### 1. Where is God?

Jewish Spiritual Care - what is Jewish about my work at this time? These verses are present for me during this time and they speak of God's compassion, Moses begging to see God's face, and God feeling sad:

אֶת־אֲשֶׁר וְחִנְתִּי לְפָנָיךְ יְהוָה בְּשֵׁם וְקִרְאתִי עַל־פְּנֶיךָ כָּל־טוֹבֵי אַעֲבִיר אֲנִי וַיֹּאמֶר אֶת־כַּבְּדֵךְ נָא הִרְאֵנִי וַיֹּאמֶר  
אֲרַחֵם אֶת־אֲשֶׁר וְרַחֲמֵתִי אֲחִין

He said, “Oh, let me behold Your Presence!” And God answered, “I will make all My goodness pass before you, and I will proclaim before you the name LORD, and the grace that I grant and the compassion that I show. (Exodus 33:18-19)

יֵרָאוּ לֹא וּפְנֵי אֶת־אַחֲרַי וְרָאִיתָ אֶת־כַּפְּי וְהִסְרֹתִי

Then I will take My hand away and you will see My back; but My face must not be seen.”

(Exodus 33:23)

הֵן עַד־יָרַח וְלֹא יֶאֱהִיל וְכֹכָבִים לֹא־זָכוּ בְּעֵינָיו

Even the moon is not bright, and the stars are not pure in God’s sight.

(Job 25:5)

My understanding of God is best summed up by my understanding God not as causing our misfortunes but having created a world of inflexible laws. I do not believe that the terrible things that happen to us are punishments for our misbehavior, nor are they in any way part of some grand master plan on God’s part. Tragedy is not God’s will, so we need not feel hurt or betrayed by God when tragedy strikes. God can be present to help us overcome it, precisely because we can tell ourselves that God is as outraged by it as we are. I can’t believe in a God who gives 2-year-olds cancer or kills thousands of fishermen at sea. I just can’t imagine God wanting to destroy God’s own image, God’s own creations. My God is all compassionate, never judging.

People think the work chaplains do is “dark.” I disagree. I know that enlightenment can sometimes come from being in darkness. I believe that God is *בורא את הכל/Borei et Hacol*, the creator of all. *הכל/hacol* all implies the light and the dark. I think that when we are in our most

broken places we have potential for our most honest conversations and we can be our most open selves; our hearts are open, our families are open. Sometimes pain can bring people together.

A nurse is calling. She wonders if there are Jewish rituals she can offer her patient that would comfort him before he dies. I thank her and explain that I'm only five minutes away from the hospital, do we have time? "Oh, we never know" she says cheerfully, "but I'll bet we do."

The "we" is so important here. Spiritual Care is rarely offered in a vacuum. She is sensitive enough to wonder what her patient might need by reviewing his chart, seeing my name and signature, calling me and so on.

So I run the block from the train stop, drop my fleece and my bag on the chair, hurry with my lab coat, my N95, my eye shield, and run upstairs. I struggle to get into a gown-a laborious, painstaking process of wrestling with a very large gauze-like piece of material-a need for patience just when your objective is speed. Finally, I'm there, in the room. He's there, breathing the way one does this close to the other side (it's called cheyen-stokes) and the nurse is smiling through her tears, flushed. "I'm from Michigan. I don't even know any Jewish people personally. Is it okay to say that? I mean no offense." I explain that she's done exactly the right thing and that I'd said everything urgent that needed to be said yesterday when we all thought this was the end- a וידוי/*viddui* (death bed confession) and a מישרך/*misheberach* for the ill. (prayer for well-being), along with asking for מחילה/*mechila* (forgiveness) from him at his extubation for whatever indignity or pain we caused him. Two of his daughters are there in person<sup>1</sup>, and the other on a video platform. Today, we will just be with him as I'd promised them I would.

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<sup>1</sup> In New York State a law permits one visitor at bedside the end of life if there is appropriate PPE. Many people certainly did die alone because it was generally unclear when someone was at the end of their life. And others died alone because family was scattered far and wide and they could not reach the hospital.

I learned much about this nurse during the following hours. I saw that she softly told him he was beautiful and that his daughters loved him. I told her that usually before a Jew is buried, it is customary to wash the body and clothe it in white shrouds, but that wasn't possible because of the virus. She stroked his hand while I sang the Shema in a quiet voice. She asked if I needed to be alone with him or was it okay if she stayed. Then she left the room only to return a few minutes later, which is a commitment because of all the doffing. She was carrying several items, donned the PPE again and proceeded to give this patient a "real" shampoo (a treat!) and to bathe him with the can-do spirit and compassion she demonstrated in the original call. She said she was so glad to know the right thing to do. When I asked, she said this was her 4<sup>th</sup> death this week: "that's a lot of death," she said quietly. I nodded. What is there to say, really?

When it was over, I thanked her for being so sensitive and caring. So gentle with him and with me. You know what she said? She came to New York without her family, to serve and also to learn as much as she could about caring for Covid patients before she needs to do this at home, at her regional hospital.

Through our tears, I offered her a blessing. I prayed that the other reason for her trip would be in vain, that her regional hospital wouldn't need her new expertise. We both knew that this was absurd, but we also both really needed to believe there might be some kind of miracle in store.

3). What I've learned - There has been so much talk of people dying alone. That's just not a thing, we all die alone. Being "with someone" (as in, physically present when they die) is an idea we love because it gives us closure and peace. It is about us, not the patient. The patient is dying.

That is their work alone. But not having the closure you want is very hard and sad and a frightening thought. This pandemic has created circumstances in which people are dying with no closure for their loved ones, so much is left unsaid.

I now know in a new way that the only thing we can absolutely count on is that things change.

Kobi gave me a ride to work this morning, so on my way home again it's the first time I've had to face the trains since yesterday evening. The loudspeaker announces a reminder: trains will stop between 1am and 6am so that cars and stations can be sterilized. I see many train-dwellers who aren't going to like that. New York prides itself on these trains running 24/7. But things change.

The next day I'm wearing regular work clothes, an N95, my department's Spiritual Care fleece, sneakers. At work I wear a lab coat with pockets, instead of the fleece. It protects my civilian clothes from toxins, has space for notes, prayer cards, pen, etc. And reminds me that these are not regular times. Chaplains normally wear regular clothing - a lesson I was taught repeatedly. This is so as not to be confused for medical personnel by our patients. It helps build trust. But things change.

Our census was a little higher than yesterday. At first, I was lightened by the thought that this was because of elective surgeries, however, it turned out that we had a high bed count because our Covid+ beds are back up to 100, 30 more than yesterday. We know the numbers fluctuate, but it was disturbing to me. We expect fluctuations. But why can't we have one more day? Because things change.

We are planning a festive send off to the 850th Covid discharge. That's an impressive milestone, but when I heard, it made me ache. Showmanship after what we've been through is hard for me. Not because we shouldn't find reasons to celebrate, we should. But my staff and I still attend several terminal extubations daily. A terminal extubation is when a family agrees to take their mother/father/brother/sister/lover/spouse/best friend off a ventilator. It's the right thing to do. It shows respect to the life of their loved one. But it's horrendous. I used to support two of these a year. But things change.

I am a progressive. That means I believe things progress and change. I believe we all grow and change. Even God (and/or our ideas about God) grow and change. I know that growth and change can hurt, even if they are necessary. I know in a deep way that the only thing we can absolutely count on is that things change.

It was a good day. It just wasn't as good as yesterday which confuses and muddies the frail optimism of yesterday... It's okay, things change.

#### 4) Supporting God's Compassion

I'm getting used to things I didn't expect to ever feel okay with. I'm getting used to wearing scrubs to work, donning PPE, sterilizing everything for reuse except the gloves, and the enormous toll it takes to walk around wrapped in plastic, see the world through plastic, hold the pen through plastic. It's awkward, disorienting, slow and sweaty. It squeezes my nose and scratches my forehead. It's frightening what I can get used to.

There are things I can't seem to get used to. I can't get used to the look on the nurses' faces. I can't get used to the terror behind the eyes of the doctors who can't fix this. I can't get used to the dread on the faces of the EMTs, who I am told have 5-10 DOAs a shift, or the variety and number of medical staff who come to my office, close the door behind them, and silently cry. I can't get used to the elevator opening and two stretchers with wrapped bodies rolling out. I can't get used to hearing conversations between 70 year olds who had never spent a night apart like this one that made me blush:

"I love you."

"I love you more."

"No, I said it first."

And coming in the next morning to hear that he'd died two hours later. I can't get used to being the camera-holder for pixelated, devastating, horrified goodbyes.

I can't, I just can't.

I had never met this young woman, but we had spoken by phone. The patient is her mother and she had encouraged her to call an ambulance to come to the hospital for evaluation. Now, just two weeks after that phone call, her mother is in total organ failure. The daughter is the Healthcare proxy, and she has texted me. When I saw the name, I opened the chart and read that the time had come to take the mother off of her ventilator, and this daughter had said they decided to transfer her to a tracheostomy. A social worker's note described tears and a tormented decision, but that the siblings were of a unified voice. The text the daughter wrote to me had regret all over it about putting her mother on life support. She hopes the procedure won't create suffering. She hopes it



will give her mother another chance. Most of all though, she doesn't want to abandon her mother.

As I read, I'm typing as fast as I can to the medical team.

"Stop - daughter is hesitating about tracheostomy."

The doc replies, "I was explicitly re: grim prognosis."

I text the daughter about the machine breathing for the patient. About how she knew our body belongs ultimately to God. How perhaps it would show love and respect to her mom if she followed her heart to do what was best for mom. As she writes back, showing that she didn't understand the medical language, I understand I need to feed the doctor the woman's language.

I explain: "If you use her language with her, you will see a positive outcome."

Daughter: "I want to allow her to rest in peace."

Me: "You can. Be God's compassionate hands here and allow the doctors to help you and her do that."

Doctor: "I will call her. Best number?"

Daughter: "I would never abandon her. I promised her."

Me: "You are keeping your promise to her. You are showing her love by allowing her to die peacefully."

Doctor: "I can't say that thing about God's hands."

Me: "You can. Patient needs you to."

Doc: "Fine."

And so the mother didn't get the tracheostomy and prolonged needless suffering. Win.

The doctor talked about a compassionate God. Win.

The daughter got to mourn her mother without betraying her mom's wishes. Win win.

And me? I got to model spiritual listening as an intervention for the medical team. Win.

I think we are past the beginning, that we've been in the middle. But where exactly in the middle? Unclear. And none of us knows where the end is, when it will come.