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5/12

Today was patient-heavy.

I saw a lot of sick people. About half are covid positive, including A, who is doing a little, teeny bit better today, (she made Dr N and I burst out laughing when she said half in Russian, half in yiddish that her new weeping roommate was "a bisl tzedreit" - a little crazy). Half are just very very sick. It occurred to the ethics doc (J.D.) that possibly the "interim surge" of casualties of this pandemic are not people who will die of covid, but will die because of it. The hospital is full of extremely sick patients who are covid negative, but didn't come to hospital during the past 2 months with other types of illnesses out of fear, and are now too sick to be easily cured...

Much of my time with the interdisciplinary palliative team is spent with a backdrop of fear that some big-wig is going to ask is to round individually, which is nuts. We work off one another. Sometimes the moment is Dr.Ns, sometimes the Social Worker or I take it. SW and I work well together. Dr.N and the Nurse Practitioner

5/11

I'm still sitting at my desk tonight. I'm too tired to get up and leave. I'm just wiped. What day is this? I see Monday and stand up to go home. I'm too tired for it to only be Monday. Everyone asks the same question and yes, I am seeing the tides change. The census is still packed - we are over 310. Our capacity is 340 or 50 I think(?). More than 1/3 are covid+. So that's better, right? I guess. It's really the same. If you're me, it's the same. But it is change.

I have been following a patient with Covid who is otherwise quite well. She is strong for her age (80) and the palliative doc N., is confident she can heal. I'm hoping A. may be my first survivor of this virus.

She is so frustrated. She says in a distinct accent I am having trouble representing: "2 weeks ago I came here with a cough and a little fever. I took a taxi here myself. I was fine. Now look at me! This place is making me sicker, she rails!!!" She's on very high flow oxygen and she hates the mask. It's heavy and loosens easily (yes, we constantly tighten it for her) and she repeatedly removes it to speak or to drink water. She coughs and coughs and coughs. She hates the food. She wants to go home. She has taken a shining to N and me ("Jooish girls, I lav zem"), so we visit her separately, to give her 2 visits. She takes my gloved hand and looks up at me to check if I'm okay with it since I'm all wrapped in plastic. Then she stares in my eyes and says:

A: "Rabbi, tell me the truth, am I going to die here?"

K: "You are strong. This virus is horrible, but Dr. N really thinks you can beat it."

A: "Vat ken I do?"

K: "Well, for starters, you can eat and you can stop telling the team you want to die. They are afraid you're too sad".

A: (looks embarrassed)"I'm a tragedy. I keep getting sicker."

K: (I have never asked her about prayer, but she knows I'm a rabbi. I think she'll like it) "How

about if we tell God how worried you are?"

A: nods.

K: "God, and God of our Ancestors, I ask you for blessings for A. She is so worried that she is too sick to get better. She is angry (I look up at her and check, she nods) and so tired from all of this coughing. It hurts her chest so much! A is scared, God (I check again and she nods-this time with tears overflowing), that her life is coming to a tragic end. Please support her. Help her to feel your protection.

A: (lets out a sad sigh) "and bless all the Jewish people".

K: "and bless the Jewish People", I repeat. "Amen"

A: "Amen"

She's too sick to go home, she's really very sick, but N. thinks she's going to pull through. She needs to be here. I spoke to her grand daughter in Florida and told her to call her more often, for shorter calls. She needs to hear from her people who love her. She needs to hear her language. I worry that the depression will get deeper and that if the virus doesn't kill her directly, her sadness (because of the virus) might.

I trust Dr. N.s experience and intuition. I absolutely do, but I can't help but worry. I know what really wanting something to be true can do to one's perspective.

"אל נא רפא נה לה"

"O God, pray heal her!"

5/8

I walk out of the hospital tonight after dropping off dried fruit and baklava in the masjid for Iftar, thinking about how I will sum up my day. My thoughts are interrupted because my phone rings and it's my brother and sister in law on their way home, calling to say hello.

"So, how was the week, they ask".

"The week"?

"Yeah. Are things easing up"?

That's the \$1,000,000 question, isnt it? People want me to say things are better. No, they are practically begging me to.

I answer with vagueness - drives to work vs subway, the bursting-at-the-seams hospital vs the just-packed-to-capacity one. I want to tell them so much more, but it's just too much. I'm sure they know that. It reminds me of coming home from Israel to visit, and well intentioned, loving people asking "So, how's Israel?" And wishing I could say "I dunno, it's fine, I guess. How's Canada?" Not as a nasty response, just to acknowledge the gap between us. I LOVE that they call and ask. I WANT them to call. I guess it's sad for me to hear the disconnect of the question. It shows me the gap.

I want to tell them all the things my eyes need to unsee, that my ears want to unhear. But that's not a thing. I want them to already know the way I'm living with fear and pain and brutality. That I'm jealous of their boredom. I know how much I love being a chaplain and how patiently I waited and how tirelessly worked to have this job. I wouldn't trade it for the world, but I am more than a little jealous right now.

I wish they knew that I easily forget that its Shabbat as soon as I get my first page. That I have been sleeping with one eye open since all this began. That I miss my friends and my shul and my life. That I'm scared all the time even though people call me "angel" and "hero" and "strong". That I see people die all the time (and sometimes feel guilty that it can take such a

long time). That I can't remember what day is or my cell phone number.

I know we are all carrying the burden of this time around in our hearts and mine isn't more broken than anyone else's, but I do wish I could write the end of this story with "and then I woke up, realizing it was all a dream". You know?

Shabbat Shalom

5/7

My work day began while I was exiting the train. A nurse was calling. She wondered if there were Jewish rituals she could offer her patient before he died that would comfort him. I thank her and explain that I'm only 5 minutes away from the hospital, did we have time? "Oh, we never know" she said cheerfully, "but I'll bet we do".

The "we" is so important here. Spiritual Care is rarely offered in a vacuum. She was 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 ran the block from the train stop, dropped my fleece and my bag on the chair, threw on my lab coat, my N95, my eye shield, and ran upstairs. I get on a gown in a hurry. He's there, breathing the way one does this close to the other side (it's called cheyen-stokes) and she's 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 I'd said everything urgent that needed to be said (a vidui) yesterday at his extubation, with his daughters. Today, we will just be with him as I'd promised I would.

I learned much about her through the following 2+ hours. She softly told him he was beautiful and that his daughters loved him. 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. When I asked her, she said she's had 4 patients die this week. "It's a lot of death".

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 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 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.

5/6

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

Kobi gave me a ride to work this morning, so this is 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.

I'm wearing regular work clothes today, an N95, my NYU 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 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. I presumed that was because of elective surgeries. Today we had a high bed count because our Covid+ beds are 100. 30 more than yesterday. We know the numbers fluctuate, but it was disturbing to me. We expect fluctuations. But ugh, why can't we have one more day? Because things change.

We are planning a festive send off to the 750th Covid discharge. When I heard, it made me snarl. 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 its horrendous. I used to support 2 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 are that things change.

It was a good day. It just wasn't as good as yesterday. It's okay, things change.

5/5

How shall I begin this post? I imagine it will be significant one day, when we begin to look back at these days/weeks/months.

Today it was warm and sunny outside, I took the train in both directions, I saw all non covid patients, I completed all charting, held a staff meeting with 3 important issues to cover: wearing our clothes to work (instead if scrubs), making the Spiritual Care presence felt all over the hospital and holding the liminality if this time while tiptoeing forward into the new post first-surge world.

First, the train. It isnt fear-free, but it isnt terrifying. I wonder where all of the homeless people who lived here are now?

Second, the day. At first, I thought my day off yesterday had magical powers and the hospital felt, dare I say it?

Normal.

The noise level wasn't eerily quiet nor hysterically loud, the smell wasn't particularly antiseptic, I felt strangely under dressed...So I check the 7 day mortalities and see 59. What?! And covid positive inpatients - 75! My palliative patient list had its (former normal)10 patients and only 1 is covid+...

Alright, we're not in Kansas anymore. I round with the palliative team and we see all the patients. They're on a variety of units today. All the units seem relaxed. I see nurses laughing at something on a phone.

Returning to my office to chart, I ask my team to gather. We talk about what this means, how we are inside the flattened curve. We know surge-one has passed us by, and we are still here.

Alive. Hallelujah! Because we understand there will be another surge, the question we addressed was how to make best use of this borrowed time. This whisper of hope.

Blessed are You, Ruler of the Universe who blesses us with life, sustains us brings us to this new season.

ברוך שהחיינו, וקימנו והיגענו לזמן הזה.

5/1

Yesterday nearly crushed my heart, but it was also a direct experience of Spiritual Care supporting the medical team for positive outcomes that they couldn't have achieved without us.

Today I wrote it all up, and sent it to my manager and to the ethics doc (J.D.) who I am crazy about. When I met him he described himself like this: "conceived in a DP camp, born and raised in Jerusalem, and practicing medicine in Brooklyn since I graduated med school at Hadassah, Ein Karem, June 1967. You know what happened in June 1967, right?" I sent it to them so that they'll be able to speak of our work with specific, clear examples to anyone who asks.

Shortly after I began to write, the palliative care doc came into my office (without the nurse or the social worker). I was happy to see her - she's forthright, sharp, smart and so human. "I spoke with J.D., and we both think you need a break. You need to go home, relax a bit and rest up. We're worried about you. You're going to burn out. We can't have that. We need you". So, I promised to think about it. I nearly cried. Even writing about it brings tears to my eyes.

She and I worked on the stats we're compiling about video chatting and code status and then she left, but not before a stern reminder that I'd promised to consider a day off.

I spent the rest of my day finishing my writing, fielding calls and staring at the wall. I left at 4pm today (earliest this month, I think) and will have Shabbat off. I do have to work Sunday, but am considering taking Monday off.

Prayers for a sunny, relaxing weekend and a restful Shabbat.,

4/30

My mind is blank. My body is tired. I just have nothing new to say. Sad that it all feels the same to me, isn't it? Joking with my staff before quitting time, we counted how many patients we've collectively visited since I started this job that could speak. We laughed raucously, at the number (under 20) but it's not funny. I'm running out of steam.

4/29

At 2 separate times I got the day of the week wrong. Twice! The first time I thought it was Tuesday and a few hours later, I thought it was Thursday. I've had days where I kept thinking it was the same wrong day, but today I just had no idea what day it was. Several important things happened:

Early, while I was on palliative care rounds, a nurse manager called the office. In tears, she explained to my colleague that a nurse who'd been on her team for many years had died. Covid. 53 years old. The staff was a wreck, she said. My colleague called me to leave rounding early and return to the offices. We needed to complete the service we kept starting "when a staff member succumbs to the virus". I excused myself and returned. We had been talking this out for what felt like years (probably 2 weeks) and were finally pushed to finish it. We wrote it hastily and I went up to find no one gathered where we had agreed. I waited

around a bit, then left copies on the managers chair. Several hours later, she called to say she was sorry, she'd forgotten before. Could we come now. So the priest went up, found the nurses still in full PPE, the nurse manager fairly short on patience for this "memory huddle" she'd called. Father did his thing and came back a little bewildered. A, I said when I heard the story, that was her grief. The staff wasn't a wreck. Yet. The disorganized, unmotivated distant demeanor - the manager was the identified patient. It was her grief that was all over this. We decided I'd go back to check in on her tomorrow.

Why did I send Father A. back to the unit in mourning? I was in the middle of an amazing intervention. One that taught me and so many around the hospital a valuable lesson. Remember the very contagious patient I did the family call with? They spoke Mandain? The one that it appeared I'd contracted the virus from? Well, I got a text from the eldest daughter. She is the Healthcare proxy and she had converted to another faith some years ago. The other children are the same faith as the mother. When I saw the name, I opened the chart and read that they had 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 she wrote to me had regret all over it. She hoped it won't create suffering. She hopes it will give her mother another chance. She didn'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".

The doc replies "I was explicit re: grim prognosis".

I text the daughter about the machine breathing for the patient. About how she knew our body's belong ultimately to Allah. How perhaps it would show love and respect to her mom if she followed her heart. As she writes, 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 Allah's hands here and allow the doctors 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 Allah's hands.

Me: You can. Patient needs you to.

Doc: fine.

And so the mother didn't get the trach. Win.

The doctor talked about God. Win.

The daughter got to mourn her mother without betraying her God. Win win.

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

4/28

I figured out how to get tested after the interview today) following yesterday's indiscretion. It's a quick, surprisingly uncomfortable test. When you hear "swab" imagine several inches long plastic thing, flexible, as wide as a toothpick, skinny and sharp with teeny bristles. When you hear "nasal" think entry point, sure - up your nostril, but far! Like almost reaching the brain (okay, maybe not that far). Anyhow, I'll have results tonight and I presume even if I'm positive, as long as I'm asymptomatic, I'll keep working..but we'll see what they say.

It seems we are paused on a plateau of sorts, neither reducing nor increasing mortalities, so

the hospital is trying on a new normal. God knows how long it will last. I feel the calmer vibe, that has occurred in tandem with warm sunny days, so no one is complaining. No one is relaxed yet either. Everyone is exhausted. The same way I sense the quiet, I sense the fatigue. We had similar number of patients, consults and video calls, yet it's as if we all are moving in slo-mo. This morning I was interviewed as a subject of some chaplaincy research and found myself tearing up at times - recognizing the intensity of the moral distress I encounter and moral injury I'm anticipating. Maybe anticipating is a sign that I can see an end. Or maybe I just can't keep this up much longer. Time will tell.

My greatest fear, of opening up too soon in order to appease the economic horrors of this time, is around the corner. It's much too soon. I'm not a doctor or a scientist, but if you could see, hear, smell what I do, you'd understand. I write these vignettes to keep it real. To make sure people in hell at home understand why we are doing this.

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