

**From:** [Rabbi Kara Tav](#)  
**To:** [Covid Affiliate Archives](#)  
**Subject:** Covid IV  
**Date:** Thursday, September 17, 2020 5:15:07 PM

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5/26

What a day! I hope you're sitting down...I sure am.

I started with Palli rounds which included a visit with A. She proudly told us she walked unsupported today. Of course she mentioned the "very nice" (=cute) male nurse who "jast leetle leetle tatch ze beck" with an exaggerated wink. Rounding was long. There were a lot of patients (17?) and just less than half are covid+, so lots of donning and doffing. After we'd seen everyone and I noted how well we worked together, we discussed how to explain to "the leadership" how important is for each of us to work together, not separately. Dr.N had been getting some heat about that. I explained that being with them allowed a soft intro for me, giving me time to listen for existential issues or spiritual distress during their initial meeting with a patient. Dr. N wanted me to be ready to explain that to Dr. BigWig#1. Ugh. We went to get some fresh air, and on this post rounding walk and I asked each (Dr.N and E) whether they were also having nightmares. Oh yeah, they cackled! So we compared our respective (subconscious) anxiety scenarios and laughed really hard about how proud each of our therapists would be at the work we had done on this walk. They referred back to 9/11 a lot. It was as if this pandemic was a rerun from hell for them in some way. I heard the feelings of anger, betrayal, leaderlessness, lack of control and fear.

I left the palli ladies and ran to the medical ICU to meet the son of a Greek Orthodox patient. Hes been with us for a few weeks. The son is a Palliative Care doctor from a Massachusetts hospital, a lovely guy. I was sad to be meeting him over his fathers deathbed, but so it goes. I heard him pray in Greek and in English. I guess that's what it's like to hear me pray in Hebrew if you don't understand. I could feel the meaning of the words and felt the sentiments of this devoted son. He wept on and off, softly. I just stood near him quietly, with the machine whirring, waiting. I touched his back softly, and he said quietly "I have seen compassionate extubations so many times. More than I can count. But nothing can prepare you to say deathbed confessionals for your own father". I think he thought my tears were sympathy.

I left the MICU, and went to nursing education to give a lesson on Spiritual Care and Ethics Consultations for a new cohort of NPs. We talked about what a chaplain is and why music or gardening, just like religion or community might be the way a person finds meaning in their life. We talked about how ethical dilemmas can be part of a nurses day and how to identify them. We covered beneficence, malfeasance, justice and aut

5/25

Facebook asks what on my mind, and while there are a number of things on my mind right now, there are important things NOT on my mind today as well. For example, I am not thinking about death - mine, or anyone else's. I do anticipate a few deaths after some patient visits today, but none that don't make sense (elderly, frail, heart disease...).

I am not thinking about all the places my body is exposed to the elements (wrists, hands, neck, brow/forehead..). My hands are sticky from alcofoam, but not moreso than usual. I'll just shower when I get home.

I am not thinking about the number of singles in my wallet. I have some, and they may still be there tomorrow. In past weeks, no matter how many I had, there would be some train dwellers I would have to turn down.

I am not thinking about dinner. I ate my lunch today, so I don't feel very hungry right now. I'm not worried about all the non-masked people on the train. There aren't any. I'm also not thinking about the next wave. We are like distant relatives- I know she's out there, and I know she's coming, but since I don't know when, I have decided not to dwell...today.

5/21

Today had rich patient visiting, including with bright eyed A., to whom I tried to explain the English word "grouchy". A sign that she was feeling better, was that she was a little more grouchy, I explained. When she understood, she laughed and dismissed this idea with a wave of her hand. "Na. Am Russian. " We went on to have a great conversation in which she started to accept a new normal and think about realistic goals. So rehab is treating A the Grouch very well ;)

My other significant work today was with a sad, sad man. After a conversation with his wife's medical team, on the ICU, I had a phone call with her husband. I set a primary goal for the call; to help him understand that giving permission to extubate his wife is not killing her. The palli SW who was with me called this an "existential goal".

R was happy to hear from me. We talked about losing their only son to H1N1, and how he found ways to move on through work and routine, but his wife just went way down to a very dark place and never fully resurfaced. We talked about their relationship and how much he loved her. I told him I knew he was concerned about extubation. He readily agreed. Confusing medical information about doctors stopping her heart, fear, longing, loneliness...so much loss. SW and I explained that no doctor could stop her heart, that the ventilator was breathing for her, and had nothing to do with her heart. Her heart was his alone, and it would always love him, even if, as he described this experience, "she was wasn't H anymore". After all, I said, the choice was really not ours to make. Whether she breathed once the ventilator was withdrawn was up to H and God. His softened heart began to embark on life review and he started to talk about H in the past tense. He told sweet stories of how they met and the organizations she loved to write a small cheque to every few months. He knew what type of end of life plan she had wanted, and this was not it. Their conversations about these things were while they were both alive and well. They couldn't have imagined this situation. He needed to be sure he wasn't killing her. I assured him that he was doing no such thing. As an independent woman, she would want to decide for herself, I suggested. He cried silently for a time and then he said it was a comfort to him to know she could be with their son in heaven. He thanked me, took my contact information and said he knew what to pray for now.

Tomorrow's another day.

5/20

Today had several important things happen, personally and professionally.

First, I arrived in the office to a phonecall with a mentor of mine. Most importantly, along with just hearing her voice, the blessings she offered were so welcome - she sent me into my day feeling grounded and ready to face whatever came my way.

Then there were palli rounds. Numbers consistent, covid+ numbers reducing, all was steady. A. Is now officially covid- and off to rehab, downstairs. Dr.N had some great news. After our talk the other day, she had finally secured a time and place to give the medical residents a much needed (and private: no chief residents, medical directors, etc.) platform to begin to process what they've been through. They really need it. I'm honoured to be called to serve in leading this initiative with her.

Also, she wrote up a rough proposal to the administration at our hospital and the system, to present my (and my teams) work developing a protocol for the face-time family calls around code changes. Our cooperation with the palli team, our success in helping families make painful decisions from a distance was powerful. Our numbers spoke for themselves. The leadership was excited, and they suggested that it had potential to become a paper beyond a presentation or two!

Midday I had a powerful and deep conversation with the palli SW about all of the things we grieve during this weird in-between time. The things we never see but that made us who we were (are?) as professionals. We lamented our losses and their invisibility. Who could rightfully claim sadness that their pace at work has been forever altered, when we and our loved ones have survived this? What does that even mean? I suggest that it's a fact for all of us: there aren't specific losses, but an ambiguous loss of part of ourselves. We will adjust and become new chaplains or social workers or nurses. We won't ever be the same. And that's going to have to be okay. We saw around 450 deaths and 900 near-deaths in 8 weeks. How could that not change us?

And lastly, to end on a positive note, the diocese. It is with cautious optimism that I suggest that our hard working, talented priest may get a real contract and a raise. His first one in 7 years!

Please read this if you haven't. It doesn't mention my hospital, but it's all about us. I sent it to my staff and Dr. N and E today, too:

Hospitals Move Into Next Phase as New York Passes Viral Peak  
5/19

So where am I? I swear, sometimes if I didn't take these minutes to jot about my days, I wouldn't remember that one ended and another began. Fatigue is like cement boots, making every step an effort. It's on everyone's faces, or should I say around their eyes, since most of their faces are covered.

The hospital's crisis is currently dormant. It is quiet and people are busy and other than covered faces and an expanded ICU, I think this is it until next surge..

Everything took longer than I expected today, and while clarity is usually my beacon, today I had trouble seeing what was time well spent, and what was not. My day was full of missteps, annoyances and dry, monotonous tasks. When I went to see A, she was asleep. When I revisited the chasid, he sent me for kosher snacks, the diocese needs another week, HR tests from my hire got lost and I had to retake them all. It was a day like any other. This is why it's called work and not fun.

So that's good, right? Normal.  
The ever-longed for, normal.

But I am cranky and tired and my body aches. I feel numb and somewhat empty. My most present feeling after those is fear. When will it be back? For how long? Will I escape it next time, too? When will I sleep a full night again? Will I ever be able to plan my days? Will I always be waiting to run? I still randomly cry sometimes, only now I act like it's joy. Or awe. Or allergies. But it's over...for now.

I hate that ending.. "for now". Its the stuff my nightmares are made of.

5/18

Today is all about A. I saw lots of really sick people, an ultra orthodox psych patient, an muslim man with advanced cancer who worried about eating during Ramadan, but today is A.s day.

Friends, she's doing GREAT! We saved her for our last patient on palli rounds, and you know what? It was worth the wait. We peeked around the corner of her room with some caution. And then Dr. N. let out an absolutely squeaky giggle- she walked right in without donning PPE first (A is still Covid+) and E. goes: "you umm, might want to dress up for this party, N." Forgetting where we were and what we were doing, Dr.N ran back out. So we suit up.

I walked in first. "Please come into my beautiful apartment", she smiles wryly. She's sitting up in a chair and has only got nasal cannula (those two little in-your-nostrils tubes attached to a tube headband with regular oxygen flowing through) no mask, no iv. I shout (she's quite hard of hearing). "Thank you, madam. I love what you've done with the place". Dr.N asks how she feels and she says "eh. ze same" and she turns one palm up and back down in a comme-ci comme-ca way. Dr. N says: "well you're NOT the same! You're beating this. This afternoon you're going to rehab. They're going to help you finish getting better. It's very hard work, but you can do it". She explains about what it will be like in rehab and how they will help her regain strength in her lungs and her legs.

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5/15

I had planned to take today off, but needed to come in to do something I felt so honoured to be asked to do. So I had a late start and only palli rounds and:

The new nursing cohort is graduating on Monday, and their teachers wanted to do a tribute as part of their last day. They asked B. and I to come in to offer "a blessing of encouragement". These young people have done their final year of training during THIS TIME. They gave us 15 minutes.

So, it took more like 25 minutes, and here is what we did. Well, perhaps I should start by saying chaplains don't make lemonade. It's like rule #1. We are trained to help people be in their real feelings, not the feelings we want them to have. So, "encouragement" can be tricky.

We decided to open by asking each person to choose a value that brought them to this work from a list we provided. Choices they made were love, compassion, grit, reliability, heart, justice, team work...then we introduced the idea of resilience and courage, which was as close to "encouragement" as we wanted to get, knowing that they had both.

I had never noticed before, I confessed to them, that COURAGE is in the middle of the word encouragement. I then shared with them that I learned that the Latin root of the word courage is "cor", which means...heart. Woah!

The blessing (after I explained how we got to it) was that they should be blessed to continue to follow their hearts, as they had done to enter the field in the first place, and to trust in their own resilience, as they have throughout this horrible time. Amen

A. update: (obviously I went to see her..) is that she's working hard, but not totally out of the woods yet. She needs courage and resilience too!

Warmest blessings (pun intended) for a sweet Shabbat (with no pages!!).

5/14

When I walked in this morning, the Surgical ICU had already called. Since our census of covid+ ICU patients is going down, the units are starting to reconfigure to what they once were.

The SICU was the first one to be a quarantine unit. I'll be honest, it was "the death unit". It is the last and most complicated to switch back, but now that we are having regular surgeries, the hospital needs the SICU back. This means shifting patients (delicate work), re-painting walls, waxing floors, replacing equipment, staff who were once like a family, and who were separated into far reaches of the hospital, are now returning. A homecoming of sorts.

The call was because the SICU team wanted us to come and "bless the space".

My mind races.

Thought #1: this isn't about the space as much as the people needing blessing. Thought #2: transition is hard, no matter what.

Thought #3: fear of surge returning. reigns.

Thought #4: they need to process what they've been through, but we don't have the time or the place.

My chaplain (B.) and I arrive and it's so weird. There are no paper bags hanging, it's empty,

quiet and shiny clean. There are no patients - they are waiting around the hospital in other ICUs to be brought in. I know why they called. It's as if the place was inhabited with the spirits of all those who had so recently died really tough deaths, right there. I could see the faces of the ones I had "known".

The staff (nurses, doctors, clerks, painters, electricians...) gather quietly and we begin with a spontaneous prayer for the reunion of this family, which ends with the idea that God works through their hands, and no matter what they've been through, healing still happens. We distribute little slips of paper with the chorus to this song (how do I even know this hymn?):

[https://youtu.be/o\\_eJalH8z4](https://youtu.be/o_eJalH8z4)

Sanctuary (words attached). And we hum and sing. And boy, do we cry. And I say the shehechyanu blessing (thanking God for sustaining us, and bringing us to this new time) and explain that we are grateful to see the re-dedication of this temple, this sacred space of healing. We asked everyone to say what they were feeling (we heard things like excitement, anxiety, fear, relief, anger...) and when the room got quiet, we sang again.

We thanked them for asking us to help with their transition and said goodbye. I moved on, with damp cheeks, to palliative rounds (A. sitting up in a chair and practicing deep breaths!!).

The song stayed with me all day long...

5/13

I began with palliative rounding that was totally sad, but as always some beautiful things transpired.

First, the sad (as if it isn't all sad, right?). Dr.N and I started with A, thinking it might be a sweet start to the day. Nope. She'd had a rough night and morning. She is refusing meds, refusing to eat and her blood oxygen levels aren't budging. The attending felt maybe if she sat up it would strengthen her lungs, but shes weak as a kitten. I held her hand today while Dr.N did some tough talk with her. We'll see what tomorrow brings...

After we left her, we we were pretty deflated. We visited patient after patient half covid+, half just really sick. We lost one palli patient overnight and expect to lose 2 more tonight. None of them covid+, all victims of the "interim surge".

I met the children of a patient who Dr.J.D.(ethics) referred me to at 7:30am. He's an "interim surge" patient who actually came in because he caught covid from his wife at home this week while he was trying not to come in for what turned out to be a complication from an earlier abdominal cancer. I was waiting for his children outside his room, and as I approached, I noticed his nurse's eyes. Is she tired? Overwhelmed? Overheated (the PPE makes us very warm)? I introduce myself and she simply overflows. Big tears run down her cheeks.

Me: This is a lot, isnt it?

Nurse: It is. Cuts close, you know?

Me: Have you spent time with them?

Nurse: Oh sure, but that's not it. My own dad is sick at home in Alabama. I wish I could be with him.

Me: Alabama is so far from here. I see you're a travel nurse by your tag. How long have you been here?"

Nurse: 7 weeks. I came here after seeing what was happening in New York and well, you've gotta do what you've gotta do, right?

Me: I see you how sensitive and value driven you are. Is it your first time away?

Nurse: Thank you. Yeah, I just graduated a year ago.

Me: your parents sure did something right. Want to come in with me? I like to give them time to say goodbye and thank you, then I go in and pray with them before they leave. Maybe you'd like to pray too..?

Nurse: nods, too tearful to speak.

Me: Come on, it'll feel good to take your worries up.

The children of the patient thanked me for the prayer. The nurse helped them doff, and we all left the room, not a dry eye among us.

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