

October 2020

## **Evanescent - Issue 2**

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# EVANESCENT

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Issue 2: 2020

Special Issue: COVID-19



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*Evanescence* is an associated publication of the Eakins Writers' Workshop published by the Jefferson Center for Injury Research and Prevention at Thomas Jefferson University in Philadelphia, PA. The journal is dedicated to stories of injury and all its victims, and it seeks to widen perspectives and contribute to the societal conversation around injury.

For more information: [Evanescence@jefferson.edu](mailto:Evanescence@jefferson.edu).



# Introduction from the Guest Editors

## Danielle Snyderman MD, CMD

I conceived the idea of *Jefferson COVID Stories* two days into having COVID myself; I just didn't know it yet.

It was the fourth week of March. At that time, there were over 85,000 cases and about 1,200 deaths in the US, over 1,700 cases in Pennsylvania, and nearly 700 cases in Philadelphia.

We had yet to have any cases in the nursing facility within the retirement community in which I serve as Medical Director, but we all felt the range of emotions trying to gear up for the threat we knew would come.

Among the feelings of uncertainty, responsibility, worry, hope, and determination, I was awestruck by the commitment of the teams around me, both at the retirement community and at Jefferson. I witnessed leadership at every level—from the environmental services workers to the dining staff, from the clinical staff to the administrators. I saw practices transform in a matter of days. The outside-the-box thinking was inspiring.

As I cycled, often multiple times a day, between worry and hope, I found myself feeling grounded by the concept of looking for the light.

*Jefferson COVID Stories* was born from the idea that a sense of purpose is the antidote to fear and worry.

Through *Jefferson COVID Stories*, Nick and I sought to capture the humanity we witnessed throughout the Jefferson institution. In real time. Through real voices.

As we worked throughout that first week to develop writing prompts and create a webpage to feature the stories, I learned I had COVID. Much of the work of this project in its infancy was done from calls with Nick from my guest bedroom where I had been self-isolating from my husband and our two girls.

In between going on virtual bike rides and family dinners (the best part is they delivered the food to outside my door; I called into the meal and hung up just in time for them to do the dishes!), I spent hours a day working with my team at the retirement community as we started to see our first cases. I also learned that a dear friend, Sean Boynes, with whom I had attended Howard University (where I went to medical school), was experiencing the most severe consequences of COVID and was in the ICU.

Sean died the first week of April. He was a pharmacist, a husband, and a father of two girls the same ages as mine. He was 46. In one of our last conversations, he really wanted to make sure he understood the difference between sympathy and empathy. When thinking about his life and death, I think of two ironies: 1. Amid his uncertainty of definitions, he practiced empathy daily as he modeled the ability to think about or imagine how another's reality intersected his own, and 2. A tiny virus could kill someone who was larger than life. I was still in self-isolation when he died, not able to hug even those closest to me.

I began to think about the collective trauma of COVID. Individually and collectively, it was clear we were all going to be shaped by the pandemic. Trauma does that. It makes it such that we come out on the other side different than we would have been had the trauma not occurred. Does part of us cease to be or is there a way to become more than we would have been?

When I was able to come out of self-isolation, I went on an evening walk with my family. I took a photo of my girls on their bikes with the biggest smiles I know them to have. Though we had suffered loss, and uncertainty was at a peak in our lives, in that very moment all you can see is unabashed joy.

I was reminded that night that the messy and the beautiful are so deeply intertwined and need not be separated. I hope that many years later, our girls will look back and realize life is either hardly beautiful or beautifully hard.

As *Jefferson COVID Stories* was embraced throughout the institution, we learned that it provided a meaningful outlet for those who participated, both in writing and in reading them. I hoped it would give insight to the people we work closest with but may not truly know and that it would serve as a reminder that we all belong to each other. Following George Floyd's murder, we expanded the scope of the project to include prompts on racism in medicine because it had become abundantly clear that we could not tell the full story of COVID without acknowledging the racial disparities this pandemic highlights. People of all races suffer so long as systemic racism is ubiquitous. We, in medicine and more broadly, have a long way to go to work toward racial justice in this country. The work includes listening, learning, checking ourselves and our bias, and feeling uncomfortable. It is acknowledging centuries of trauma and striving to do our part to rewrite the narrative. It is challenging ourselves to remember we need not lose who we are but rather we can aspire to become better versions of ourselves.

To heal from trauma, we must give voice to it. And may that voice provide the opportunity for growth. *Jefferson COVID Stories* has given voice to the dedication, compassion, resolve, and grit that our community has. By seeking to give an outlet for others to express their voices, this project in turn, has been the greatest form of self-care that I have found during this time. We hope that

this issue of *Evanescent* serves as a repository of the collective humanity shown by the Jefferson community.

*Danielle Snyderman, MD, CMD, is a geriatrician and an assistant professor in the department of family and community medicine at Thomas Jefferson University and the medical director of The Hill at Whitemarsh continuing care retirement community.*

## **Nick Safian**

When Dr. Stanton Miller, Editor-in-Chief of *Evanescent*, reached out to Dr. Danielle Snyderman and I to discuss incorporating the entries from *Jefferson COVID Stories* into their next issue, I didn't know if we had enough material.

A haiku about panic and PPE. A story about losing your sister. Or your mother. Having to choose between seeing your family or caring for your patients. Seeing patients die without loved ones at their side. Missing your son's birth as you wretch with fever from COVID.

These were clearly stories of trauma—distressing experiences with potential long-term effects.

But there were several other entries that I wasn't sure fit the bill.

Navigating the awkwardness of Zoom calls. Having your boards examination cancelled and rescheduled several times over. Being pulled from clinical rotations. Having to work from home.

COVID made life weird, certainly. But was it universally Traumatic—capital T?

As I read more entries, some more overtly traumatic than others, my perspective began to expand. No one was untouched by COVID. Everyone was reeling from it in their own right. Every single entry in *Jefferson COVID Stories* spoke truth—someone's truth of the difficulty of living through COVID. Just because some of these stories were more painful didn't diminish the truth of the others. There is no trauma competition. (And if there were, I don't know who would want to win it.) You can process your own trauma without minimizing the trauma of someone else.

In this issue, we've compiled a poignant collection of truths—one that threads each unique, personal story into a vibrant tapestry of Jefferson's collective trauma, rich with pain, unease, character, joy, and, above all, humanity.

As we thought about humanity, trauma, and COVID-19, it was clear that our story would not comprise the whole truth if it did not address the racism so



plainly exposed in our country over the past few months. To be clear, this inequality is nothing new. However, it cannot be uncoupled from our nation's story of COVID-19, and, by extension, Jefferson's story of COVID-19.

I encourage you to take your time reading Section VII: Racism in Healthcare. Like COVID, racism has mounted significant trauma for many members of the Jefferson community and beyond. Just as there is not a corner of this country untouched by COVID, there is not a corner of this country untouched by racism. The first six sections of this issue chronicle the Jefferson community's experience in the face of a novel virus, SARS-CoV-2. Section VII chronicles our community's experience in the face of a chronic disease—systemic racism.

The stories featured here were initially collected as part of *Jefferson COVID Stories*. Throughout the pandemic, we sent emails to members of the Jefferson community asking them to answer different questions about how the virus was affecting them. The order of the sections in this issue follow the order in which we asked our questions. As such, they map to the timeline of the pandemic, with the first sections beginning in March, and the final sections continuing through late July. These stories have provided me with a great deal of meaning and perspective over the past several months. I hope you feel some of this spirit as you read through them.

– *Nick Safian is a member of the Sidney Kimmel Medical College class of 2022.*

# Note from the Editor-in-Chief

**Stanton B. Miller, MD, MPH, FACS**

In an episode of the iconic 1960's *The Andy Griffith Show*,\* Opie slingshots a rock inadvertently into a bird nest. Mother Bird is hit, falls to the pavement, and lies motionless. Opie, tearful and trembling, runs over to the bird. In desperation he picks up the lifeless body and gently launches it into the air wishing "Fly bird, fly. Please fly." The bird falls back to the ground, and a distraught boy runs to the comfort of home having experienced his first encounter with death.

COVID-19, officially declared a pandemic by the World Health Organization on March 11, 2020, was a slingshot aimed at the lives we all had known. This invisible killer has enveloped the globe. There is no discrimination in its infectivity. It knows no borders. It is carried in air. It has robbed us of those we loved. It has destroyed the dreams of lives not fully lived and sentenced the elderly to die alone without last words and last hugs. There has been an upheaval in nearly every aspect of global society. We have been traumatized physically, mentally, and emotionally.

We in healthcare work in buildings through which pass nearly every emotion of the human experience. From the happiness of bringing new life into the world to the wrenching conversations with family of lives now ending, the stories of people's lives unfold before us. *Jefferson COVID Stories*, the vision of colleagues Danielle Snyderman and Nick Safian, details the deep wounds inflicted by this virus. Submissions have been curated from across the organization. Words too can heal.

– *Stanton B. Miller, MD, MPH, FACS, is a clinical assistant professor of surgery and emergency medicine at Thomas Jefferson University and executive director of the Jefferson Center for Injury Research and Prevention.*

\**"Opie the Birdman," The Andy Griffith Show, Season 4, Episode 1*



# SECTION I: POETRY

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## Part I: Haiku

Panic in the streets  
Waiting for COVID to strike  
PPE in hand

– *Physician, PMR, 3/30/20*

Now invisible,  
Evil dons a thorny crown.  
We cannot mask fear.

– *Elizabeth Cottrill, MD, Physician  
Otolaryngology head and neck surgery, 4/2/20*

Red lines from the mask  
Front lines of the pandemic  
We are the strong line

– *John Weixler, Nurse, ED, 4/2/20*

Finding a quiet space  
now a shared family dance  
Tiptoes, muted steps!

– *Pamela Walter, Writer  
Office for Professional Writing, Publishing, and Communication 3/30/20*

There is a deep void.  
Just want to hug her. Aching  
For my granddaughter.

– *Andi Joseph, Assistant Director Experiential Education  
Jefferson College of Pharmacy, 4/22/20*

Flattening the curve  
while we fatten up our curves  
coronavirus

– *Nurse extern 4/7/20*

The sun warms my back  
Fragrance of flowers aloft  
COVID dampens spring  
– *Security Guard, 3/28/20*

## Part II: Longer-form poetry

Coronavirus

My hands itch to pick up my stethoscope  
and run back to the wards.  
“I’m here!” I want to cry, “I want to help!”  
Just like the early mornings, before dawn  
yawns across the horizon, stretching her  
arms across the hospital hallways,  
I want to read the ward lists again,  
Pre Round patients patiently while  
frantically scribbling presentation notes.  
But, today, as the sun sleepily slowly  
stirs from her slumber, I sit inside.  
Isolated, I fidget and pace impatiently.  
So close to qualifying, yet so far from helping.  
This heart, furiously frustrated, continues  
to churn and swirl, spurning new storms  
within my mind. Desperate thoughts push  
against my arms, bobbing within those  
waves and winds. Ugh! Ugh! Ughhh!  
I promise I’m a medical student  
who wants to do more. Enthusiasm  
kindles me, but these fingers can only  
Turn textbook pages for now.  
– *Rashmi Saincher, Medical Student  
SKMC class of 2022, 4/9/20*

## SECTION II:

# HOME LIFE

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I'm an emergency department nurse. I married my husband February 1st—just in time! He's an Air Force pilot currently ordered to stay at home. If I was home, I'm sure I'd be stir-crazy by now, but he just takes everything in stride and is content to do little things around the apartment. We think a lot about people less fortunate—people who are losing their incomes. We are using the opportunity of the extra down time to read together, learn Spanish, play games, and connect with our family and friends via video chat. We even made a silly song about the pandemic with our friends by texting audio files to each other. It's quiet, slow, a break from our normal routines, a sort of meditative lull. It's like we're huddling in the basement playing Mario while a storm rages outside. Only I have to suit up a few days a week to go battle the winds.

– Johnny Weixler, Nurse, Emergency Department, 4/2/20

My husband and I are both physicians and working as much as possible from home. We have an 18-month-old son and another baby on the way in August. We are trying our best to keep our son entertained and keep his normal daily schedule as well as provide education and variation in his environment despite a small house and tiny patio. My husband and I are trying to check in with each other every evening and talk about ways that we can support each other day by day and week by week. We are also trying, when possible, to take time to forget what's going on outside of our home and focus on the joy and wonder of life as seen through our son's eyes.

– Elizabeth Cottrill MD, Head and Neck Cancer Surgeon, 4/2/20

2 kids, ages 6 and 4, and my husband. Fluctuates between surprisingly well managed sibling affection and creativity to stressful chaos (that my husband, who is also trying to 'work from home', is left to primarily manage). I feel guilty leaving all of that on him, feel guilty at work not knowing how to actually help patients and families best. So many who are sick and hospitalized or not aren't able to have their loved ones with them. I had a hospice conversation with a patient I've had for the past 5 years the other day. Together we cried over our masks—and I couldn't hug her. It felt like a failure in the humanistic side of how we care for people.

– Brooke Worster, MD, Palliative Care Physician, 4/3/20

This is my biggest pandemic worry. I signed up for this risk; my wife and son did not. We live in a 2 bedroom apartment, so home separation is not feasible. We initially discussed living apart but decided that an indefinite separation would

be logistically impossible and extremely damaging to our overall morale knowing that immediate family is the only loving human connection we get during this time. We also made the difficult decision to pull our son out of daycare. I did not feel right sharing my constant exposure risk with Max's entire daycare. This has put a huge burden on my wife, Lisa, who is trying to work fulltime from our bedroom while caring for an almost one-year-old needing constant attention. Our saving grace has been the help of three Jefferson medical students, Michelle, Christa, and Hannah, who have been coming over to help us care for Max. They jumped right in, becoming some of Max's best friends, and are now essential to our lives. They have been incredible additions to our family during this rough time. We value our time at home together now more than ever, but look forward to getting back to our friends, our families, and our normal lives. Until then, back to planning the best virtual 1st birthday party of all time.

– Sean McGann MD, Physician, Emergency Department, 4/7/20

I had just come back from maternity leave when COVID-19 started spreading in the US. Our four-month-old daughter went to four days of daycare before they closed. My husband and I are both trying to work full-time and take care of an infant. While challenging, she also is an incredible light in this period of uncertainty and stress.

– Christine Marschlok, MD, Physician, Department of Family and Community Medicine, 3/27/20

I've faced the difficult choice about what to do with my 4-year-old son while I go to work. I could send him to daycare where he may be exposed to the virus or send him to his grandparents where he could expose them if I've brought the virus home.

My final option is to send him to his grandparents indefinitely without having physical contact with either of them until this is over to keep everyone safe.

I've been sending him to daycare for now, but I wonder if I'm making the right choice. He's happy and healthy but the guilt and fear weighs heavy on me.

– Jenna Connor, JeffSTAT Flight Nurse, 4/4/20

Navigating medical school by myself right now feels a bit like letting go of your parent's hand in a dark, unknown forest. I'm not sure I was ready for this, but here we are, searching for the light and blazing a trail of our own. Each day I find a new method to connect with classmates and improve my study methods. It is challenging. But we are fortunate to be in the position we are in. Jefferson transitioned to online almost seamlessly! Myself, not so much. There is lots of time and I'm staying flexible with myself, though. Moving my desk by the window made me feel less trapped and more hopeful.

– First year medical student, 4/1/20

It's not easy at home right now, I won't lie. As the IM program director and a hospitalist work has never been busier for me. This is complicated by my husband being a critical care doctor at a local institution. Our kids moved in with my parents for a few weeks but eventually my 7-year-old needed to come home. Now they are with nannies most days, trying to do online schooling and feeling envious of all their friends at home with their families. I have no doubt the families staying at home are feeling immense stress as well. It is just hard!

– Emily Stewart MD, FACP, Residency Director, Internal Medicine Program, 4/3/20

My daughter accused me of being secretly glad all the chicks are back in the nest, and this rings a little bit true, although not for the reason she thinks—that I just want them around. A graduate student, college sophomore, and high school senior, my three daughters have been supportive companions to one another through this continued confinement. When the graduate student develops lesson plans, the other two chime in with ideas. When the high schooler gets lost in her iPad, the other two encourage her to exercise with them. Their mutual occupation frees up mental energy for me and my spouse to get our work done, too. Yet our son is in Nashville, married and out of the nest, so to speak. We worry about him, about the tornado that hit his old neighborhood, and about his wife, a PACU nurse now doing hospital intake during a pandemic. What my daughter doesn't understand is that I am not just happy the other three are home. I'm grateful I know where they are and that they're not sick or exposed to all the world's dangers. I would never have wished for this in a million years, but I am glad I can witness their safety. For the moment.

– Pam Walter, Office of Professional Writing, Publishing, and Communication, 3/30/20

I always feel blessed to be in the presence of inspiring people who embody the hope I have for this community and for this world. My housemates, one of whom is a fellow Jeff medical student, one of whom is a education justice community organizer, and one of whom is a Penn public health Masters student, are abundances of that kind of inspiring energy in my life. Ever feel free to self express, comfortable to be quirky, constantly uplifted to better yourself? That's what home is like with the folks I live with. Simply marveling in life, co-constructing shared ideas of social solidarity, and sharing laughs with them is a state of feeling human that grounds the importance of the work that I'm preparing to do in the future. We know from the current crisis that healthcare heroes save lives from tragic disease or death. Good folks around have taught me that learning to care for healthier bodies and more hopeful minds empowers people to flourish as themselves, in uniquely gorgeous ways. Studying ways to make recommendations to patients living with chronic kidney disease starts to make sense in a bigger picture.

– Young Sheng, Medical Student, SKMC class of 2023, 4/2/20



I am a cardiologist at the Jefferson Heart Institute. I am the Medical Co-Director of the inpatient Cardiology Unit (5W, 5NW) and the Director of Quality and Safety for the Cardiovascular Department. I was asked to tell my story.

During the month of March, I recognized that Philadelphia would be hit hard by COVID-19. I reached out with concerns and ideas to the Mayor of Philadelphia, the Governor of Pennsylvania and the President of the United States. At TJUH, in coordination with the Chair of Cardiology, Dr. Rene Alvarez, I took responsibility for leading and preparing the Department of Cardiology for COVID-19. Given my military background, I felt confident I could help make positive, quick and effective changes in both inpatient and outpatient work flows.

We started all of this implementation mid-March. Therefore, I spent every day morning to night—including weekends—in the hospital and in the office. We knew that there was a risk that I would be exposed to the virus. At the time my wife, Bari, was 9 months pregnant. We decided together that she would leave the house with our 2-year-old daughter, Aviv, and temporarily live with her parents (in Bucks County) until the baby would be delivered.

A few days after they left our home in South Philadelphia, I started feeling ill with concerning symptoms, such as fever of 103 despite Tylenol, and shortness of breath. Within 24 hours of the symptoms starting, I biked to the ER, as my wife had our car and I wanted to avoid exposing any taxi or Uber driver to my potential illness. Although my lung exam was not normal, the ER team ultimately decided there was no indication for admission and they tested me for COVID. I biked home and isolated myself. The next day I continued feeling worse and slept most of the day, unable to communicate with my wife who started having contractions in the morning. In the evening, her mother took her to Abington Jefferson Hospital as it was closer than TJUH, where we initially planned on the delivery. As they were about to get in the car to drive to the hospital, I received a call with the positive COVID-19 results. I was absolutely crushed that I would miss the birth of my child and subsequently have to be in quarantine for a long period of time.

Bari was treated extremely well at Abington. The room was in full isolation given Bari's exposure to me days prior. As the evening progressed, I was feeling very sick and had continuous fever and had to sleep. My mother-in-law told me that she would video chat me at time of the birth. When they called me at around 4 a.m., I felt worse, and, in fact, was delirious. Sadly, I do not have any recollection of this unbelievable event. The delivery fortunately went well, and our first boy was born. We named him Shai Lev, which means "gift of the heart" in Hebrew. After monitoring for 24 hours, they were discharged from Abington back home to Bucks County.

I remained in Philadelphia at our apartment without seeing anyone. I am a very healthy man and yet the virus attacked me very aggressively. I was the sickest I have ever been in my life. Almost every night I woke up around 2 a.m. feeling short of breath, sweaty, and confused. At times it took me a few minutes

to remember where I was. My symptoms included extreme fatigue, feeling ill, having absolutely no energy to do anything, and significant shortness of breath, especially on exertion, even minimal. I was overall febrile for almost 3 weeks.

I had colleagues who lent me equipment including a blood pressure monitor and pulse oximeter, and so I monitored my vital signs and specifically my oxygen level very closely. I also forced myself to drink plenty of fluids. I am fortunate that my colleagues from work took care of me. One of our cardiologists, Dr. Berko, made me a giant pot of chicken soup; another colleague went grocery shopping for me and dropped off medications; yet another colleague got me medical equipment. In an amazing act of kindness, the Jefferson cardiology fellows bought me a huge box full of delicious types of food that really helped me recover as well (and they mailed one to my wife postpartum to her parents' house!).

I had been in touch with the infectious disease physicians at Jefferson who guided me through the process. At about day 7, things were not getting better and in fact I felt worse. My oxygen levels were lower as well and I was close to coming in for oxygen treatment. At the time, as this was early on in March, the decision was to treat me also with antibiotics and hydroxychloroquine. Retrospectively, I believe that taking these medications made me worse. After initiation of these medications I felt nauseated most of the time and lost all appetite.

As you can imagine, this time was very difficult for me personally and certainly for my family. One night, around day 10 of the disease, I started becoming worried about whether I was going to die. It was by far the worst I had ever felt in my life. This disease took a toll on me mentally. I could barely get out of bed and also felt very lonely. I was saddened that I missed the birth of my son and I missed my family so much. My wife was so busy with our newborn that communicating by phone or video chat was very hard for her. It broke my heart that I could not be there for my family.

After almost 3 weeks, finally the fever broke. I still felt very weak, and shortness of breath especially upon exertion continued into recovery. With consultation with the infectious disease physician, I waited 7 more days since I had symptoms to go and see my family. At the end of the 7 days, I was tested again, and was praying that it would be negative. Unfortunately, the test came back positive. We did not know how to interpret this exactly. Did this mean that I still carried the virus and was infectious? Or was it all dead and these were just RNA fragments? The infectious disease team thought it was probably safe to reunite with family. I was terrified though, because my wife was just postpartum, and at that time there were several reports of death of young infants from COVID-19. I waited a few more days, and ultimately we made the decision together that I would come and reunite with family in Bucks County.

My father-in-law picked me up and drove us to their home. I took extreme measures to protect my family. I will never forget the moment that I entered the house, and saw my son for the first time in Bari's arms. And at the same time, Aviv ran over and literally jumped into my arms. For a few minutes, I forgot all

precautions as I could not stop hugging and kissing the three of them. It was the happiest moment of my life.

Looking backwards a few months later this all feels like it was a big bad dream. We are now reunited, I took a couple weeks of paternal time and spent every minute of the day with my family. I am feeling close to normal, started exercising again, and am happy to go back to work and treat sick patients in the hospital.

There are many questions about this pandemic. Many expert opinions are saying that we have seen the worse and others that say the opposite. I am in no way an expert. But I just wanted to share my story with you and ask you to take every precaution you can to protect yourselves, your family, your friends, and our wonderful community.

*– Yair Lev MD, Medical Co-Director of Inpatient Cardiology Unit and Director of Quality and Safety for the Cardiology Department, 7/24/20*

## SECTION III:

# ENTERING THE FRAY

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I'm currently enrolled in Jefferson's nurse anesthesia DNP program, and my sister, Alison, works at a major New York City medical center as an RN in the cardiothoracic ICU. She has been strong and brave throughout the COVID-19 pandemic, and we've always shared a close bond. Alison inspired me to use my skills and background and head to New York to help. Her hospital accepted me into a six-week travel nursing assignment for an ICU position. My first week on the job was the most intense in terms of patient-to-nurse ratio and acuity of these patients. They assigned me to the "OR ICU," a new ICU created exclusively for COVID-19 patients since all the traditional ICUs had soared to 200 percent capacity. I had three patients to myself in one OR suite, each person had an anesthesia machine as their ventilator. Fortunately, I'm familiar with this equipment from Jefferson's program and clinical practice. I had over 30 drips to manage, and each patient was on CRRT, which is continuous dialysis.

It was unlike any nursing work I've ever done, but this humbling, yet rewarding, experience has made me a better provider. I took care of some of the sickest COVID patients, all while keeping their families updated on their status through FaceTime.

During this pandemic, I overcame my fears and anxieties about working in another city with unfamiliar people. I'm proud of myself and know that I will look back at this time and say I did what I could when I could. I believe I made a difference.

– Caitlin Tyrell '21, a student in Jefferson's nurse anesthesia DNP program, on volunteering in an ICU in New York, 5/14/20

I was asked by my supervisor if I would volunteer to be a support RN on the COVID units and I accepted. The first time I was pulled to the unit I was nervous because I wasn't sure what to expect. Would there be adequate PPE available? What if I got sick? When I arrived on the unit, there was a relief on all the staff's faces as any support was appreciated. I was able to help them in small ways that meant a lot such as making them coffee, taking their mind off the COVID crisis, helping with medication, and many other tasks.

– Theawna Trisvan, Staff RN, 5/3/20

Challenging to me was being trained for 45 minutes to work in the hospital and then being placed on any floor to work with staff members who you don't know and who don't know you. I want to thank each and every nurse on the floors I worked on, for thanking me and making me feel like I was part of the same team when, in fact, this was not my normal but I loved it.

– Erica Watson, Medical Assistant, Wyncote Family Medicine, 5/3/20

Our department consists of a little over 20 people specialized to work in the Blood Bank. We normally work in three shifts that all overlap. Because of the pandemic, we devised a plan to separate our technicians into four groups. We would work with the same group of techs every shift, and work longer hours but fewer days. Our main goal was to decrease chances of exposure, both by working fewer days and by being exposed to fewer employees. It was challenging for us to all adjust our lives and our schedules with little to no warning, but everyone was on board. We literally have one group come in the front door, while the other group goes out the back. This amazing group of techs have pulled together to make this work so we could continue to provide quality laboratory work. We call ourselves Group A, B, C and D. Throughout the past two months we have left inspirational quotes, hilarious memes, food treats, decorated mail boxes, posted pictures of each group member either by photo, avatar or drawings, and also left games for one another. I am an employee of 32 years in the Blood Bank and I can say that I have never witnessed this level of teamwork and camaraderie. I miss the other half of my night shift crew and look forward to returning to normal schedules hopefully soon. I am very proud to be working in the Blood Bank and to be a Jefferson employee during these unprecedented times.

– Kelly Micucci BSMT(ASCP), Senior Medical Technologist,  
Blood Bank Transfusion Unit, 5/18/20

Before Jefferson was overwhelmed with COVID patients, I volunteered in New York for a weekend. They had little time to prepare, and it was a grim scene. There were limited medications, equipment, and ancillary staff. The interns knew how to change ventilator settings because they often did not have a respiratory therapist available until the afternoon. The nurses were caring for four patients and they were volunteering from all parts of the hospital (ED, PACU, telemetry). Patients were sharing dialysis machines because there were not enough to run continuously. An elderly woman was admitted from a nursing home in renal failure and altered mental status and within a day she developed shock, respiratory failure and was placed on a ventilator. I spoke to her niece who understood how gravely ill she was and made the decision to transition to comfort care with compassionate withdrawal of life support. I had to explain that not coming to see her was okay, we would stay with her. We had a video-conference so she could see her Aunt, I explained that she would not have wanted her to contract this terrible virus. This was stark reality for me when the same situation arose the following day with a 42-year-old patient.

– Pulmonary and Critical Care Physician, 4/9/20

I am one of the MAs who works at the test site in Center City, and I have two other staff with me. I was asked to participate at the COVID-19 testing site on March 14. I was scared and worried about my kids' health, not my own. I have a 5-year-old son who has bad asthma and I was scared to bring it back home. So I made a sacrifice by deciding to help with the test site and not be around my sons. I left my kids with their grandparents and worked 7 days a week to help out with the

testing site. I made this decision because I wanted to help contain the spread of the virus. I miss my kids every day, I miss kissing them and hugging them—which people take for granted. I miss having dinner with my close friends and family. But I know that at Jefferson we are working hard every day trying to find ways to help control the spread of this virus. The TJUH nurse Float Pool and my staff have been a great support team, we comfort each other and support each other during this madness. Jeffrey Salvatore is an amazing RN—he keeps our spirits up and helps us during our breaking point moments. I do not regret the choice I made to be a part of the COVID-19 testing site team in the Center City area. I had to build another family during this madness, but have had great opportunities to be part of a team that is making a difference in the healthcare world.

– Nary Seng, Medical Assistant TJUH Pool Team, 4/17/20

Lately, I've been in the ED and thinking about this quote. It is a Maya Angelou quote that says "I've learned that whenever I decide with an open heart, I usually make the right decision. I've learned that even when I have pains, I don't have to be one. I've learned that every day you should reach out and touch someone. People love a warm hug or just a friendly pat on the back. I've learned that I still have a lot to learn. I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."...COVID will be gone one day, but many of your patients will still be there and I want to always be there for them with an open heart ready to listen.

– Resident, Department of Family Medicine, 4/2/20

My family has never fully understood what exactly I do everyday at work. Sure, they know I am a nurse and that I take care of the sickest patients in the hospital. However, they do not know what that entails emotionally, mentally, and physically. I got in an argument with my father when he mentioned that it didn't seem like things were "that bad" here in PA. I have been begging them to stay home, but they just don't get it. Caring for these patients requires more manpower than I could imagine. We were warned. We were told. I felt ready. But I was not prepared for the fragile nature of each and every ICU patient that rolls into our unit. A patient coughs and their oxygen drops so low they could arrest. A cough. We all have had a cough before. It's hard to imagine that a single cough when you have COVID-19 could kill you. That is what my family doesn't understand.

– Nurse in the Medical ICU, 4/1/20

One of the challenging experiences in this season is to accept an uncertain future.

As a second year medical student, the pandemic hit in the middle of "dedicated" study time before taking the infamous Step 1—a season I couldn't help but anticipate all year, a schedule laid out weeks in advance to maximize every resource at my disposal, every moment micromanaged (or at least attempted), all to culminate in a day of testing I chose (and agonized over) in the fall. Then in what felt like a blink of an eye, Philadelphia closed, the nation closed, and—what felt most relevant in my self-consumed bubble of Step 1 prep—testing

centers closed. Indefinitely. A halt to the all my preoccupation with staying “on schedule.” My illusion that my stamina, discipline, and time management would propel me from pre-clinical to clinical education was shattered.

So here I am, 4 weeks after my original Step 1 test date with no clear end in sight, sitting in uncertainty and quarantined in my little Philly home with lots of time to think. And I can’t help but think about how Step 1 could’ve been behind me, how I had planned to be on my family medicine rotation this month, caring for patients, developing my clinical skills, thriving (I hoped) in the hands-on learning environment of clerkships. I can’t help but grieve that loss, feeling impatient for my clinical education to bring the last 18 months of intense basic science education to life.

But what if one of the most important lessons I can learn, one of the greatest “clinical skills” I could gain, is what I am doing in this moment - sitting with my uncertainty? Not pushing it away, not falsely pretending I can predict my future, not simply distracting myself, but accepting this season for what it is - wildly uncertain.

If I am unable to sit with my own uncertain future, how will I sit with a patient in his fear and uncertainty upon receiving a new cancer diagnosis? Or with the mother whose newborn was just admitted to the NICU, her mind flooding with questions: “When will I take my son home? How long will this last? Will everything be ok? Do you know why he’s deteriorating? Will there be lasting damage?”

And what if the answer is uncertain? Will I run from that uncertainty by trying to explain away unanswerable questions with medical jargon that feels more comfortable spewing out of my mouth than simple words of empathy? Will I give her a false sense of certainty just to avoid the raw fear I see in her eyes? Will I simply cut these conversations short to avoid the discomfort of unanswerable questions altogether?

Or, will I have the courage to simply sit with her, in the pain, grief, and disorientation of her son’s suffering, his uncertain future? Will I withstand the temptation to offer false certainty and instead admit “We don’t know”—and not evade her gaze?

Most patients and their families are far more experienced in dealing with uncertainty than my privileged self. And although an uncertain timeline for my medical education is disorienting, it pales in comparison to the uncertainty many patients and their families live with every day, sometimes for years. And maybe, in a strange way, in this season I can learn from so many resilient patients that I have yet to meet. I can learn to accept that life is wildly uncertain, that I do not know what tomorrow will bring but instead can ask for my “daily bread” rather than living for my 10-year timeline.

They say patients are your best teachers; I’m learning this to be true, even in a season of quarantined medical education.

– Ellen Solomon, Medical Student at SKMC, 4/26/20

## SECTION IV:

# FEAR

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As an MS4, my last semester has not been what I had hoped it would be. While I feel incredibly privileged to be helping with the crisis soon, I also fear that I will not see my friends and family for a long time. Even if social distancing is lifted, I fear that as a healthcare worker, I will continue to pose a risk to loved ones. Going to a far, new city for residency during this time, I fear loneliness.

– *Medical student, 4/9/20*

I am most afraid of my mom, who has ovarian cancer, contracting this virus. I worry about the ability for me to get a job when I graduate this summer. I worry about all the people who have lost their jobs. They are about to face so much instability, which has so many health consequences. I fear we will not have the resources to keep up with making sure everyone is secure.

– *Student, College of Professional Health, 4/22/20*

My biggest fear is that I might bring it home or hearing that my friends or family members have it and I am not be able to be there for them. I worry everyday that the nurse who is swabbing the patient that came for testing ends up getting it and brings it home to their family who don't have the accommodations like I do.

– *MA, TJUH Pool Team, 4/17/20*

I fear for my best friend Darby. She has type 1 diabetes and fears to go to different places to get essentials. I also fear for my Meem who has auto-immune diseases, she's 73, and my dad, he's 64, who has a heart disease. I fear that people aren't taking this seriously and because of their actions they can hurt the people I love without even knowing it. I worry so much about everyone and I hate seeing so many people losing loved ones.

– *Communications student, 4/9/20*

I fear my daughter-in-law, a nurse at Vanderbilt Hospital, will get sick. I fear my 89-year-old mother in Florida will get sick. I fear my family members with depression will be derailed by this prolonged crisis. I have dreams that I'm at the airport waiting forever and the plane backs away from the gate while I'm on hold with an 800 number trying to get a seat. All my fears are about the people I love and my own powerlessness.

– *Pamela Walter, Writer, Department of Professional Writing, 4/13/20*



I worry that a small mistake will bring COVID to my husband—I do not believe he would survive.

I worry about my daughter who can't come home and lives in a hotbed of infection in Jersey City. I miss her.

I worry about my brother in Florida, recently ill with C diff, surrounded by well-meaning friends who don't "get it".

I worry about dear Jefferson friends on the very front line—I want everyone to be there when I come back.

– BSN, *Clinical Documentation Specialist*, 4/17/20

When I received the news that someone I personally knew tested positive, I shuddered. This was the first of multiple people I know who contracted COVID-19. She ended up being hospitalized, and my mind couldn't help but explore the different possible outcomes. Thankfully after a brief four-night inpatient stay, she was discharged and eventually recovered at home. The idea of it hitting so close to home made it much more real.

– Paul Bucca, *Critical Care Technician, Medical Oncology Department*, 5/1/20

Coming home to my 6-year-old son. As a single parent, I have to be with my son when I'm not at work. I do everything I can to keep my place clean. I'm always concerned that my son might get sick because of me, and that is heartbreaking. My son has a history of asthma, and I do everything I can to ensure he is safe.

– RN, *Emergency Department*, 5/1/20

## SECTION V:

# LOSS

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Hearing a mother's last words to her two sons. Within hours after the phone call, she passed away. She was suffering from respiratory failure from COVID-19 and it was heartbreaking to hear her tell her sons that she loves them and that she couldn't go on anymore.

– RN, Emergency Department, 5/1/20

When I think of the most challenging experience for me as a nurse manager of a critical care unit during COVID this is the first of many that come to mind: We had a young patient come in a lot later in the stage of this virus, being almost unconscious. This patient rapidly deteriorated regardless of receiving the best treatments possible. The patient's spouse did not live in this country. Being that the patient was unconscious Zoom was not equivalent to holding a loved one's hand. When the end was near we watched as a nurse stroked this patient's hair, spoke to this patient letting them know how much they were loved and holding the patient's hand. The emotion in that nurse's face is unforgettable. This patient left our Earth being cared for with love, kindness and compassion. With all of this chaos going on it has not affected the way my team cares for our patients.

– Kimberly Tha, ICU Nurse Manager, 5/1/20

I'm grateful to have a job where I can help save lives, but also, that has a new meaning now doesn't it? Sometimes saving lives now, means to allow those who are suffering die with peace and dignity.

– RN, Emergency Department, 5/1/20

I find it so crazy how people thank me for my service. I feel that I have trained and prepared my entire nursing career for this moment. I'm honored that I can be on the frontline fighting this pandemic. I see in my patients' eyes how scared and alone they feel not having their loved ones by their side. I feel privileged that I can be there for them during this very vulnerable time holding their hand and talking to them while they are taking their last breaths.

– Kimberly Brody-Muckenfuss, RN, Emergency Department, 4/28/20

I would definitely say the teamwork and feeling of everyone looking out for one another. I think this pandemic has certainly made us all come to terms with how fleeting things can be. Throughout the past few weeks, I have noticed everyone taking the time to truly connect with each other in the Jefferson community. I am constantly hearing people telling each other to "be safe" and that we "are all in this together". It makes you truly appreciate just not your everyday team,

but the Jefferson team as a whole. The unified purpose we all share in overcoming this pandemic has been truly exceptional.

– *Jacqueline Adams, Clinical Nurse Specialist, 4/1/20*

Well it really hit me when I received a call from a family member that my sister died in a local hospital three days after being infected with the coronavirus. We had just buried my brother three weeks before that (cancer). It caught everyone in my family by storm...Sometimes you don't realize how bad things are until it hits home...However, I continued to do my job and assist as many people as possible, even if it was just giving someone a mask or gloves...Heart broken from the loss of my loved ones...But I believe they are present with the LORD in heaven...

– *First Responder, Security Department, 4/18/20*

On the morning of Friday, March 20, my sister called me to tell me two things. First, our dad was in isolation because he had been in court for two weeks with another lawyer who had just tested positive for COVID-19. Second, our mom was in the hospital, but it wasn't COVID.

I texted a few of my closest friends that I was a little worried about my dad having been exposed because, at 67, he was in an at-risk age group. They all responded with optimistic support: "I'm sure he's going to be okay!" Worrying about my dad wasn't quite when COVID became a reality for me, though. It was still, luckily, only a possibility. I hadn't even mentioned my mom being in the hospital because it didn't seem like a big deal, relatively speaking. She'd been to the hospital numerous times in the past several years and it always turned out to be "nothing," so to speak. But on Saturday morning, my sister called me again. My sister never calls me, so seeing her name light up on my phone two days in a row was cause for alarm. "Mar, so I just talked to Mom's doctor at the hospital. She's in pretty bad shape. He thinks there's a good chance she's not going to make it." What? Why are we talking about Mom? I thought Dad was the one we were supposed to be worrying about.

When I called the hospital, my mom's doctor confirmed that things were not looking good. "Unfortunately, we can't allow any visitors in the hospital right now." Excuse me? My mom is literally about to die and I can't visit her because of a completely unrelated virus? This is unreal. "If things continue to go downhill, we will allow you to come in to say your goodbyes, but we can only let one of you in the hospital at a time." I asked him how long he thought she had left. I was in Center City, but my mom was in the hospital in Wilmington. I didn't want to be 45 minutes away when I got the call saying it was time, but I couldn't exactly go wait at my dad's house, and I didn't want to go to my sister's house because she has two little kids. "Honestly," the doctor said quietly, "I would start driving to Wilmington if I were you."

And that was the moment COVID became a reality for me. That was the moment I became acutely aware of how the virus could make you short of breath in more ways than one.

By the time I got to the hospital, my sister had already been allowed in, which meant my mom's condition had deteriorated. I knocked loudly on the hospital door, noting its unusual locked state, and a man donning a full suit of PPE came outside to ask what I needed. "My mom. She's sick. I mean, she's not sick, she's dying. I mean, she is sick, but she's also dying." I stopped to try to catch my breath and my thoughts. "She's in there," I pleaded. "I need to get in there." He asked me if I had been feeling any flu-like symptoms or had a sore throat recently. "No and no." "Have you had any shortness of breath?" Only because my mom is dying. "Have you had a fever?" "No." "Have you been around anyone with a suspected or confirmed case of COVID in the past 14 days?" "No." "Have you been outside the country in the past 14 days?" "No." He stepped aside to let me in, and I headed straight back to the information desk and told them who I was there to see.

"Have you had any flu-like symptoms?" Seriously? My mom is dying. I didn't develop flu-like symptoms in the three seconds it took me to get from the entrance to this desk.

"No."

"Have you had a sore throat?"

"No."

"Have you had any shortness of breath?"

"No."

"Have you had a fever?"

"No."

"Have you been around anyone with a suspected or confirmed case of COVID in the past 14 days?"

"No."

"Have you been outside the country in the past 14 days?"

"Still no."

"It looks like your mother already has a visitor. I think it's your sister, or maybe her sister. She needs to exit the hospital before we can let you up. You'll need to wait outside away from the entrance, past the walkway." My sister and I wouldn't even both be allowed in the room with our mom in her final moments. How were we supposed to choose which one of us would be with her at the end? Our brothers lived in Minnesota and Arizona; there was no point in them even trying to get home, so at least it was a choice between two rather than four. What an odd thing to be grateful for.

Fortunately, my mom's two sisters lived close enough to meet us where we were waiting outside the parking garage, and we all took turns going in and out to be with her. While one of us was in the hospital, the other three shuffled between sitting and standing and pacing in a construction site about 100 yards away from the hospital entrance, careful to maintain six feet between each of us. An awkward triangle desperately wishing to collapse into a single point.

When it was clear that my mom didn't have much time left, the oxygen mask was removed, the morphine drip was started, and the medical team very graciously decided to let all four of us be in the room with her until the end under the condition that we all maintained an appropriate distance between each other. My mom died early Sunday morning. Against protocol, the four of us were there next to her, and I am so grateful for that. But we didn't get to have a proper funeral or sit shiva. We still haven't been able to hug each other. My brothers haven't been able to come home. Going through the grieving process in a period of physical and social isolation is a grief all its own.

Through this grief, I learned too well how COVID has the ultimate control, capable of invading not only your respiratory tract but every aspect of your life. Somehow these invisible little particles together formed a colossal barricade against the things we might usually take for granted, still invisible but in no way inconsequential. Physiologically, my mom's death was unrelated to COVID, and yet her death was so intimately tangled with these tiny but formidable particles, a marionette with its strings manipulated by a puppeteer who was both invisible and merciless – an utterly dangerous combination. COVID isn't what killed my mom, but her death is what made COVID a harrowing – and humbling – reality for me.

– Mary Blumenfeld, Medical Student at Sidney Kimmel Medical College, 4/15/20

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*Note: A longer version of this essay was published in the Delaware Journal of Public Health, volume 6, issue 2B.*

## SECTION VI:

# CONNECTION

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I continue to do what I need to do because they need us. As the hospitals have shut their doors to visitors the only people our patients have are US. To these patients we are strangers but good strangers. I have always put myself in other peoples' shoes... and during this pandemic it couldn't be a better time to do so. If my family member was in the hospital and I couldn't visit them, I would want one of these HEROES to be there for them since I couldn't.

– Michele Delp, Housekeeper, Environmental Services, 4/28/20

I always wanted to be involved. Being able to come alongside someone, look them in the face, and say "I am here for you, let me know how I can help you" makes them and myself not feel so alone when faced with the daunting task of navigating through this new way of life.

– Paul Bucca, Critical Care Technician, Medical Oncology, 5/1/20

I absolutely love helping people feel better. I get a buzz out of seeing the light bulb go off in someone's head or making someone feel truly heard and understood. This has not been affected by the pandemic.

– Kelsey McCrann, Behavioral Health Consultant, Jefferson Geriatrics and Women's Primary Care, 4/24/20

A SICU nurse gowned up and went into a room per the family's request so they could FaceTime them and sing to the Dad. It was the best thing she could have done. Another nurse held a mother's hand as she was dying while the daughter was on FaceTime and she wasn't able to hug or kiss or touch her for one last time.

– Michele Delp, Housekeeper, Environmental Services, 4/28/20

The Labor & Delivery and Mother Baby Unit of Jeff Washington Township prepared for weeks before the South Jersey COVID-19 peak hit. The day our first of many COVID-19 positive patients arrived we were anxious but ready. Our first concern was making sure this laboring mom and her partner felt safe and happy. They had already received education in the OB office but nothing really prepared them for exactly what to expect. The image of so much PPE, the isolated labor hallway, and the limited personnel could have ruined a beautiful birth experience. This is where the caring staff of unit secretaries, environmental, dietary and nurses stepped in to make the family feel as comfortable as possible and to reduce their anxiety. A lot of smiles, education, questions, laughter and listening went into creating a unique plan of care with the parents for a safe and happy delivery experience. When it was time for baby, the Labor nurse and doctor delivered a healthy baby! The happy emotional parents watched as their newborn was handed to the waiting admission nurse who assessed the baby outside the delivery room, away

from the aerosolizing event. This was hard for everyone because under normal circumstances the baby would be placed skin to skin, bonding immediately. Knowing this, the labor nurse and newborn admission nurse communicated through the door window with frequent updates on weight, measurements, how beautiful the baby was, and even snapped photos shared with the new parents.

This was a birth story unlike any before it. With efficiency and care, the admission nurse finished her work and called the waiting neonatologist to perform his examination. Usual protocol had to be adjusted to create the most safe conditions for the baby and staff. At the same time we wanted to be as swift as possible in order to meet the wishes of the parents to be united with their baby as quickly as possible. Accomplishing this took the efforts of nurses who acted as runners and unit secretaries to enter data and print important labels. The team's effort to maintain safety and make this birth story joyful was enormous. Only a day later the next COVID-19 positive patient arrived, the numbers following the peaking curve for South Jersey. Since then, our unit is less anxious and more experienced, but never complacent. We know the risks of this virus. We also know how to help our patients have a joyful birth story in spite of those risks.

– *Jeanine Sweeney, RN in Mother Baby doing post-partum couplet care and newborn admissions ("Stork Nurse"), Washington Township, 5/18/20*

I have a much greater appreciation for nature, blooming trees, sunshine, singing birds, quiet and, probably most of all, human connection.

– *Elena Umland PharmD, FNAP,, Co-Director, JCIPE, 5/1/20*

As a student, since the time I started college to now in medical school, I have been away from home more than not. When I'm not at school, the most I see my parents, brother, and family is a couple weeks at a time during longer breaks and occasionally some weekends. One blessing that has come out of this challenging time is the time I am spending with my family. I have been sheltering in place in my family's home, and I am so grateful for this unexpected opportunity to be able to say good night and good morning in person to my loved ones, instead of over text. I feel emotionally nourished in a way I haven't felt in a long time. I hope this marks the start of a life after COVID in which I am closer to my family, emotionally if not always physically.

– *Medical student, SKMC '22, 5/1/20*

We recently had two patients on our family medicine inpatient team at Abington Jefferson Health who were roommates at a group home for people with intellectual disabilities. They were very close. They both came in with symptoms related to COVID-19. My co-resident, Morgan Katz, deserves a shout out because she took care of both of them with care and good medical skills before I got there. One of the patients was recovering nicely. The other, sadly, as with many patients, was doing poorly, no matter what we did for her. The difficult but compassionate decision was made to allow her to go to hospice care so that she could be as comfortable as possible. I eventually took over the care for the other patient. She had no idea

that her friend was dying. We decided it would be best to wait for someone at the group home to tell her since they knew her better. In the meantime, she was feeling much better and was bored in her room. I asked her what she liked to do - she said she liked to color, particularly flowers. I went down to the pediatrics floor, where I knew they have coloring supplies, and picked up some crayons and coloring pages. I printed a few more coloring pages and brought the supplies to her. I am a firm believer that medicine is about physical, emotional, mental, and spiritual health. This patient needed some coloring in her life, so that's what she got.

– *Evan Gooberman MD, Resident Physician, Abington Family Medicine, 5/16/20*

I was on the Labor & Delivery floor during the first few weeks of the COVID outbreak. One of the patient interactions I will never forget during this time was that we delivered a beautiful baby girl to two first-time parents and they were so overwhelmed with joy following the birth of their little girl. We had established a great rapport with them through her labor course, and after the birth she and her husband asked if we could all take a picture together (including her nurses, the attending and myself who delivered the baby). It was such a touching moment, but even more so because when we went to smile for the camera we realized that nobody could see our smiles behind our masks. The mom just laughed and said "that's okay, we can see it in your eyes."

– *Intern, Department of Family and Community Medicine, 4/24/20*

There was one day where I felt impending doom from the moment I woke up. I didn't move off the couch. It took a full day of anxiety, depressive thoughts, isolation, tears, and self destruction for me to be forced into a discussion with a friend. And that friend was someone I was not close with before the pandemic. And to have someone talk me through my thoughts, understand my feelings, and make me laugh was what I needed. I would have not made that connection if it weren't for this pandemic. With all tragedy going on in the world, I just hope more of those connective moments can be made.

– *RN, TJUH Pool Team, 4/25/20*

When a local nursing facility needed to close its doors last Wednesday, the inpatient hospice unit received the call we had been preparing to take: Our first COVID positive patient. Little did I realize our first COVID-19 patient would actually be three COVID-19 patients all admitted that same afternoon.

The most touching aspect of these three admissions was the tears of joy that one daughter shared. She could finally spend time with her mother. She had not seen her for 5 weeks. Her mother only lived for 5 more days but her daughter repeatedly told the nurses this was her silver lining, she was able to comfort her mother in her final days.

The first exposure to COVID-19 patients can be stressful and frightening, but the gratitude of this daughter made our experience so rewarding.

– *Inpatient Hospice Nurse, 4/19/20*



Working remotely actually allows you to appreciate the humanness in everyone. For example, in the virtual meetings with students, they have met my dogs, and I have met their children. At home, life doesn't stop while you are trying to deliver/attend a class online. Last week at the end of a 'class', a student's 3-yo daughter joined in. She had heard my dogs barking in the background during the class, and began to ask me what color they were, their names, etc. She shared with me the name of her dog and how her grandmother has a basket on her bike to bring the dog on bike rides. I know this sounds like a very inconsequential event; however, this was a highlight to my week. Connecting to the humanness of others has been keeping me going!

– Administrator, Jefferson Center for Interprofessional Practice and Education, 3/29/20

My coworkers are the most amazing people in the entire hospital. There are no words to help you understand the camaraderie. One look at a coworker through the hood of a PAPR, through an isolation door, and they understand your worries about your patient, and exactly what you need to help keep them alive. My coworkers are the people who mean the most to me right now.

– Nurse, Medical Intensive Care Unit, 4/1/20

Remembering who we are doing this for. Seeing that our efforts really do make a difference. Using the extra space and quiet in our lives to reconnect to why we do all of this in the first place. Seeing kids drawing sidewalk art & sweet messages to cheer up passersby is amazing. In the lack of normal forms of connection, we are all reminded how important human connection is in the first place. We do this for each other.

– Nursing student, 4/1/20

At work, it's the camaraderie. I certainly empathize with the fears our patients are facing and I, like all my coworkers, do my best to de-escalate their anxiety. But it's the deepened sense of togetherness between the staff—all the staff, not just clinicians—that has been the most meaningful. This is a peculiar moment to work in an emergency department, and I'm grateful to work with such an exemplary, courageous, united group of people.

– Nurse, Emergency Department, 4/2/20

This pandemic has changed me to realize to live love and laugh with our family members and friends. To shake off the small stuff and just live life. No time for hatred.

– Michele Delp, Housekeeper, Environmental Services, 4/28/20

It makes my heart open up much more.

– CNA, 5/2/20

For me personally, I think it's become easier to focus on the things that matter and make a difference towards supporting staff. I am more comfortable understanding how people feel in the moment and taking pause and hanging out in that space before moving forward with work. I've also learned patience. I thought this thing would be over in a few months and things would go back to normal, but I understand that 'normal' is still different and if it means lives saved, it's completely worth the change.

– Administrator, Jefferson Hospital, 5/15/20

This experience has opened my eyes to how strong I really am! I have tolerated more stress, change and uncertainty than ever before and still feeling great!

– Kelsey McCrann, Behavioral Health Consultant, Geriatrics and Women's Primary Care, 4/24/20

Patients have been amazingly thankful for the work that we are doing. The years of sacrifice and hard work are all worth it when you can help individuals in this incredibly challenging time.

– Christine Marschilok, MD, Physician, Department of Family and Community Medicine, 3/27/20

In early May, I came onto our hospital service having exclusively dealt with the virus from afar via telemedicine or in the outpatient setting. At this point, the pandemic had been around for two months and the unknowns were mostly known. We knew how to test for it, what the disease looked like, and that people were dying. The shock was still there and the feeling of forced helplessness with elusive clinical treatments weighed heavy. You could read and you could study, but it didn't truly prepare you to care for these patients.

That first week on service we got an admission from a family that was familiar to me. Mr. K had been on our hospital service months prior with a bad urinary tract infection and sepsis requiring heavy-duty antibiotics. He had done well and gone home with a PICC (peripherally inserted central catheter) so that he could finish his IV antibiotics in the comfort of his home. Mrs. K, his wife, had shown up two and a half months later short of breath, looking frail, weak, and dehydrated and now my patient. To no one's surprise, she tested positive for the COVID-19 virus and required supplemental oxygen immediately. She was so weak that she could barely drink fluids without choking. Prior to this admission, at 87 years old, she was an incredibly healthy woman taking few medications, physically active, and mentally quite sharp. Every night when I saw her, she wanted to be oriented to the date and time so that she wouldn't lose sight of the outside world—something that comes naturally in the vortex that is the hospital. She asked about Mr. K and would call him on the phone some evenings as oxygen was artificially pushed into her lungs. As the days went by, she lost more of her breath, became delirious during the night, ripping off her oxygen supply trying to get out of bed. This behavior was in no way new to me, but I could not

confidently go into her room each night to reassure her that she was going to get better nor that she was going to go home.

A week into her stay, Mr. K was suddenly admitted to the hospital for COVID-19. He was feverish and agitated but showed no respiratory symptoms. With baseline dementia and COVID-19 wreaking havoc on his body in unseen ways, his mental status slowly devolved into periods of intense confusion and aggression, followed by deep sleep and a flattened affect. Mr. and Mrs. K were both in the hospital for COVID-19 and they had no idea they were roomed across the hall from each other.

Our day team had decided that they did not think Mrs. K was going to improve based on her refusal to eat and her increasing need for oxygen. They had a long discussion with family who decided to not take any aggressive measures including avoiding intubation or cardiac resuscitation. All of our medical care was tailored for her comfort. With this decision, one family member at a time was allowed to come into the hospital to visit Mrs. K. On the eighth night of her hospital stay, I met her daughter who told me the whole story through muffled sobs and a damp surgical mask.

Mary\*, Mr. and Mrs. K's daughter, had taken her father home after his hospital stay earlier in the year. Due to his age and frailty, she took it upon herself to give him his IV medications every day, twice a day. She dutifully drove forty minutes from her home to make her parents meals and give the medications through the IV. Little did she know that she was asymptotically infected with COVID-19 and likely spread it to her parents through the daily contact. She knew now that this was likely fatal for her dad who struggled with multiple comorbidities in his older years, but she never pictured her mother, the rock of her family, to lose her health so quickly. Tears streaming down her face in the hallway of the hospital, I knew she wasn't going to forgive herself any time soon.

We grappled with the decision to tell Mrs. K that her husband was in the hospital knowing that it would intensify her anxiety and possibly halt any hope of recovery. For two days we watched them sink more away from their usual selves, becoming more confused and short of breath. Finally, we decided to put them in the same room, going against the formal hospital COVID-19 infection control policy. As Mr. K rolled into Mrs. K's hospital room, we were told by the nurses that she began to cry, likely a tearful mix of fear and relief.

Over the next two days Mrs. K clinically deteriorated, but she was much calmer. With their beds pushed next to each other, she would look over at Mr. K with her positive pressure mask in place, no longer fidgeting or pulling at her monitor lines or IV access. She ate lemon water-ice, didn't try to climb out of bed, and didn't seem as worried.

One hour before we signed out to the day team, Mrs. K's nurse called me. "Mrs. K just passed," she said quietly. My heart sank—less so for the loss of the patient which I knew would end a lot of her discomfort, but more for the anticipation of having to tell her husband, lying in the bed next to her.

I came downstairs, put on my plastic gown, gloves, adjusted my N95, donned my face shield and walked in their room. Mrs. K lay peacefully with her blanket neatly tucked around her. I looked down and saw her hand in Mr. K's, fingers interlaced so naturally, as they had been for almost 60 years of marriage.

I moved quietly while conducting my death exam so as not to wake Mr. K during his rare moments of sleep. I couldn't bring myself to remove her hand from his. I didn't want to be the person to separate them in their last physical moment together. After confirming she had died, I closed her eyes and firmly pressed my hand over theirs, sealing up something in that grasp. Maybe it was hope. Maybe it was deep sadness and loss. Maybe it was an act of rebellion—a sign that we will persevere through this pandemic. And maybe it was my last attempt to honor them.

We later told Mr. K that his wife had died when he woke up and his wife was no longer next to him. With his progressive dementia and delirium I don't think he truly understood the words that the medical team were telling him, but I think he could sense something was wrong. He died not more than a few days later in that same room, peacefully, but alone.

I think about this family often when I tell my patients to wear their masks, to wash their hands, and to take this pandemic seriously. I think of Mr. and Mrs. K when I witness the pervasive anxiety from patients who don't want to leave their homes or can't go to work. And finally, I think of Mr. and Mrs. K as I acknowledge the power and privilege that I have as a physician to help guide a person's last moments on earth in the midst of this terrifying time.

– Madeline, Taskier, MD, Department of Family and Community Medicine, 9/7/20

*\*All names have been changed to protect patient confidentiality.*



## SECTION VII:

# RACISM IN MEDICINE

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Advocating for myself and those that look like me. I'm allowed to have a voice and "take up" space in the room. My grandmother says "don't make trouble" and I wonder if that's psychological trauma inflicted upon her due to racism. She was not allowed to ride the bus to school and had to walk. She may think that my mother and I have it "good" but we are equally allowed to question and challenge the status quo and oppressive system.

– Ashlee Battle, LCSW, Behavioral Health Consultant, Department of Psychiatry, 6/18/20

I think this case within the context of another pandemic was the tipping point. As a black woman, I have felt this same outrage but this also felt different because Ahmad Arbery, Breonna Taylor and the racist act perpetrated towards Christian Cooper that could have resulted in his murder were still very much in my heart. I also watched a video of a witness account who was a child and thought about how that murder will have a significant impact on her for the entirety of her life. George's death was a culmination of such pain, trauma and heartache and we collectively had enough.

– Ashlee Battle, LCSW, Behavioral Health Consultant, Department of Psychiatry, 6/18/20

It doesn't feel good when I'm with my grandkids and they see cops come near us and the first thing they say is 'Grand-mom are they going to kill us?'

– Zakeeda Epps, Unit Secretary, Operating Room, 6/8/20

I don't believe it was about "this case." This has been bubbling up under the surface of our society for such a long time. Colin Kaepernick knelt before the flag four years ago in peaceful protest of police brutality and people were vehemently angry about his "disrespect of the flag." Black men and women have been killed by police for years with no consequence or acknowledgement of need for change. I believe Trevor Noah said it best in his monologue that this was "a domino effect." Immediately prior to George Floyd there was Amy Cooper who 'threatened the life' of a man in NY by lying about the circumstance of their encounter and saying, "I am going to call the police and tell them an AFRICAN AMERICAN MAN is threatening my life." A man that simply asked her to follow the park rule and put her dog on a leash. The threat that she made (and followed through on by calling the police) was an awareness by a white woman that black men are being brutalized by police at a high rate. That incident showed awareness of something that has been consistently brushed to the side during peaceful protests and calls for justice over the past 10 years. Then shortly afterwards, George Floyd was murdered in broad daylight, on camera, with no concern for consequence; and his killer would have very likely (as in

many other cases) not faced any consequences for his actions—be it not for the outrage. SO no, this was not just about “George Floyd,” he was the straw that broke the camel’s back, this was also about Breyonna Taylor, Ahmaud Arbery, Treyvon Martin, Philando Castile, Tamir Rice, and countless others over the years (those that have recently been caught on camera and those whose stories are unheard and unknown)... This goes back as far as Emmett Till in 1955.

– *Brittany Hozik, MD, Resident, Department of Family and Community Medicine, 6/12/20*

This YEAR, I advocated for two of my patients on Labor and Delivery because neither of them were made aware of risks prior to being consented for trial of labor after c-section. My chief dismissed my discussion by saying, 1-“she didn’t believe they weren’t told”, 2-“It’s the patient’s responsibility to read the consent form”, 3-“Maybe it was an NP who consented them”, 4-“Maybe they were in a hurry.”

– *Brittany Hozik, MD, Resident, Department of Family and Community Medicine, 6/12/20*

I have been through many dealings with racism in all aspects of our environment and workplace. The experience I had in a well-known hospital was they would not hire a Muslim girl because one of the secretaries was scared because she wore hijab and an overgarment. This girl came from a different part of the hospital and was the best fit for the position and I helped interview her. There was a White girl (no offense) who we also interviewed for the job as well with no medical experience at all. She was a nice girl but in the department I worked in you needed some kind of medical experience. So my manager and my coworker decided they would hire the white girl instead, and that is just one incident. There were many more.

I have also worked at Abington before Jefferson stepped in and there the racism was made publicly and pushed to the side. I also used to work for an insurance company and one of the managers came in the room in which everyone was black and made a comment to the other manager “Yes keep them chained to the chairs like they should be.”

Living in our community we as black people are treated unfairly because people assume every black person is a criminal in their eyes. It is sad when you have to explain to your sons and daughters what to do and say in the fear of them being assaulted or shot. I have a son that was on honor roll at school and was shot at the age of 15 years old in a crossfire while at his friend’s house. So while my son was in the operating room fighting for his life, the detectives pulled me and his father in a room to talk to us. I never thought in a million years the first question they asked: Was my son a part of a gang...How disrespectful and hurtful I felt and when I asked them really that’s the first thing you ask me they turned around and said to me well if you can’t help us we can’t help you.

I could go on for days of stories in our community and workplace. I feel like me talking to patients of color when I sit at the front desk; I have had numerous complaints of how they are treated differently than other races. I talk to them

and I understand them and I know I try my best to help them as I would anyone (no matter their race).

– Zakeeda Epps, Unit Secretary, Operating Room, 6/8/20

One of my close friends in medical school who is originally from Iran, was called a 'terrorist' by one of our attendings. In front of the entire surgical team. And made "jokes" about 'not killing him with her backpack.'" One of my classmates (in medical school) was called a N\*\*\*\*\* by a patient; the residents and attendings said nothing.

– Brittany Hozik MD, Resident, Department of Family and Community Medicine, 6/12/20

The spark that lit the fire was when the police officer put his knee on George Floyd's neck, and to hear him tell him he couldn't breathe and asking for his mother and the cop just looked like he enjoyed every minute of it. So for any black mother that was painful to watch and it hit hard. Knowing that we pray everyday for our kids out here in these streets. I think if they didn't wait to arrest the officers involved, yes we would have protested about brutality and injustices in our community but instead they waited until they fully investigated the video. So it sparked rage and anger that stemmed behind a lot of past police brutality and injustices that the black community has suffered through decades. You know growing up from a young age I feel like a lot of people don't understand the talks we had to endure about the way society sees us and how you have to act or speak.

I try to explain to people when we say the #blacklivesmatter it is not disrespectful by any means. It is a statement that we matter, we have a voice, we have rights and, after all these years, we are still dealing with the same things our ancestors and mothers and fathers had fought for us to be here. We are living in a land that was taken from us, a land our ancestors built from their hands and blood. So no, to us this is not the land of the free if we are still fighting for our freedom. Yes all lives do matter but when you look at statistics we are the ones that get harassed and killed. Just think about it—the same week of George Floyd's death there was a white man who killed a couple of people and had the police on a manhunt. He came out unharmed and guess what? 9 times out of 10 he will get a lesser sentence than any black male that carries a gun. Now don't get me wrong I do agree that if you commit a crime you have to face the penalty, but it should be equal for both races.

I question how many white males have been thrown against the wall just because of the color of their skin? How many white kids have been beaten viciously and taken to the police station for a charge that they didn't even commit but sitting on a step with a group of friends?

Do I agree with the rioting? NOT AT ALL. However I do understand the anger and frustration. There is no book on how to riot or protest but there is a book on how to be a police officer and there is knowledge on how to treat another race. What people are failing to realize is that we are dealing with a generation



that has been done so wrong by the hands of the law, environment, job discrimination and much more. I can say I am angry and emotionally drained.

– *Unit Secretary, Operating Room, 6/8/20*

When I was 9 years old, I was aggressively bullied by a boy in my 4th grade class. Many years later, I saw him on Facebook. He posted photos with confederate flags, racist cartoons, and pictures with masks on making fun of black people. I finally understood.

– *Brittany Hozik, MD, Resident, Department of Family Medicine, 6/12/20*

It's not so much that it's this case that sparked the outrage. People are fed up and tired of being harmed by the people who are supposed to protect us. If all four police officers were arrested immediately, it wouldn't have gotten so bad. But the fact that they tried to justify what happened, instead of just saying that officer was wrong. We (Blacks) are tired of being abused, beaten, killed, choked for simply being black. If one of those other officers would have had the dignity to say "hey, you are upset, step away, I'll cuff him" we wouldn't be in this predicament. But no one spoke up, so now the world is speaking up for George. In hopes of preventing that from happening to another person of color. It's time for a change.

– *Member of Oncology Support Team, 6/7/20*

I recall the first time I worked with a major corporate client, EVP of a Fortune 500, and the executive just looked me up and down and asked what he could possibly learn from me. Keep in mind the Exec was an older white male and I was a young Hispanic female at the time. I told him he clearly has a lot he can learn from me.

– *Senior Learning and Development Specialist, 6/5/20*

Because it was plain to see. Even though everyone saw it, lies began and continued. First, for me it was the hands in the pocket and the total nonchalance of what the police officer was doing. It was as if it were a walk in the park. The police officer's face showed no signs of struggle, either physically or emotionally. This was normal for him. Second, it was moving his knee to apply more pressure knowing he was being filmed. Lastly, no one would help George Floyd. No one. And we saw it. We saw it all. Mr. Floyd is a child of God but we saw he was not treated as such. He was disposable to them.

– *Annemarie Lueckenbach, Chemistry Laboratory Supervisor, 6/5/20*

I have been learning from my black friends and peers about what it means to grow up black in America. No child should have to have a talk about racism and how to act or behave in response to racism and hateful actions. No parent should have to give such a talk.

– *Senior Learning and Development Specialist, 6/5/20*

My friend, who happens to be black, was in the break room having breakfast listening to others speak in very derogatory terms of the protesting going on. One person turned to him and asked "What do you think"? He was very upset that after having to listen to such derogatory comments to be asked what he thought. He said nothing but shared with me that he was not even seen as important and not thought enough about for the people to not speak of that in his presence.

– *Laboratory JNJ, 6/5/20*

How can you kneel into someone's neck for almost 9 minutes and not think there is something malicious behind the intent? Horrific and gut wrenching to watch. Knowing this wasn't the only case of a black person dying at the hands of the police.

– *Senior Learning and Development Specialist, 6/5/20*

We have seen so many incidents of angry, out of control cops chasing men of color and shooting them in the back. Then George Floyd. This was not an angry, out of control cop. This was cold, cruel, nonchalant. "Please, I can't breathe!" Ignored. Clearly, part of a long history of cold, cruel killings—think lynchings and so many others. But perhaps George Floyd can be the tipping point, we pray.

– *Attending, Department of Family and Community Medicine, 6/17/20*

We, as a society, witnessed the entire period from beginning to end of the loss of George Floyd. We witnessed his last breath, there is nothing more devastating to watch than that.

– *Nurse, 7/24/20*

My daughter has a mental illness and I have witnessed many people in the medical profession treat her with total disrespect. She begs me to go with her to any appointments because the staff including doctors treat her better.

– *Noreen Ciamaichelo, Patient Access employee, Seamless Access, 7/24/20*

I was pregnant with my first and only child and was receiving pre-natal care at a suburban health system. After waiting over 40 minutes for one of the OBs to treat me, she finally came and without looking at me or the chart in front of her, she had the audacity to ask me what # child was I having because her assumption was that I was a young black woman with multiple children. I was not. I am married and only have one child.

– *Privacy Officer, 7/24/20*

For me, being an African American mother with a son - outraged because it happened again and this time it was bold, brazen, cold and calculating. Like this officer took pride in sucking the life out of an unarmed black man. It was another modern day lynching. Also scared to death, because George Floyd could be any one of my male loved ones.

– *Privacy Officer, 7/24/20*

The coronavirus pandemic, unemployment and poverty in general has disproportionately affected the black community. I can imagine that the resulting desperation and hopelessness along with the fear caused by the pandemic must have caused outrage to reach a critical mass for people of color. When George Floyd was killed after literally pleading for his breath, enough was enough. I am not a black person. I am white. This is my observation from a white person's perspective of generations of injustice and substandard treatment of the black community—in other words systemic racism. This karma is shared by all white persons and it is our responsibility to work to eradicate it.

– Elena Martino, *Business Operations Manager, 7/24/20*

The video was very difficult and painful to look at in its entirety. I personally could not look at it for more than one minute, it made me sick to my stomach. His death was willful, spiteful, inhumane and hateful. It was clearly demonstrated by the perpetrators. There was a sense of coldness seen by the policemen involved. They pinned Floyd down to the ground like an animal and one police officer knelt on his neck for 8 minutes and 45 seconds. Floyd was pleading for his life, he told them he could not breathe over and over again but they showed no remorse and no mercy. He was even calling out for his deceased mother to help him and the police officers continued to pin him down and suffocate him until his death. That was cold, no one deserved to be murdered like that. That was very sad, wicked and evil, and the policemen got a little pat on their backs, after murdering Floyd, and that is why we were outraged.

– Nurse, 7/27/20

There was one situation where this white nurse (the clinical director) was shadowing a black male doctor (not a resident or intern) during care rounds to make sure he was explaining the patient's plan of care in a way she felt it should be done. Very condescending and very embarrassing for the black doctor as he had to round with her in the presence of other staff nurses. I have never heard of that being done with a white doctor or a white nurse before and I have been a nurse for a long time.

– Nurse, 7/27/20

It angers me that this is still an issue, even though it truly has not been that long that we were segregated. It is also very sad that health care providers are not living up to their vows to take care of patients to the best of their abilities and letting their bias, conscious or unconscious dictate how they practice. I remember caring for a patient who was a quad from a work accident. He was mean and sourly to everyone. But he was in his early 40s and I guess he thought his life was over. I would go in and talk to him, we would go back and forth but by the 8th hour of us being together he mellowed and we got along fine, until I went to give him his bath, and there all over his skin was his true feeling about me and my black skin, tattooed as a permanent reminder that he thought less of me. But then something amazing happened, I looked at him and he looked at me, I said "if you don't give me problems you and I will be fine", he said in return "I see you". After that we were fine, he was even mad when I wasn't there. I think most people just want to be seen, not as black or white, male or female, just seen as a person that deserves respect just like anybody else.

– Chanel Hart, *Clinical Nurse Coordinator, Department of Family and Community Medicine*



# EVANESCENT

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