

When Corona Comes Knocking

by Jay Kaplan

After practicing emergency medicine for more than 40 years, I thought I had seen it all. I was mistaken.

I cared for a few patients in the emergency department at University Medical Center New Orleans back in the first week of March who I thought were ill with COVID-19, one a car rental agent at the New Orleans airport and one a homeless man; they did not meet the Department of Health criteria required for COVID-19 testing at that time, which was limited only to those who had traveled to an affected area, so no test could be done. I worried for my patients, I worried about bringing COVID home to my family, I worried about becoming ill myself, since I was designated to be in a high risk group due to my age. We saw many people become very ill very quickly . . . and die in front of our eyes. I felt overwhelmingly helpless and sad.

In addition to working clinically in the emergency department, I am Medical Director of Care Transformation for LCMC Health, a non-profit 6-hospital system in New Orleans. As a member of our health system Incident Command structure I watched as facilities were quickly flooded with patients, putting the system in danger of running out of resources. Our leadership team was remarkable in its forward thinking as we pro-actively acquired more ventilators, assured the supply chain for personal protective equipment, increased our negative-pressure rooms, doubled our intensive care beds and ramped up our capability to do rapid COVID-19 testing to protect our staff. None of these actions took place without tremendous effort on the part of our team.

All of our health care workers were working long shifts many days in a row and under great stress. Our system's leadership realized that our staff would need us to bring care to the caretakers, and so I was asked to round in our hospitals and give support to our staff. I saw my responsibility as three-fold: 1) I would assure them that we were not going to run out of PPE or ICU beds or ventilators – I showed them graphs of our available resources; 2) I let them know that we cared about them and would care for them and address their needs and their questions; 3) I gave them permission to feel all that they were feeling – if they needed to go into an empty room and cry, that was supported – they should just let their colleagues know so that no one would worry about them. I shared poems that I had written

and shared with them that they should see their feelings of fear, grief, and even anger as a sign of the depth of their humanity rather than seeing it as weakness.

I visited more than 60 units and departments across our 6 hospitals. I could see past their respirators, face shields and isolation gowns. I saw a nurse across the room and her eyes teared up. I saw the pain. I reached out and she reached back. I counseled a lab director who, after working 12-hour shifts, went home to her two children stressed out from being home from school, telling her what services were available through the hospital and advising her to be proud of the good work she was doing. I gave her my cell number and pledged to continue listening whenever she needed a shoulder. Another nursing director lived with her brother and he was a service-line worker who was laid off, so then she was under financial stress supporting their entire household. I spoke with two lab technologists, one had lost 20 people in her neighborhood to COVID and the other had 5 close friends die due to this horrible virus. I recognized that we have our shared experience of the pandemic (“I know how you are feeling”) and that we all had our personal dealings with it as well (“I have no idea of what you are going through”). I could feel the depth of the harsh realities that we were all facing.

I shared with the staff I met that they needed do whatever they could to protect their own humanity. Given the isolation that was enforced with no visitors allowed to comfort patients, our staff became more than nurses and respiratory therapists and doctors; they became the patient’s family, holding the patient’s hand and offering comforting even as patients were taking their last breath. For those of us who like to get close to our patients, it was heart-wrenching. I found that many healthcare workers concentrated on who they couldn’t save, and not the ones they helped. I reminded them of their preciousness and how they were making a difference.

Those “wellness/resilience” sessions were held for not just front-line workers, but those in the Lab, the EVS team, the Rehab team, and the Facilities personnel, and well, anyone who needed to know their feelings of sadness, frustration, and fear were valid.

Now more than ever we need to reach out to each other and to our patients and feel our connectedness, and our humanity.

This pandemic is a marathon, and now with vaccines there is cause for hope. But this virus has taken a heavy toll on the healthcare community and even after we have gotten through it, the post-traumatic stress will remain. We need to normalize that health care workers are not superwomen and supermen and that reaching out to someone for help with dealing with our feelings is not a sign of weakness but rather a sign of strength. Now more than ever we need to reach out to each other and to our patients and feel our connectedness, and our humanity.



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by Jay Kaplan, M.D.

Death has always been around us

on a bad day we felt it seize a patient from our care

many good days we could feel victorious and look the other way

Now death is our greeter as we walk in to work

sometimes we see it walk in the door

other times it is wheeled in

sometimes death announces itself upfront

other times it's more subtle giving us the hope of being able to defeat it

then crushing our dream with irreverent gusto

My friends

my colleagues

I see your sadness through your goggles and masks and face shields

I sense your grief through your isolation gowns

I feel your fear even as you try to hide it

And I feel my sadness

my grief

and my fear

which I too try to conceal

And yet

We journey on

True soldiers of healing

this is rough terrain we're in

and there are no foxholes to hide in

and no way to take cover

we have no tanks and no big guns and scant armor

Our only ammunition is our caring hands and our searching minds
as we try to devise strategies for survival
of our patients
and ourselves

Reinforcements for our side are few

And we know that our casualties will rise more than we could ever fathom

This time we have no magic bullets

So what to do

We can look into each other's eyes and see our strength and determination

We can speak with hope and faith that we will get through this together

We can hug each other even if we are 6 feet apart

We can be grateful for and celebrate every battle won and take that in deeply
and know that our actions have made a difference

We have been drafted without warning

And we are on the front lines fighting with every ounce of strength we have

Not knowing how long this fight will last

Victory must be redefined

if fewer people die than expected we will know we have done well

And if that doesn't happen

we will take solace in having fought hard and given everything we could

We will find our way through this wilderland

We will guide others to the other side of this tragedy

We will know that we are a band of brothers and sisters connected forever

by our spirit and our passion for helping others live