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I came home from a long work day with a headache and crawled into bed for a terrible night of sleep. My joints and low back ached like fire and I could barely walk to the bathroom. The fever was low-grade, but I sweat through the sheets. This went on for days. I was sick with Covid-19.

The diagnosis wasn't all that surprising given that I'm exposed to the virus constantly as a bedside nurse. In April I moved to New York to work with patients in the epicenter of the American Covid-19 pandemic. A month in, I was sick and alone in an empty apartment for two weeks with only Harry Potter audio books to keep me company. Honestly, I was too exhausted to be anxious about what could happen.

One symptom was very strange though; the persistent tightness across my chest and a burning in my upper lungs. Once, when it was particularly bad, I said out loud to myself "I can't breathe" and then stopped. I was struck. These are powerful words. They are the same words used by my patients as they struggle with respiratory illnesses. They are the same words spoken by Eric Garner in 2014 when he was killed by a police officer. They are the same words spoken by George Floyd last month as he was killed by a police officer. They are an anthem, a rallying cry for the Black Lives Matter movement. Without breath, we die in minutes. Without breath, there isn't life.

I am not an expert on the antiracist movement exploding across the United States and around the world. What I can speak to is my experience working with Covid patients. I can tell you the story of one patient I took care of named "Joe". He contracted the virus while at the hospital for a spinal cord injury. All vestiges of his recovery drained away and this loud, rude, spunky Italian man became flat, eventually losing the musculature required to talk. He couldn't get enough breath to make sounds. His family wasn't allowed to visit the hospital, so their only communication involved me in full protective gear holding an iPad up for video chat. It's a whiff of connection, supervised by a relative stranger wearing a spacesuit. It's heartbreaking.



I'm not allowed to cry. The family talks about the hospital food and begs him to "keep fighting". They don't understand what is happening and the patient can't explain it well. I wanted to yell at them "If you were here, you would understand that your husband is dying. This is the time to talk about what he wants. You have to tell him that you love him!" My professional role doesn't allow that. I held the iPad for them, missing my longed-for lunch break and also knowing I now wouldn't have time to brush someone else's teeth.

Many of the patient's I'm caring for will die within the next few months. Most within a couple of years. You can "save their life" today, but they will die eventually. In fact, most of working in a hospital is not about "saving lives", but rather about supporting a patient's body while it either heals itself or doesn't. Working with Covid-19 patients is essentially the same work I've been doing for years, however it involves the added complication of PPE. Before I enter a room I have to think through everything I want to do in a patient's room and all the supplies I could need: Medications, ice water, new socks, a walker, all the things needed to take a blood sugar sample. Then the plastic gowns which is essentially a plastic bag with arms and it is so hot and sweaty to wear. Double glove. My N95 mask, that I use for days at a time, is tight against my face with a surgical mask on top to protect the N95. My face shields get foggy from breath and from bleach residue. The patients can't hear me behind it all and the staff can't hear each other. I still have to tell my 85-year-old, hard-of-hearing, patient that he can't walk home because he's too weak to even get out of bed, but now I'm screaming it through my PPE. I can feel sweat on my back and an itch under my nose. Inevitably, all dressed up and in the room, I find that my patient wants tea or needs to be cleaned up. So I take off and throw away my PPE, clean everything, get what I need, dress up again and then go back into the room.

Covid-19 patients have all the same wants and needs as all patients. They hate the indignity of hospital gowns, feeling self-conscious about exposed flesh. Their meal trays are more interesting to them than the various treatment plans. The discomfort and fear of being a patient shows up in toddler-like behavior, pushing boundaries and throwing tantrums. Healthcare providers pop in and out of the rooms forgetting to attend to the humanity of each patient.

I don't blame the healthcare providers. When your job requires 16 hours of work from you and only 12 hours to do it, you have to move quickly. Each day involves engaging with at least one case of incredible tragedy. The task of disengaging from each patient's complex emotional landscape, while not allowing your own heart to feel, builds up extra layers of separation. I'm the healthcare provider and you are the patient, the other, and that kind of illness won't happen to me. There are complex systems built into hospitals that maintain this separation. Patients don't have access to their own medical records - they have to request copies. Results aren't given to patients until the doctor officially releases them, even through the nurses already know and have to pretend otherwise.

These top down policies trickle down into the culture. The staff talk to patients like they are children. I catch myself using a high-pitched sing-song voice while I ask "would you like to take your pills with jello or with applesauce"? Notice I'm not asking if they want to take their pills, but HOW they want to take them. Getting medications into Aunt Edith is literally a box I have to check on an endless list of tasks. There is too much more to do. "Can you please stop examining each one and just swallow them?!" I dehumanize her, to get on with my day. The system crunches me and I then rush and lie and dodge the needs of the patient. It feels really bad. When I work in a different way, I miss deadlines, cause other harm and leave work very late, returning more exhausted the next day. As a cog in this wheel, I don't know how to make

it different. I know I am doing my best. There are a lot of people along the way who are doing their best. This moral distress is extremely uncomfortable and painful and I'm considering leaving hospital nursing because of it. It's over a decade since I decided to become a nurse. I'd certainly be one of those nurses that took the time to listen and really cared! Over time though, I notice myself giving in to the system and putting productivity and "box-checking" ahead of being loving and compassionate to the humans in front of me. I leave work feeling numb and more exhausted rather than inspired. For me at least, it's not sustainable.

If my patient cries out that they can't breathe, I check their oxygenation number on the screen. If it is greater than 93%, I don't worry. They are oxygenating fine and probably need comfort rather than medical interventions. I don't have time to offer comfort, but instead, I say "well, you are breathing well enough to talk, so you're doing ok." Did you watch the recording of George Floyd being murdered by a police officer with a knee in his neck? The guarding officer, Tou Thao said the same thing I say, as he kept onlookers from intervening. I don't know what to do with that.

The media is obsessed with the Covid-19 death rates. They forget to look at the patients who are living inside of the hospitals. How do you talk about patients like Joe, who are still "fighting" with one foot and dying with the other? Medicine is so obsessed with beating back death. There is little talk about the amount of LIVING happening inside a hospital. There is a lot of tedious discomfort with endless blood draws, tape removals and indignities large and small. There is a lot of physical pain. What I want to remind us of are the sweet moments that exist too; the moments of enjoying strawberry ice cream or a really nice bed bath or dancing to the IV beeping. Moments where tears run freely. Moments when we realize that right now, we're here together, even though it's clearer again that death is coming. We remember that stark reality that our skeletons, covered in flesh and organs, will eventually die. That makes this cup of broth more precious. When our hearts resonate, either with each other or with the universe at large, those are life's most precious moments.

Covid-19 is collectively offering us that clarity at a global level. It is quietly terrifying to realize that you or your loved ones might get this virus and become sick and die. It's even more unsettling because it highlights the fact that you will someday die, for certain. We aren't really able to make plans for the future, since things keep changing so quickly. What are we left with is the Present Moment. This isn't a new teaching. Yet it is being viscerally felt around the world. What we have is NOW. We have this moment eating strawberry ice cream.

As spiritual seekers, this truth of the Present Moment resonates in our hearts. I feel this "capital T" Truth as a grounding of and a vibration within my nervous system. I'm calling that my Truth compass. Covid-19 has been inviting us, again and again, to polish that compass and reflect on our lives. What are the structures dictating our lives? Work won't always be the same. We'll survive if we don't go to that social event. There is room for more breath. These sneaky realizations build momentum though. Do I even like those things I was so busy doing? Who am I if I'm not constantly being reinforced by my community? If the end of the world as we know it is a possibility, why did I buy all those things? The constricting boxes of social construction start to come clearer. Why do we all live in these tiny structures so far away from others? What does it mean to have access to a big back yard to socially distance in? Why do I have this much and others have so much less? And a few have so much more? Why is Covid-19 causing a disproportionate burden of illness and death among racial and ethnic minority groups? Why is another black man being murdered by a police officer? How am I complicit?

The answers to these questions are complex. They are personal and societal. And they have real answers that we have to attend to. At specific moments in history, with intentionality, Europeans and then Americans created the concept of race. They created imaginary lines that separated humans arbitrarily in order to justify enslaving certain groups. They weren't the first to do so, but that doesn't really matter. What matters is that those imaginary lines continue to have real consequences. Consequences of life and death. Also, consequences of quality of life. Racism is woven into the fabric of the United States.

Bear with me as I make an analogy to the healthcare providers within a hospital. The doctors and nurses internalize the hospital's systems. The hierarchies feel real, the rules are "just the way things are", even though we know, on some level, that they are constructed. The "othering" that healthcare workers have to do, the dehumanizing of our patients, is just another day at work. To survive, we unintentionally rationalize the things that don't feel right. It is the way it is, too complicated to change and so we go about our day, responding and trying our best.

My Truth compass doesn't resonate with that. My dehumanizing of Aunt Edith creates moral distress in my body. It's so uncomfortable that I'm thinking about quitting. Unlike my job though, I can't quit my culture. American culture has embraced, absorbed and rationalized systems that dehumanize Black and Brown bodied peoples since its founding. It feels so painful and uncomfortable to be with *that* Truth.

It's ok to feel uncomfortable. It's important actually. This is the individual work.

This *is* how it is right now. We only have a solid platform to move from when we acknowledge reality as it is. The truth is, there is heart-breaking and life-affirming work to be done.

Joe continues to decline and is now on a ventilator in the ICU. He hasn't seen his family in almost three months. He will probably die, without ever seeing them again, alone, in the hospital. I think about the breath being pushed into his lungs by a machine. It is the same breath that was pushed out of the lungs of George Floyd while he gasped, "I can't breathe." It's the same breath that now fills my own lungs, recovered from Covid-19, rushing around a busy hospital, trying my best, seeking more and being with this discomfort.