



Director's Corner

COVID-19 is Challenging Us to Care for Each Other

By Adina Kalet, MD, MPH

Every crisis has both its dangers and its opportunities. Each can spell either salvation or doom.
-Martin Luther King

COVID-19 is everywhere.

Over the past month, the pandemic has hit home. Three weeks ago, we had a breakthrough outbreak affecting four of seven adults in our household. This happened despite everyone being vaccinated and adhering to scrupulous physical distancing and mask wearing throughout the pandemic. The ten-day quarantine was challenging, illnesses were mild, several vulnerable folks were exposed, but all is now well. Thanks to the vaccine!

Others have not been as lucky. A member of our community with pulmonary damage from “Long COVID” needed urgent medical attention in synagogue. A few days ago, a fully vaccinated, close friend of our family with multiple medical vulnerabilities died after being hospitalized with COVID-19. As if I needed reminding, we are in a new “wave” of the pandemic, and many are attempting to prematurely get back a sense of “normal” that will not be possible until we contain the infection and strengthen our defenses.

Vaccine mandates

Earlier this week, a potential crisis loomed as vaccine mandates, upheld by federal judges, took effect for healthcare workers all over the country. Hospitals began hunkering down and delaying elective procedures to blunt the worst-case scenario staffing shortages and a potential spike in the delta variant. Nursing homes and rehabilitation centers, where upwards of twenty percent of employees remain unvaccinated, expected to be hit hard. Some rural areas were preparing to call in the National Guard to provide support. This was happening just as the number of hospitalized COVID-19 patients, almost all unvaccinated, was rising and winter is

approaching. Once again, the virus provided us an opportunity to care for each other fiercely and creatively.

I worry for my colleagues. Clinical leaders are struggling to design emergency staffing plans and assignments that will maintain patient care quality and safety. They are anxious about the teams who are again stretching resources to care for growing number of critically ill patients.

Unlike the very beginning of the pandemic—when our healthcare workers stood shoulder-to-shoulder against the virus while being celebrated as heroes—the situation is much more complex. There is chronic physical and emotional exhaustion, increasing disillusionment, and emotionally taxing polarization around vaccination. In the past week and from different parts of the country, I have heard reports about scores of highly skilled, frontline emergency rooms and intensive care nurses and physicians who are leaving hospital practice. We know that the ripple effects of even small losses in healthcare staff coupled with mandate-related resignations of workers in housekeeping, food service, security, transport, clerical, and laboratory support will endanger patients and threaten the well-being and resolve of everyone. Our vulnerability has been laid bare. Again.

As the week comes to a close, things are looking up a bit. In states where mandates have been imposed, most folks working in healthcare and education *are* getting vaccinated. The crisis is not diverted; maybe, just delayed.

Establishing trust, persuading through empathic communication, and caring for each other

The virus is doing what viruses do; it is mutating and becoming more contagious. Now, it is our time to leverage our knowledge and the trust we have engendered to communicate effectively and save lives.

In her Kern Institute Grand Rounds this past month entitled The Myth of the Monolith: Empathic Communication in the Time of COVID, Kimberly Manning, MD, Professor of Medicine and Associate Vice Chair of Diversity, Equity, and Inclusion at the Emory University School of Medicine, reminded us that while we are all tired and stretched, we must double down on establishing trust with the public still deliberating whether to be vaccinated. We need fiercely empathic communication. If we want people to do what is best for their own health and, by extension, for all of us, we need to spend the time to ask and understand the individual's "why," listen completely, and assume nothing. We must address information needs—both scientific and logistic—and persuade the persuadable to get vaccinated.

I was inspired by the video of Dr. Manning and her residents heading to the hospital lobby and a grocery store parking lot with a sign that read, *"Still unsure about vaccination? Let's talk about it! No judgment zone."* She provided compelling examples of how to persuade with compassion, respect, and care. While sharing scientific information with people whose

forebearers were victimized by centuries of substandard medical care, she reminded us that “science is real and so is history.” Those who were persuaded received the vaccine.

Now we are in the more challenging phase of this campaign. And we must recognize that many Americans have very good reasons not to trust science and healthcare. Here is an original poem that Dr. Manning read during her presentation (It begins at about 47:50 in the [video](#) of her talk).

I wonder if you think that I don't love my family, too.
I wonder if you think *I think* the things they say are true.
I wonder why you ask me things then dart your eyes away,
Not listening, but calculating, what *you* want to say.

I wonder if you know how much I wish that you'd just ask,
And care to hear my words instead of trying to multitask.
I wonder if you know what happened just before I came,
And how our paths to where we are, are nowhere near the same.

Did I tell you of the time my granddad had a heart attack
And when they saw his cocoa skin but wouldn't bring him back?
Or when my mom tried to get that loan on that house across town?
At first, it was a solid, “Yes.” But then, they turned her down
And said, “We'll finance something in another neighborhood,”
But that's where Mom knew the schools and chances weren't as good.

Even still, we made it, and now I'm here with you
Just wishing you'd look deeper to see what just what is true.
And, no, I do not look like you, but see, that's not the barrier.
It's when I don't feel *seen* by you that makes these visits scarier.

And though I know you're tired and feel ready to go
Before we leave each other, I just need you to know.
Like you, I love my family, myself, and many things.
I'm multifaceted, just like you and, yes, a human being.

You might have some ideas about the person that I am
But I am not a monolith, so please, just understand
That I am worth your effort, if only you'll explore
You'll see I'm me, and no one else, and then I'll trust you more.

-Kimberly Manning, MD

You see, we, as physicians, must try to persuade people from where they are. We cannot justify, as some have suggested, refusing to care for those who don't comply with our advice. Listening to our patients, letting them talk, persuading with empathy and understanding, will be harder and emotionally challenging. It will take time and patience. But it is worth it.

I think there are two things we, in medical education, need to do now. First, we need to organize to effectively persuade more Americans to get vaccinated so that fewer will require hospitalization, have long term health consequences, or die. Second, we need to raise a "Wellbeing Army" that will support our caregivers far into the future.

Raising a "Wellbeing Army"

At the beginning of the pandemic, we assembled a "COVID Army". Physicians and nurses were voluntarily reassigned to unfamiliar roles within hospitals or traveled to where the caseloads were highest. The military, reserves, and national guard units provided and staffed temporary field hospitals, retired healthcare workers were reactivated, and industry retooled to produce needed personal protective equipment, ventilators, extracorporeal membrane oxygenation and, of course, the vaccines. This activity continues in global "hot spots," such as India and Brazil.

But we, in the US, need to add a different kind of army now. We need a "Wellbeing Army." Imagine a one-month period where every health-professions-related student was deployed to temporarily provide pragmatic support in healthcare settings. With focused training and supervision, they could fill critical vacant roles: working as assistants in food service, providing transport, or filling in as aides to ensure front-line healthcare professionals could concentrate on direct care for the surging loads of high acuity patients. Medical, nursing, and pharmacy students could spend time with patients and families, monitoring their physical health and providing psychosocial support.

This could provide temporary relief and respite for front line healthcare professionals and be an indelible learning experience. With training, students and other volunteers could support the wellness of staff by running errands, caring for children or elders, and arranging for restorative moments, rest, nutritious food, and long walks outdoors. Strategies to maximize the societal and educational value of this type of service-learning experience are well known to educators. What is needed is leadership, a commitment to doing it well, and a sense of urgency.

Our healthcare workforce, made up of millions of people who serve the rest of us in our times of need, is seriously threatened. There are ample opportunities in this crisis. Now is the time to think outside the proverbial box, find the empathy to persuade, support, and use our capacities to reduce the threat and to enhance the working conditions for those who contribute to the meaningful and important work of healthcare.

Adina Kalet, MD, MPH, is the Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education and holder of the Stephen and Shelagh Roell Endowed Chair at the Medical College of Wisconsin.