



Book review: The COVID Journals - Health-Care Workers Write the Pandemic

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The COVID Journals is a poignant and insightful collection of stories, personal reflections, poems and artwork from the front-line of the COVID-19 pandemic in Canada. It offers an intimate glimpse into the struggles, triumphs, and unwavering dedication of those who bore the weight of ensuring the well-being of patients and communities.

Each writer brings a unique perspective, but a common thread running through every story is that of vulnerability, of honesty, and of humanity. The anthology could be invaluable for those looking for resources that connect the humanities to the 'sciences' in health professions education.

Here are some reasons why everyone

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should read this book:

The Artwork

Intricately detailed, evocative of the struggles of the time, and thought-provoking, the illustrations are a great resource for educators who wish to use artwork to generate discussions around healthcare in a pandemic.

Humanizing Healthcare

Reading the personal stories of healthcare professionals and of people in the community helps make them more than just statistics or case studies.

I'm missing face-to-face care of my patients and being able to perform a physical exam and put it all together. (A Journal of the Plague Year 2020; page 32)

David watched me rise then, and walk into our kitchen, where our wedding rings still perched on the window-sill. I looked down at mine for a bit as it glistened in the sun, then picked it up. I can remove it before my next shift, I reassured myself, and slipped it on. The best of life will not be taken. (What I Will Not Doff; page 46)

A Mask

*is who can I trust
is a right-skewed curve
is breakfast for supper
is which side are you on
is my breath in my face
is a fashion accessory (A mask; page 50)*

The nurses were an interface with human impact. They delivered the shocking news of a positive result, dealt with tears, disbelief, sometimes anger, then tried to move on to elicit helpful information. (Pulling Strings; page 81)

And, sometimes, late at night, he thought about dying. There were more and more memorial tributes spilling out of his social media feeds. Nurses, doctors, old and young. (Behind the Front Line; page 105)

She stayed at the hospital longer each day. I took on more shifts of contact tracing. Her delicate laughter slipped into our home late at night when I was already asleep, spent and alone. (With Beauty; page 111)

*...family members were sneaking in
Distracting workers at the sign-in desk
downstairs*

Lying about their identity

*So they would have a chance to say
goodbye*

*To their father, brother, friend (Management
Was Mad; page 115)*

*It is not lost on me that at a time when
patients most require my presence and
comfort, I am most constrained, and frankly
scared, to give it. (In the ER, Patients Need
My Comfort But I Am Scared to Give It;
page 146)*

*This is not the way I've taught students to
practise medicine.*

This is not the way I've practised medicine.

*This is not the way I want to practise
medicine, ever again. (Vicissitude; page
151)*

*And in that moment, I knew she saw me as
I was, a scared doctor doing her best, that
maybe the tug-of-war rope I had been
wrestling with was never meant to be
pulled, but just held in each other's
presence, a delicate bond between us.
Maybe that was enough. (In the ER,
Patients Need My Comfort But I Am Scared
to Give It; page 148)*

*Hand sanitizer. Lysol wipes, bleach spray.
Masking always, trying not to infect the next
generation with the consequences of my
choices. And trying to outwit a hundred-
year-old grief while I wait to move out of its
shadow, back into the light. (A Family
History in 2 Pandemics, 4 Infections, and
102 Years; page 164)*

*...another virus that forever lives in my face
nests in the trigeminal nerve only shows up*

under extreme physiologic stress normally only every couple years or so keeps trying to turn my lips and eyelids whole face on occasion into swaths of weeping blisters (It's Hard Not to Slam a Fist on the Table When the Finish Line Keeps Lurching Further Ahead, or Third Wave; page 189)

They were nothing but the care they received....

...We are nothing but the care we provide? (An Unconventional Conclusion; page 193)

Empathy Development

Emotions and feelings jump off the pages and make it impossible not to relate to the experiences described by the authors, many of whom are healthcare providers.

What must he see? I wondered. A homogenous army in blue, each soul indistinguishable from the other, all unknown to him, all removed from the chasm that has just opened in his life. (What I Will Not Doff; page 45)

*A woman is waiting
I do not know how much longer she must attend*

*In silence to the memory of water.
My own hands are empty
There is nothing to hold (Prescription for Water; page 69)*

I am sick. I hate being sick. I can't do anything. And the worst part is that I can't even hug Ma. (Pulling Strings; page 84)

Today I sit in silence with a stranger. I don't ask him to be anywhere other than where he is in his grief and his sorrow. (Preoccupations of a Public Health Resident; page 118)

The worst cases were when patients were dying and brothers and sisters and sons and daughters had to decide who would be designated as a visitor. (Mango Season; page 129)

Death from covid is a far more solitary journey. No family, no community can attend. Imprisoned by the virus, a patient is captive, breathless, in a private universe, visited only by medical personnel cloaked in protective shrouds that obscure expressions of warmth and compassion. (Life and Death in Denendeh; page 141)

Trying (but failing) to tame (and restrain) this powerhouse of a woman.

A woman who has endured.

A woman who is beginning to recognize just how much enduring has been done in the seventy-six years of her life. (Endurance; page 166)

Ethical Dilemmas and Stigma

The narratives in the book present real-life ethical dilemmas faced by healthcare workers, encouraging learners to critically analyze these situations and consider the moral implications of their choices.

Someone on the street started yelling at her to go back to her own country. This is her country and as a young doctor on the front line she is looking after all of us. (A Journal of the Plague Year 2020; page 33)

Policy critiques I could deal with, that was the nature of working in a cloud of constantly evolving evidence. It was the undermining and personal attacks that were hurtful, yet impossible to ignore. (Pulling Strings; page 83)

Equipment shortages and rationing

Humiliated just for asking

I'm no hero (I'm no Hero; page 98)

Because when you say well, we don't want this, you're not only blocking the people that want it, but you're damaging the whole community. (Blowing Smoke in Your Ear; page 181)

Uncertainty and Burnout

Healthcare professionals (as well as the general public) faced uncertainty related to

the novelty of the virus - its transmission, treatment, and long-term effects - and had to adapt to rapidly changing guidelines as scientific knowledge evolved. The increased workload, emotional toll of caring for critically ill patients, fear of infection, and shortages of personal protective equipment took a significant toll on their mental and emotional well-being.

Whenever a nation refers to heroes, I thought, it needs cannon fodder. (Fight or Flight; page 5)

The sum of all fears is that of the great unknown, specifically the fear of death. Specifically, the death of a child. (The Sum of All Fears; page 24)

Had I changed my gloves often enough? Did I carry the virus on my sleeve from one room to another? Could it have been on my visor? (On Pandemic and Uselessness; page 65)

I repeat the phrase in my head, "We are all in this together." I wonder then why, in this moment, do I feel so alone? (My So-Called COVID Life; page 78)

Despair was, of course, the dominant mood. (Disembodied: An Examination of the Examination in a Pandemic; page 86)

I heard no voices, no kids zoomed around the waiting room, even the TV was turned off. All the surfaces in the examining rooms Viroxed, all the doors closed—a ghost clinic. My steps echoing in the empty hallway, I reeled with loneliness and returned to my office at an emotional nadir. (What Was Missing; 159-160)

Resilience and Coping, Developing Community

The narratives offer insights into the resilience and coping mechanisms of healthcare workers in dealing with stress and adversity in the healthcare field.

*I'm going to fight this thing with science
With science
I'm going to hold the science in my hand
and fight (Pandemic; page 67)*

And, when I move this summer into the countryside, an acre of land between me and the nearest house, I will look back on those pandemic days when I was driven nearly mad by the Bongo Guy as a time when all of us were alone and all of us were together. (Bongo Guy in Lockdown; page 124)

*I am
Sitting silent, by myself, off my phone, with my thoughts
So quiet, by the kitchen stair
I am
I am, staying there. (I Am Letting Myself Go – Or, Humans of Late COVID; page 135)*

*Mi'kmaw translation:
Jipasi: I am afraid
Melkitai: I am brave
Jipasi na'sik melkitai: Afraid but I am brave
(Jipasi na'sik melkitai; page 144)*

Systemic Challenges and Public Health Implications

The book delves into systemic issues within healthcare systems, and of the larger structural problems that impact healthcare delivery, thus sparking discussions on healthcare reform.

They have generously provided us face shields as our management refused to do so. I am so grateful to this day for their work, they filled in a gap that was supposed to be taken care of by our management. (Facing the Unknown: Apprehensive, Overwhelmed, and Helpless; page 60)

The PSWs I worked with—every single one racialized, all of them born outside of Canada—bore the full weight of responsibility and potential culpability. (On Pandemic and Uselessness; page 65)

In the pandemic, they also had to confront the possibility that they could be responsible for infecting a resident, and that their workplace could be responsible for infecting them. (On Pandemic and Uselessness; page 65)

Public health staff were brittle; I could see the exhaustion on the nurses' faces. (Pulling Strings; page 81)

That's one thing that COVID brought out; the racism, the poverty levels, the sexism, all the isms, that those are ways within government and within a community that we don't talk about. (Blowing Smoke in Your Ear; page 176)

I lost a lot of respect for authority and how we go about following the rules that were set on us that didn't consider us when they were being made. (Blowing Smoke in Your Ear; page 177)

Intersection of Health and Society

Many of the reflections highlight how the pandemic exposed healthcare disparities, and brought to the fore issues of social justice, and community health.

A novel, communicable, and potentially lethal illness for which there was no clear treatment meant simultaneous medical, social, and economic crises. (Disembodied: An Examination of the Examination in a Pandemic; page 86)

He began to prepare for a return to the office. He began to think and speak about the next challenges. Depression, anxiety, isolation. Unemployment, poverty, homelessness. Medication shortages, food insecurity. And then, perhaps, the next wave of virus. (Behind the Front Line; page 107)

Dolly: I worried about the homeless people. What's going to happen to those on the street, what's going to happen? Those homeless people that got no place to go,

where are they gonna go? They got no place. They on the street, I go into the city [and] they're sitting on a bench at night. (Blowing Smoke in Your Ear; page 176)

We are scapegoating COVID to explain every bad outcome we see. And that's a cop out. COVID only exposed the unacceptable cracks that were already there—breaking our systems, and sometimes those within them. (An Unconventional Conclusion; page 192)

New learning and Professional Growth

Reading these narratives can inspire personal and professional growth, encouraging learners to reflect on their own values and goals within the healthcare field.

What if we are the antagonists? (Uncertainty; page 18)

In the face of a brand-new disease, once again we have realized that, as physicians, we know much less than we think, although some of the things we know about treating other conditions, like severe asthma, for example, led to the most effective early treatments of COVID-19. (A Journal of the Plague Year 2020; page 40)

When I speak to patients, I'm struck by how services have changed—a young woman who finds an app helpful; an older man who is now attending a virtual group; a young man who will start an e-therapy program in the coming weeks. (Same but Different; page 90)

Healthcare workers are not just professionals but also parents, siblings, and friends. Their personal lives were profoundly impacted by the pandemic. Their stories illustrate the need for better support, resources, and reforms to ensure they can effectively respond to future crises.

This book, a must-read, is a multifaceted, human-centered perspective on the COVID-19 pandemic.