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Amy RL Rule

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[See table of contents](#)

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AFTERMATH AND MIDST OF A NIGHTMARE: A PEDIATRICIAN'S COVID-19 LAMENT

Amy RL Rule

Physician, Assistant Professor of Pediatrics, Perinatal Institute and Division of Hospital Medicine, Cincinnati Children's Hospital Medical Center and University of Cincinnati College of Medicine, Cincinnati, Ohio, USA
amy.rule@cchmc.org

It is 2 am and I am awoken from a pandemic on-call, anxious, broken sleep not by my pager, not by the code alarm but by a soft cry on the other side of the wall of my bedroom. My husband stirs, finds my hand and gives it a squeeze. I shake my head a few times to try to focus my sleepy brain as my feet find the cool floor. I tiptoe into the next room.

I find my four-year old son scrunched in the corner of his bed in a wet mess of tears and tangled blankets, clutching his beloved, worn green stuffed dragon. "Mommy, I had a dream, the sickness got so bad." I climb into the small, soft bed, folding my body into the curve of his spine. "I am so sorry buddy for the dream, you are safe and well and so are Mommy, Daddy and your sister." I try to comfort him and maybe myself using the most soothing tone my exhausted self can muster. He quiets, the crying lessens, I feel his body relax and stretch. "Mommy, I want to tell you something." He says in a softer voice still on the break of tears. "Mommy, the sickness is lasting forever, it is changing everything."

I am a pediatrician. My high volume, high acuity workplace prepared for the novel coronavirus (COVID-19) arrival at our doors by shutting down elective services, stockpiling PPE, skeletonizing in-person work and lining up ventilators in anticipation of the storm. On the home front, our dual-health professional household formulated protocols for protecting our family. Upon arrival home each day: (1) undress in the garage, (2) stuff scrubs in a garbage bag, (3) dash to the bathroom while holding my breath outrunning my toddler and preschooler along the way, saying, "Hi, how was your day? No, no, Mommy is dirty, dirty, you can't touch

Mommy yet.” Before securing the door, I locked eyes with our essential, nanny Ms. P one of my son’s most beloved, pandemically-unemployed preschool teachers who thankfully herds my little ones toward the playroom until decontamination is complete. Post shower, having dumped the bag of scrubs into the washer, I snatch a single minute on my bed, breathe deeply, and mouth a silent prayer, “Please don’t let today be the day it snares us.”

It did not come for my family, my hospital, or my patients. Although there are examples of tragic exceptions, children have been relatively spared by COVID-19 infections. My children in lock-down live for our evening walks. They told us how they pined for their friends, looked longingly at the ghostly playgrounds, sometimes with tears, mourning their own genuine losses more and more each day. As I comforted and helped them process these emotions, my fears for my most vulnerable patients grew with every passing hour. How were the single parents doing? How were the Black and brown kids managing in neighborhoods with the highest COVID-19 rates? How many had lost their parents, their grandparents? How many kids were hungry? How many were losing their homes? These vulnerable people haunted my dreams and dominated endless Zoom meetings where my colleagues and I fretted despite having few infected patients. Our worries were limitless.

Weeks morphed into months and as the weather warmed, our low COVID-19 prevalence state officials began a cautious discussion of slow reopening. Each afternoon on my non-clinical days, as the children slept, Ms. P and I would gather to listen to the governor’s briefing on TV. The unveiling of a plan ensued over the course of several days. Day 1: they discussed expanding elective health care services. I was glad my chronically ill and medically complex patients would soon receive needed care and surgeries. Day 2: essential public services like vehicle registration and business licensing were covered. Day 3: restaurants, bars, and retail stores were considered. Day 4: featured recreational spaces and other businesses. With each passing day, Ms. P and I exchanged glances with increasing exasperation and confusion. What about children? A week in, it hit us, no grand plan was coming for them.

Furious, I ranted to Ms. P, my husband, filled the social media void, and inundated professional organizations with emails. What about the hungry kids? What about the kids whose families are close to losing their home, their food sources, their income and now must choose between their kids’ safety and feeding them? What about the kids whose parents are told to return to work but have no care or safe place for them other than fragile, vulnerable grandparents or elderly neighbors? What about the kids who have learning disorders or disabilities who have not received services in 3-5 months? No, they are not essential workers. No, they are not as impacted infection-wise although we do not understand exactly what that means. How did we rank opening bars and gyms over caring for our children and families? I took some solace in the fact that other states were worse.

Finally, two weeks into the plan reveal, as an afterthought it seemed, a childcare reopening plan was released. However, school districts were left to their own devices about what to do next in the fall, a few

short months away. Within twenty minutes of the announcement, a tempest of a different kind engulfed me and my colleagues via a myriad of texts, voicemails, and emails. Suddenly everyone, from my sister three states away, to the local TV station wanted my opinion on everything from hydroxychloroquine prophylaxis for teachers (NO!) to the risk of lunch boxes as transmission vectors (low to none). Everyone craved numbers, risk quantification albeit numbers that fit their personal paradigms. What a medical, socio-political, treacherous minefield of endless decisions and unending questions this presented.

If you advocated for kids to get services and socioemotional interaction you were potentially sacrificing a portion of them and their teachers to morbidity or even mortality from COVID-19, no matter how much you mitigated the risks you could not promise no transission. If you advocated to keep kids at home, you were sacrificing the most vulnerable children to abysmal fates, potentially increasing abuse, suicide, creating impossible situations for single parents (a disproportionate number of whom are working mothers), sacrificing vulnerable grandparents, and worsening inequities in ways that are impossible to fully quantify and address. There was no winning.

Subsequently personal decision making as health care professionals cropped up. Suddenly we were back at work full-time, our pandemic-nannies returned to their childcare jobs. They no longer qualified for unemployment and we could not provide full benefits to keep them working for us. As essential workers with more than enough resources, we had viable, relatively safe full-time childcare options. Our privileged children would get social interaction with masks and distancing while so many others would not because centers were shuttering their doors due to a lack of resources. Lessening restrictions could cause spread, or at least we thought that was likely. Data to inform decisions were nonexistent. Nothing was certain, nothing was risk-free but everyone expected us to have the unknowable answers anyway.

The sunshine and openings persisted. Daily afternoon briefings were filled with mounting cases, surges traced back not to kids on the playground or in daycare but to adults eating out, gathering *en masse*, attending gyms and work, often not masking, or respecting physical distance. We pediatricians experienced this as a tightening cord, tying our hands, as we shouted for our patients' needs against the rising tide of adult chaos. The storm we avoided in the spring, rolled in with a vengeance during the summer and fall imperiling the reopening schools and the lives of children who depended on them.

As much as I endeavored to protect my patients and my own children from adult worries, failures, and burdens they crept in, silently spreading like an eclipse in the night. The winds of that storm howled through my son's dreams and in his wakening cries. "Mommy, the sickness is lasting forever and it is changing everything." I was grateful for the darkness in his room so that he could not see the tears flowing down my cheeks as I replied, "You are absolutely right, buddy."

COVID-19 did not stalk the children, but the pandemic did, and it continues to lurk and threaten them. I fear the eye of the storm has not passed. It will be years before we fully understand the impact and extent of neglect our children experienced as adults failed to include them in their deliberations.

Yet, undeniably, while data, words, and leaders failed them, children lead us forward. Their artwork decorates windows and sidewalks around my city. I pass kids in my neighborhood sitting in driveways discovering ways to play with their friends across the road, filling the silent streets with laughter. I am in awe of children showing off with pride their colorful masks with Paw Patrol, sharks, unicorns, and flames as they return for their appointments while a few blocks away adults argue bitterly about masks. My own masked son (bright airplanes) confidently tells me, as he returns with Ms. P to preschool, "Mommy masks help people and I am a helper. I am going to stop the sickness."

Even at 2 am in the aftermath and midst of a nightmare, they blaze a trail for us. After a long, oddly peaceful silence, my son turns and nestles against my chest "Mommy, I love you. We are together, it will be over some day and we can go everywhere again." He pauses and sighs, "I can't wait."

"I can't wait either, buddy." ■

