

A Pernicious and Silent Enemy: A COVID-19 Reflection

by Denise Parker Lawrence

My husband and I are sci-fi buffs particularly as it relates to the dystopian and apocalyptic genre. Needless to say, being quarantined as a result of our entire household being infected with COVID-19 allowed us to revisit a few of our old favorites, including *The Day After Tomorrow* with Dennis Quaid and *Outbreak* with Dustin Hoffman ranking at the top of the list. But with total transparency, a seemingly innocent pastime activity didn't adequately prepare us for what we were soon going to experience firsthand.

As a hospice chaplain for one of the premier hospice agencies, Metropolitan Jewish Health System (MJHS), I have always been trained to practice handwashing; it's a part of our yearly competencies. In addition, we don personal protection equipment (PPE) when appropriate, especially if patients are on contact precautions or in isolation. So, the world of PPE while caring for our patients was not a concept totally foreign to me.

As the city and nation began to take stock of the global COVID-19 pandemic, my husband and children began to express strong concerns about my safety. Since I received education and training, I felt adequately prepared to function in the field. And then as the pandemic began to spread, units where I had ministered began to close to visitors and quarantine. Walking into nursing homes and/or hospitals where I was assigned meant seeing the rows of people lining up for



temperature checks for each person who entered the facility. Assessments for each person outlined in painstaking detail any coronavirus exposure and/ or foreign travel to countries identified with COVID-19 cases. PPE, which had been discretionary, was now mandatory.

My anxiety began to rise. "What did this all mean?" I often wondered, but as beautifully illustrated in the *New York Times* story, *Those That Run Toward The Dying*, on the role of chaplains during the pandemic, I maintained a commitment to my calling and continued to see patients when permitted.

And then it all hit home, my husband who had self-quarantined in compliance with New York State Governor Andrew Cuomo's "stay-at-home" order, became symptomatic. My

husband's symptoms included fever, chills, extreme body aches, and lethargy, which immobilized him and rendered him bedbound for extended periods. My concern increased exponentially due to my own exposure in the field and now up close and personal at home.

I took my husband to a neighborhood urgent care center and since my husband was symptomatic at this visit, he was tested. He was only prescribed an inhaler of Albuterol to assist in breathing if it became necessary to open his passageway. As this was early on in the crisis, with few tests and fewer answers on how to treat people, although I had been exposed to a quarantine unit in the workplace and now exposed to my COVID-19 positive husband, they declined to test me since I appeared asymptomatic, even though I was a healthcare worker. And then things got worse.

Several days later, I became symptomatic with fever, body aches, coughing, and nausea. I returned to the urgent care center, which prescribed Azithromycin (Z-Pac), Cefdinir and Albuterol without testing, since they presumed I was COVID-19 positive.

Unfortunately, by this time, an additional family member, who resided with us, also became symptomatic and eventually tested positive for COVID-19. This new revelation made me angry and upset. I became fretful about how many additional people did I possibly infect because I appeared asymptomatic? In this new world of COVID-19 coupled with the lack of testing, a more looming question is how will society effectively monitor people who may have been exposed and infected from those who appear asymptomatic?

In addition, at their visits, neither my husband nor our other family member were prescribed any medications from the urgent care facilities. No one knew how to help us. When their health failed to improve, I insisted and had them reach out to their primary physicians who subsequently also prescribed Azithromycin.

COVID-19 had entered our home full force and it appeared that our way of life changed significantly and with rapidity, in ways we could not prepare for. We employed and practiced physical distancing with each of us quarantined to our own floor and our own bathroom. And as I teased my Jewish Supervisor, I practiced rituals similar to a Kosher kitchen with each person assigned their own set of dishes and all dishes were washed and maintained separately from one another. Heightened cleaning practices, as much as you can do with no energy and body aches racking your body, including the washing of all doors, walls, banisters, counters, and floors with a one-to-one-ratio of bleach and water solutions several times a day. Frequent handwashing with soap and water, in addition to Purell, was utilized routinely. Gloves and facemasks were used to provide food and beverages to one another at the door of each bedroom. The person with the most strength and endurance for the day took care of the others. We had become a hospital ward, but we knew no one was coming to help us.

Although the physical allotment of energy, when I had very little, to begin with, was very challenging, the emotional toll was the worst! I felt so sad and had so many mixed emotions when I had to leave my husband or my niece alone in their room to suffer in silence

as though they were condemned to solitary confinement in prison! I felt especially dismayed being separated from my husband; I felt as though, after over 40 years of marriage, I was abandoning him when he needed me most. But, I knew it was necessary for all of us to improve. I slept in his favorite chaise lounge as opposed to sleeping in a readily available bed in an empty bedroom. In reflection, I probably subconsciously felt close to him while sleeping in his favorite recliner, and missed having him close to me.

What was extremely helpful during this most trying time was the tireless support of our friends and family. They were incredible! We received care packages from in and out of state; friends dropped off food, health aids, and cleaning products to our porch so that we didn't have to venture out or wait for anything!! Our children used WhatsApp to talk and see us daily. Our daughters and grandchildren frequently communicated from Maryland. Our son and his wife, reside in Queens, one of the heaviest hit communities in the warzone of the coronavirus, monitored us closely and ensured that we were eating properly and using the appropriate natural remedies which ranged from drinking lime, lemon, ginger, honey, and natural nettle tea. It was a highlight of our day to touch base with them and have them assess our progress. Our son in law, William Jawando, who serves as a Montgomery County Councilmember at Large, had made daily storytelling on his Facebook page to help parents and youth throughout the country pass the time. Seeing him every day and hearing his voice brought a little joy as we imagined before the pandemic, being back with our grandchildren, holding them on our laps as we

read them stories before bedtime. These little acts of kindness, in this case, virtual story time for parents, like my daughter, thrust into the role of teacher, caregiver, like my daughter, all while working from home themselves, need support in any way they can receive it. I tell everyone that I speak with that the support that is provided to each other during this time is invaluable.

I recalled that in early March, while I was consistently visiting patients and the numbers had not yet exploded in the United States or New York yet, my husband shared with me that he was deeply "troubled with the thought that I could become infected and not be here in three weeks." Weeks later we laughed at the fact that he was the first one to be infected. But as reports of death and loss became commonplace and my symptoms increased rendering me bedbound, writhing in pain, I was compelled to reflect on the existential nature of this sinister disease.

Even though I had a personal resolve that we would not become another fatality in the fight against COVID-19, I couldn't be cavalier and had to consider the chance this could be it. Our eldest daughter of four called us by Zoom and cried on the call stating, she "didn't realize how much of a burden that she had been carrying as she worried about both of us, that this could be it." If that were the case, I could not, in good conscience, entertain the possibility of dying without an earnest effort to reconnect with my estranged daughter. Sadly as of this writing, I have not had a response from her.

Gratefully, because of our faith and coming down from the apex of our symptoms, we were able to give all of our children an

assurance that we both believed, "we would, in fact, be around for a little while longer." A word of encouragement for me came through internalizing Psalm 118:17, "I shall not die, but live."

These days, I find myself crying, grieving and mourning the loss of many of the unexpected deaths in my community.

Recently, one of the hardest trials for me was ministering to a mother and daughter-in-law as their son and husband died alone, moments after I spoke to them, due to COVID-19 complications while he was in the hospital. The grief became exasperated, as they were unable to be with their loved ones and provide closure. The isolation, loneliness, and feeling of helplessness that often accompany the residual effects of this pandemic are acutely painful beyond what we understand about grief. Taking away the ministry of presence is indefensible.

As an African American, I am also gravely saddened as mounting statistical evidence emerges, which forces us to confront the reality that people of color are among the hardest hit in this pandemic. Author Ibram X. Kendi, Director of the Antiracist Research and Policy Center at American University, cites in his article in [The Atlantic](#), What the Racial Data Shows, "that time and again, black Americans are overrepresented among the infected and dead..." Kendi further reports, "

In Michigan, black Americans comprise 14.1 percent of the state population, but an ungodly 40 % of coronavirus deaths... Likewise, in Milwaukee, black Americans make up 26 percent of the county, but nearly half of the infections and a maddening 81 percent of deaths."

In New York, it has been noted that African Americans are twice as likely to be infected with the virus. It is different when you read these statistics, and realize your story is reflected in those stats.

Higher rates of infection and death among minorities is often seen as a demonstration of the racial character of inequality in America.

In the April 14, 2020 article, "Why Coronavirus is Killing African-American More Than Others", Janelle Bouie, of the [New York Times](#) purports, "Black Americans are more likely to work in service sector jobs, least likely to own a car and least likely to own their own homes. They are therefore more likely to be in close contact with other people, from the way they travel to the kinds of work they do to the conditions in which they live."

COVID-19 has been called "The Great Equalizer," meaning it has provided equal opportunity to infection and too often, death across all demographics. While my heart mourns the loss of all souls, I pray that the realization that the pernicious impact this disease has ravaged on people of color will reignite discussions of how race and health disparities here in America can lead to fatal outcomes.

This has truly been a season for me, which has run the gamut of my emotions. The shock of infection, the concern for the future, "What does this mean for my family and me?"

Anger, "Where are the tests?"

And fear "Is this it?"

But without question, it's been my faith and the support from my extended community,

which has sustained me. I am so grateful to have been supported by my sojourners in the College of Pastoral Supervision and Psychotherapy (CPSP), my brothers and sisters in ministry, my sorority sisters and my service organizations, in addition to my church family at the Greater Allen AME Cathedral of NY. And like any good Trekie from Star Trek, as we enter "a new and final frontier" I pray for peace, a peace which surpasses all understanding as I recover and return to my service on the frontlines.

I know this is not the end of the pandemic, but perhaps at least a new beginning of our "new normal". Leading our nation to a place of greater understanding with facts and hope, New York State Governor Andrew Cuomo references Winston Churchill who declared, "Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

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