

*The gun to our heads  
and a finger  
to our hearts*



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**E**very morning when I walked into Southwest Medical Center, a small regional hospital in Liberal, Kansas, I angled my head forward and an unusually cheerful volunteer would press a temperature gun to the middle of my forehead, pull the trigger, and determine if I passed the temperature test. It felt appropriately symbolic.

As we have been freshly reminded of our mortality and continue to wade through the miasma of uncertainty all around us, I think most of us have felt the invisible, viral gun to our heads. Even sheltering-in-place feels a bit like being held hostage at times.

Under these circumstances, volunteering—like leaving the house to get groceries—seemed subversive. I wanted to volunteer to join the resistance movement against the virus' spread and death toll. I wanted to volunteer out of curiosity and desire to better understand the disease. I wanted to volunteer so that when I look back on this unique period between medical school and residency in this unique time of a global pandemic, I can say I tried to do my part.

As the reality of the pandemic sank in, many volunteer opportunities sprang up, from filling boxes of food at community food pantries to working the phones as a contact tracer. At the urging of fourth-year medical students and through the work of many faculty (especially those familiar with the needs of rural Kansas), the University of Kansas Medical Center developed the Kansas Pandemic Volunteer Healthcare Workforce. Any graduating student from the schools of nursing, health professions, or medicine who had finished their degree requirements were able to graduate and apply for licensing requirements early. This was how I found myself in the opposite corner of the state of Kansas assisting nursing staff in the eight-bed COVID-19 intensive care unit in Liberal, Kansas, where the local meatpacking plant had an outbreak of cases.

I spent seven days assisting the thinly stretched nursing staff with suctioning, checking blood sugars, proning patients, and whatever else they needed. Frankly, like many medical students, I wished I could have done more.

**Lessons learned**

It was very odd and uncomfortable to see medicine practiced in a relative vacuum of knowledge. Why did one patient receive a particular drug while another did not? The truth was, there wasn't a terribly good reason at that

stage. There was initial data on many treatments, but no standard of care. It felt chaotic and unscientific. Which it was. It was also the best we could do.

There are broad societal lessons we continue to need to learn. I've gotten to see more of Kansas in the last eight weeks than I have the last eight years I've lived here. Liberal highlighted the national trend of minorities taking the brunt of this disease. I'll never forget the conversation I had with a couple of Hispanic nursing aides over lunch. They spoke of a rumor among the largely immigrant population at the meat-packing facility. They genuinely wanted to know if I thought the government had a cure and was letting the virus run its course to prevent over-population.

Initially, I was taken aback. It seemed like a conspiracy theory that educated women such as these would immediately dismiss. Only later that night did it dawn on me that "preventing over-population" was code for decreasing the population of people that looked like them. Of course, the rumor sounded absurd to me, but I had never experienced the discrimination they did.

I grieved for them. I also grieved for Wyandotte County, close to where I lived and home of the University of Kansas Medical Center, which was also hard hit. Making food deliveries all over the county reminded me of the poverty there. I won't quickly forget my feet crunching on a driveway covered in broken glass and three little faces popping out behind a piece of plywood covering a window. Many questions came to mind: Where are your parents? Don't you have online school right now? Do you have someone that checks in on you? I dropped the box of food off on their doorstep, and the voice of a young boy accustomed to acting as the man of the house called out, "God bless you, ma'am." It rang in my ears and fractured my heart. I wished for my blessings to be transferred to them.

It was great to be able to serve Kansas during this initial wave, but I think the real work will come in the aftermath. The pandemic will someday end. There will be an aftermath, and much ink will be spilled on what happened and should have happened and shouldn't have happened.

There are medical problems I and others will be uniquely trained to address, but there are deeper societal problems we all can address. Already there's plenty of finger-pointing across political party, state lines, and on social media. I hope we can all take a moment of honest self-reflection to point the finger at ourselves and assess what we as individuals can do among our neighbors and in the areas in which we have influence. Let's labor together to do better.

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