

Bearing Witness: A Collective Story about Nurses in the Pandemic

by Lucy Mathews Heegaard

Editor's Note: Lucy Mathews Heegaard is a multi-disciplinary artist who uses writing, photography, sound, and film to produce stories that bear witness to life. Her work centers on memory, identity, and belonging. In 2021, she was Artist-in-Residence for Audre, a program that envisioned a new model of spiritual care for women with cancer. Currently pursuing a Master of Fine Arts at California Institute of Integral Studies, her newest project is a series of stories called “Collectives,” in which she conducts one-on-one interviews with people around a specific theme, then combines their voices into a collective narrative. The story about nurses is the first in this series. Ms. Heegaard has also produced an immersive, audio-driven, essay film combining individual voices into a collective narrative. It is available at <https://youtu.be/4fzJkaUaIRE>. Ms. Heegaard can be reached at lucy@studiolustories.org and <https://studiolustories.org>.

“I don’t know who I am anymore.” The comment gave me chills. Spoken by a healthcare provider who had faced agonizing, life-and-death decisions about patient care in the early days of the COVID-19 pandemic, I was hearing the comment quoted in a talk by Cynda Rushton (PhD, MSN, RN, FAAN). A colleague of Dr. Rushton’s had made the remark when confiding feelings of mental and spiritual distress to her. Rushton is Professor of Clinical Ethics in the Berman Institute of Bioethics and the School of Nursing at Johns Hopkins University. Her book, *Moral Resilience: Transforming Moral Suffering in Healthcare*, delves into the moral dilemmas many healthcare professionals face as part of their jobs and the burnout that often results.



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The talk was part of a year-long program I participated in during 2021, at Upaya Zen Center in Santa Fe, New Mexico. We met twice a month online to hear speakers and consider ways that Buddhist teachings could anchor and fuel actions to help alleviate suffering in the world. Each of us was tasked with designing our own service project as part of the program. When I heard Dr. Rushton recount her colleague’s anguish, I felt a call to bear witness to the suffering I heard in this statement about loss of identity and knew I had found my project.

Of all healthcare professionals, I chose nurses because they struck me as the frontline of the frontline. In April of last year, I posted an invitation on my website to nurses who had provided direct care to COVID patients. The pandemic had been underway a little over a year; vaccinations had begun and held promise for relief. I realized I was making a difficult request to ask nurses to revisit memories of what they experienced as they provided care, but I hoped that what felt like a small lull in the pandemic’s progression would offer space for such conversations. My goal was to record audio of a variety of voices offering first-hand perspectives and to create from them a story that reflected the collective experience—a story that would be art as much as documentary, that would connect viewers with feelings rather than facts and

statistics, and that would capture what ER, ICU, and COVID unit nurses saw and felt as they cared for patients.

Author and Holocaust survivor Elie Wiesel said, “To listen to a witness is to become one.” I wanted those of us, like myself, who had been safely on the sidelines during the pandemic, to become witnesses—to feel the weight and depth of the experiences endured by nurses in a way that words alone cannot adequately convey. And by reflecting the real and raw narratives nurses shared with me, I hoped the project would offer them a sense of feeling seen, heard, and valued.

From May through September last year, I amassed ten hours of audio through one-on-one conversations by phone or Zoom. Typically, in editing a project, the “sound bites” that move me will leap out as I re-listen to an interview. I know how to distill an hour’s worth of raw material into five minutes that captures the essence of what was said. But this story was different. Many of the nurses spoke in present tense as they remembered moments and narrated them to me. They spoke with an urgency, vulnerability, and authenticity that made me feel I was right there with them. Countless times as I listened and re-listened, I had to stop to take off my headphones and weep. “If I am feeling all of this emotional

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intensity second-hand,” I kept thinking to myself, “how on earth did it feel to be in these nurses’ shoes?”

Every minute of every interview felt essential. I realized quickly that the nurses’ voices and words carried so much power that my job was to help the viewer listen as deeply as possible. I created the film’s imagery to draw the audience into the emotion of the story rather than to illustrate each moment literally.

“I don’t know if anyone else has talked about all the death,” one nurse said. “It’s not just that they died, it’s how they died.” Unwittingly, she had summarized the common thread of all my interviews. “I’m tired of witnessing so many crappy deaths,” another said. Nurses described the pain of seeing people die without their loved ones present; of struggling to show compassion and care, while covered head to toe in PPE; of yelling through two masks and a face shield to be heard over the sound of a ventilator; of witnessing patients kept alive on machines as their bodies became unrecognizable from their former selves. “We’re moving into a place for which there are no words,” one concluded. “And that was essentially every day.”

Not every nurse who contacted me about the project chose to participate. I traded correspondence with twice as many people as I interviewed. One nurse sent a message back saying, “I may have too much anger, at the moment. Plenty of stories but may be blocked right now.” Even these short exchanges helped inform the film. Of those with whom I spoke, most echoed at least some level of anger, in addition to the fear and grief that may be the more expected storylines of their experiences. Most also admitted that

they had barely begun to process all that they had been through. They all affirmed that the relationships they had with their fellow nurses were vital to their ability to bear the circumstances.

By the time of my last interview in September, the landscape of the pandemic had shifted again. The Delta variant was causing a new surge. When I was finishing production of the film in late December, Omicron was usurping Delta. As we have learned more about how to protect ourselves from the virus over these past two years and as the medical community has learned more about how to treat it, the stories from the beginning of the pandemic began to stand out to me as unique because of how little we knew in the face of such a deadly, fast-moving threat. As one nurse said, “We didn’t know what we were dealing with, but we knew we were the ones who had to deal with it.”

Even as the pandemic continues to stress the healthcare system, it is clear that many of us have become accustomed to the successive surges, new variants, and the existence of vaccines that bolster people’s ability to survive the illness. I wondered if we may have already lost touch with the precarious uncertainty that pervaded the pandemic’s beginning. This thought brought me back to my mission to bear witness through this film and reminded me of what one of the first nurses who responded to my invitation wrote to me: “I want to offer my story for this project to be of service to the memory of what we, as nurses, have experienced. This time should not be forgotten.” Through our bearing witness to the stories of the nurses in this film, may we become witnesses ourselves in service to the memory of this time, that it not be forgotten.

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