

COVID OVER CANCER

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The day before Montana's shelter-in-place order went into effect my aunt Andrea decided to make one last trip to Costco. Like many of us, she waited in a line that wrapped halfway around the entire building and tried to keep her distance from others. Right as she made it to the front of the line she collapsed. Out cold at the Costco entrance. And thank God she was there instead of isolated back at home.

For six minutes my aunt was completely unresponsive, and technically dead. And for six minutes a nurse, who had also been waiting in line behind her, performed CPR on my aunt. For six minutes a stranger gave another stranger mouth to mouth, administered chest compression, and didn't think twice about breaking the 6-foot rule if it meant saving another person's life. Of course, my aunt doesn't remember any of this, but it is not something that any of us will soon forget.

From there my aunt was whisked away in an ambulance to Bozeman Deaconess. Family called the hospital and were granted visiting permission for the ICU, where she

would be staying for a few days. My dad drove down to visit her only to be stopped at the gate. "No visitors allowed during this time due to COVID-19 precautions. Thank you." He bargained a bit but was eventually turned away. My aunt laid alone in the ICU for three days while the family waited anxiously to receive any kind of update.

They made the conclusion that she was dealing with a pulmonary embolism that had created blood clots in her lungs. "A few catheters and medicinal drips ought to clear her up. Then she'll be on her way."

Except, she didn't have any of the traditional risk factors for a clotting patient and they still weren't sure where the clots were even coming from. A thorough patient history was taken, and the doctors started to connect some dots. Apparently, certain cancers can create blood clotting. A CT and pelvic ultrasound were ordered, and wouldn't you know, ovarian cancer just happened to be on that clot-causing list.

Luckily, this seemed to be the front end of things. Aside from the clotting, the cancer hadn't spread, and additional symptoms were still minimal. Naturally, my aunt's medical staff wanted to act. A complete hysterectomy would be scheduled with a specialist in Billings. The team advised the procedure to be done as soon as possible; ideally within the same week of her ICU release. Yes, the cancer was in its beginning stages, but each day brought my aunt closer to the cancer's catalyst- spreading through

her abdominal organs, intensifying symptoms, and prolonging chemotherapy treatments.

But that didn't matter. Since she had been exposed to a high-risk environment while at the Bozeman ICU, she would not be admitted for surgery in Billings for at least 2 weeks to ensure that the risk of spreading COVID-19 was minimal. Though I understand this reasoning, I struggle knowing that my aunt must be a cancer incubator for two weeks before she can get the help she immediately needs.

She talked with the specialist and he told her to prepare for surgery complications. A 2-week waiting period will likely result in the need for the removal of pieces of her bowels and small intestine in addition to her reproductive system, which is already a nasty surgery and recovery. Her health is compromised, and we don't want

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And then there is the weight of the *type* of cancer, after you process the cancer itself. Let's say surgery is successful and my aunt is considered cured after just one or two rounds of chemotherapy. We can set cancer to the side and look at the impact that ovarian cancer, specifically, has had on her.

She still has to deal with the emotional, psychological, and hormonal repercussions of losing the ability to bare children— and at age 37 this was not an

impossible or even unlikely possibility for her before. And, more importantly, it was a great desire of hers.

Having a personal background with infertility and an inability to have children my heart breaks for hers in ways I can't even explain, and many cannot understand. But, also, my heart breaks because we cannot be there for her when she will need us most—when all the sadness and anger hits, once the deed is actually done, and she realizes it. Right now, my aunt is focused on getting through cancer, but once the surgery is over she will be forced to work through the implications of it on her life.

And COVID-19 will not allow us to visit her, to be there with her post surgery, to hold her hand, and show her the love she will need. “No Visitors” posted on the hospital entrance will ensure that my poor aunt is alone, without family or friends, in a hospital bed for 6 days as her body heals and her mind tries to comprehend.

After the cancer diagnosis my grandmother decided to come take care of my aunt. A mother being there for her daughter during surgery recovery and cancer treatments was much more important than the 13-hour drive and her own personal health risk. We all cautioned her not to come. Traveling across two states, touching who knows how many gas station pump handles, was a risk we didn't want her to take. It didn't seem worth it if she ended up ill herself.

Out of fear, we punished her for her decision. Really, we punished her for being a good mother. This is so silly to think about now, because the very thing we were so upset about when we couldn't get into the ICU we were discouraging my grammy from doing-- being there for my aunt when my aunt needed someone most. And honestly could any of us be better than mom?

My aunt's experience during the COVID-19 pandemic made a complicated and difficult conversation that much more complicated and difficult, which is not unlike many others' experience during this time. For a second it changed all of us. My family succumbed to fear and frustration, and we took our focus off of loving my aunt through any way means possible and placed it on what was extra unfair about the situation. We were able to rebound from that mentality pretty fast, thankfully.

This whole experience has made me consider priorities, and how skewed they can become in the midst of fear and unknown. I am hopeful that next time, if there is a next time, we can use some of these perspectives to make the best decisions for ourselves, our families, and our communities as a whole.