**Note: This conversation was recorded on July 6, 2021, and reflect the local situation with COVID-19 at that time.**

**Steve Spilde:** Joan Filla is a friend of the Franciscan Spirituality Center and also a personal friend. She has attended many events at the FSC, and she has done presentations for us on the healing of trauma. Joan is a physician at Gundersen Health System in La Crosse, and she has been on the front lines in the battle with COVID since the pandemic arrived in our community. Today, it is my honor to invite Joan to share her unique perspective in this traumatic period in all of our lives. Welcome, Joan.

**Dr. Joan Filla:** Thanks, Steve. I’m happy to be here.

**Steve:** You work as a physician for Gundersen Health System. What’s your medical specialty?

**Dr. Filla:** I am an Internal Medicine Hospitalist, which basically translates to I take care of sick adults who require hospitalization. I describe myself as the quarterback. I’m kind of the one that organizes things and needs to call in the specialist, when needed, to take care of a patient’s needs.

**Steve:** Take us back 18 months ago prior to the pandemic’s arrival. What were your thoughts about what might be coming? And when did you know that we would be affected here in La Crosse?

**Dr. Filla:** I have to admit that my first response and reaction was based out of naivety. I remember having conversations with my colleagues saying, ‘I just want to get this infection, get it over with, and be able to move on with my life and deal with other patients that have it.’ I quickly realized I did not want this infection. I was not caring for the first patient that we had at Gundersen; that was one of my colleagues who has gone on to become as what I would refer to as our local hospitalist expert on COVID. It was with that patient, even though it was one patient, that I realized just a little bit of what the magnitude of this could be. That one patient where we really had no … there was really no guidance. We had no idea how to treat this other than to be supportive. We couldn’t ask any specialist because nobody really knew a whole lot more than we did. I’m speaking for him and feeling what my colleague talked about, [and that] was it felt very lonely [and] very fearful. And then the family is afraid, [and] the patient is afraid. Patient and loved ones are separated. That patient changed me. It made me afraid to go down there, to go into the unit.

**Steve:** That was the first patient you encountered, and then talk about, when was that, timewise?

**Dr. Filla:** April of 2020. I don’t remember the exact date. I was hearing about COVID kind of secondhand from my colleagues. I didn’t work in the unit, I don’t think until May when I actually took care of my first COVID-positive patient. At that point, we had a few hospitalists, docs, and physician assistants who had sort of gravitated there and become as much as we could the local experts. It’s hard to say ‘experts,’ but when you don’t know a lot, that’s literally what you are. I walked in as the physician leader for that team being one of the least experienced ones, which is also interesting. It’s relying on a lot of past history [and] past knowledge of working with patients, and book learning, which it’s been a long time since I’ve had to rely on book learning. It’s been more based on experience and knowledge and actually taking care of people with issues. The first week of encountering patients, I wish I could say was the hardest, but it wasn’t. If anything, it was a … there was some professional excitement because it was new. It was different, it was challenging. In some ways it was freeing, but it was also terrifying.

During that week, I cared for the first COVID patient that I took care of that died. He’s there, delirious [and] dying alone. [He] had already lost another family member to COVID. His other loved ones can’t be there. I remember a phone conversation with one of the family members who wanted to talk to him, but he was not even in a state to be able to talk to his loved ones. The request came to me to tell him that I love him. To be the messenger in a situation of this gravity where the family has already lost another loved one, and now they’re losing somebody else and they can’t be there to be able to go into the room [and] tell him, ‘So-and-so says I love you.’ His response was, he moved – that was as much as he could respond and to be able to share that. It was a moving moment. It was a moment that made me say, ‘As hard as this is, I want to keep doing it.’

**Steve:** In that regard, this disease is unique in terms of, people are sick [and] people are dying, and yet you need to keep them isolated. And so family members were not in the room with them.

**Dr. Filla:** Correct.

**Steve:** And also, as physicians you have to have a level of – or even any healthcare workers [such as] nurses, therapists [or] whatever – you have to have a level of separation from the person that’s not typical.

**Dr. Filla:** It’s an interesting dynamic because you need to keep a level of separation while you are there as their surrogate family. The largest burden of that fell onto the nursing staff – the registered nurses, the nursing assistants who spent the most time at the bedside. The respiratory therapists spent a lot of time at the bedside. I think it was easier as a physician to walk away because I had other people [and] other responsibilities. I’m not the bedside caretaker. But the nursing staff were phenomenal in being there to hold patients’ hands, pass messages on from the family, coordinate and be present for the video conferences when we could get them, [and] the phone conversations. All of the times that they heard loved ones saying their last goodbyes, they were part of it. [They were] giving hugs when they could. It was very emotional. How do you keep separate, but yet still do that feeling and be present? That is a big challenge, and I think that’s one of the traumas of healthcare in general: the art of keeping distance while being present and compassionate. But it was amplified with COVID.

**Steve:** If I hear you correctly, you [were] literally delivering the messages [and] you were in the middle of that in a way that was much more intense in what usually would happen – is that correct?

**Dr. Filla:** That is correct, because if there’s an intensity when you can visit your dying father, mother, brother, spouse, child – whoever – there is an intensity in being in the room with the family and a dying person, or a sick person who is slowly recovering. But you add in that separation and the loved ones who cannot be there, the yearning [and] sometimes the guilt because it was a family event, a gathering that led to them getting infected. The anger, the grief, and the phone calls I made every day to family members of my COVID patients were among the most difficult and the most rewarding. It was the most raw [and] the most distant, and yet with a closeness. It really is hard to put into words.

**Steve:** Just for a sense of perspective, like a typical month for you, how many patients are you with that may die as opposed to during the peak of COVID? Was there more death? A lot more death? How would you characterize that?

**Dr. Filla:** There was a lot more death. It kind of goes in waves. I can have a month where I have no deaths on a non-COVID rotation. I can have a month where I have no deaths, and then I can have a month where there’s five or six. The hard part with COVID was the overall number of deaths. The last numbers I saw of our COVID hospitalizations had about a 10-percent death rate, which I have not seen an infectious illness cause that in my career. The other challenge was that death was not … this is hard to hear, but death was not always the worst option. Sometimes that was the relief because people were lingering and uncomfortable. I think in some ways it was the hardest struggle. One of the biggest struggles was that we did not have a cure. We could support people. We offered some treatments, which the treatment regimen evolved very quickly just as we gained new information over the months. But it was so hard when someone would say, ‘Give me whatever it takes for me to get better.’ I’m already doing that, and I don’t know if you’re going to get better. It was time, and we have to wait and see. It’s an incredible helpless feeling for both the patient and the healthcare team because we’re being supportive. We’re providing oxygen [and we’re doing] kind of the basics, but there’s not something that I can prescribe or administer that’s going to say, ‘Poof! This gives you a chance of fixing this.’ It’s, what’s your body going to do with it?

**Steve:** I hear a real level of vulnerability for you and for the patients. That’s particularly unusual because physicians – I’m married to a physician, so I know this firsthand – physicians are not big fans of vulnerability. They like to be very clear about what they can do. In modern medicine, they can do some amazing things. But I hear you saying in this particular case [that] you were really limited in what could do and really weren’t sure what you could do. Is that fair?

**Dr. Filla:** That’s absolutely true. I think health care in general, we’re fixers – we see a nail and we want to be the hammer. I think if you look at different specialties, there are different varieties of that or levels of being the hammer versus others. I can say for myself that I have had a passion and a gift for end-of-life care. This fit along with my previous experiences and previous strengths, but it took it to a whole new level. Vulnerability is not a word that you want to hear or think about when you’re in the midst of crisis. But that’s exactly what it was, and I guess I’ve learned over my medical practice – celebrating 25 years this year – in general, and especially in the last year, being willing to admit when I don’t know oftentimes gives my patients the most confidence in me. It seems counterintuitive, and yet it’s respected because we can fill people up with confidence. But to acknowledge, ‘I’m doing everything I can, and I can tell you why I’m doing what I’m doing, and I have the confidence in not doing X, Y, or Z while I’m doing A, B, and C, but I don’t have anything else in the middle to offer.’ To go back to the question, being vulnerable enough to say, ‘I don’t know the answer,’ or, ‘I don’t have the fix’ more often than not is met by gratitude from patients and colleagues and staff.

The other part of that is the challenge of, give it time. I use this phrase a fair amount that, worktime is still our best diagnostic test. There is a desire [and] an urgency to find the problem now and fix it now. In pursuing the answer, sometimes we do things with good intentions that may be unnecessary or harmful. If we can wait [and] pause, we either might get the answer or at least clarity about what direction to go next.

**Steve:** I imagine that was especially difficult during … the pandemic is not over, but it’s not nearly as severe as it was at one time. You didn’t have the equipment you needed. You didn’t have the staff you needed. You didn’t have as much time as you would like.

**Dr. Filla:** Yes. And I think in general, we were lucky at Gundersen because we for the most part had protective equipment. That made a difficult job easier. I’m going to specify that for the hospital because I can’t speak to the other areas within the health system. I think part of the reason I gravitated toward COVID was that in some ways I felt safer there. I knew what I was dealing with, and I knew that I had the protective equipment that I needed. People gathered themselves to do the job. People from various departments volunteered to work in the COVID unit, which is something that I will be forever grateful for. People who didn’t know each other before created this incredible team of cohesiveness, of teamwork, of, ‘I’ve got your back. If you’re in with a dying patient who needs more time, how can I help you with your other patients?’ That’s something that’s always been there, but it was amplified during COVID.

**Steve:** During this intense experience, some of the people you’re working with as teammates, you haven’t worked with them before.

**Dr. Filla:** Right. And as a hospitalist, I go to so many different units and I work with so many different people that that was not a new experience. But then being contained, I got to know people that I hadn’t known before. I got to work with them really closely and develop more of a relationship and a different level of respect. I have respect for healthcare workers in general, but … I said this already, [but] it’s hard to put into words the feeling that comes. It’s a family. It’s, ‘I need to look out for you. You need to look out for me,’ and to feel that sense of being held together … we’re in this together to do a really difficult job, but a challenging job and a rewarding job.

**Steve:** You were newly married at the beginning of this experience.

**Dr. Filla:** Yes.

**Steve:** What were some of your challenges in your relationship at home? How did you balance home responsibilities with this intense experience at the hospital?

**Dr. Filla:** My husband took care of the home responsibilities. He was amazing through this. He put up with my emotional rollercoaster, my stress, my anxiety, and took care of me. He was the one person who I could hug. I’d never taken for granted being able to hug people before, but that was one of the things that I missed. We also got a little bit stir crazy being together all the time, essentially. Honeymoon plans got delayed; they have not been rescheduled yet. I shouldn’t even say ‘delayed,’ but the plans for what was going to be our honeymoon have not happened yet. We’ve managed other ways to get out. I was fortunate in that he had retired from his job when we got together so that he could be home to take care of things and I didn’t have to worry about him being on the road traveling, being sick, [or] getting sick. But I also had the struggle of, what am I going to bring home to him? I think this was a bigger struggle for many of my colleagues who had more people living in their household – how protected are we? Now I can say we were well-protected, but I didn’t know that at the time. I wasn’t as confident in the protection at the time because we kept learning more about COVID, but what would I bring home? [I was] missing family events because I didn’t want to bring anything to them. And I think of my colleagues who have a partner or a spouse who is working who has children. Are they going to school? Do they need to figure out how to homeschool? How do they balance all of that? So, in a lot of ways, my life was so much simpler even though it was complicated. The biggest thing is I’m very glad that I met my husband when I did because if I didn’t have somebody to hug when I came home from work, I think I’d be in much worse shape right now.

**Steve:** That’s one of the things that thankfully we had what we needed as well. I’m thinking of a nurse who may be a single mother with kids [and] trying to balance that, or somebody who maybe was caretaking for an elderly parent. [With] some people, it’s pretty hard to hold it together on a good day, and these were not good days. Where did you witness that at work with co-workers?

**Dr. Filla:** I can’t think of any examples right now, only because there’s a bit of a fog over the whole thing. I’m not thinking of a specific example other than the things I’ve already talked about. It’s the fear of, what am I going to bring home? There was the planning for staying in college dorm housing. Viterbo had opened up some of their dorms to healthcare workers to stay there while they were working, or if they needed to quarantine because of an exposure, so then they’re not going home. They’re having to be quarantined from their own children, and some of that was also patients. I can think of one of my patients whose daughter was also COVID-positive, although [she] didn’t require hospitalization. That daughter is the mother of other children – how does [she] try to stay separate from the children so they don’t get it? Then when my patient grandma comes home, how to help take care of her [and] keep her in a separate room while you’re also managing the family. I can’t imagine how you do that. [With] that particular example, the added from a healthcare perspective was that English was not her first language. Then trying to communicate about something that is already difficult in the same language to have educational materials [and] to have handouts in a language that she can understand not really being able to assess literacy of that written material. I guess that was probably the best situation that I can think of – not so much on a healthcare worker, but on a patient and on a patient’s family trying to balance all of that.

**Steve:** You mentioned kind of thinking back to the intense time, and it’s hard to remember because there is a fog. You’ve also done presentations at the Spirituality Center on healing from trauma. How much of that fog do you think is a symptom of trauma [and] the trauma of this experience?

**Dr. Filla:** I think it absolutely is. In preparing for this talk, I was thinking about, what could I do to get through the intensity? I had done a lot of work to recover from my childhood trauma. I think I was in survival mode. When you’re in survival mode, you pay attention to what you need to, but you don’t remember all of the details – not intentionally, but you don’t have the capability of dealing with that degree of intensity at that moment in time, so it gets put back in a storage place. What I’m realizing now is some of that emotionality and some of that trauma is starting to come forward again, and I’m realizing some of the work I need to do. But if I had really thought about the depth of the challenge and the details of what that was doing emotionally to me, I don’t think I would have been able to do my job. It’s sort of like people who are in the midst of trauma, you do what you need to do in order to survive, to take one step in front of the other. And you can do a very effective job. I think I was a good leader; I think I was a good physician. I don’t think that was impaired at all. I just don’t think I was as good to myself in dealing with the emotions because I didn’t have the capability to have that full expanse. And I say that not with a sense of negativity or being hard on myself. I say that with a sense of, ‘I did what I needed to do to get through.’ You do what you need to do, you survive, and then later on you can go back and look at it and [ask], ‘What really happened? What was the depth of this? And what else do I need to deal with?’

**Steve:** Based on your personal experience of healing, I think that is true that one of the ways we survive trauma is we learn to survive in the moment. We do what we have to do to survive the moment, and then the healing takes place later once we have the resources and the time and the support to kind of unpack it. Then we can start to look at it and do the emotional work we need to do to heal, correct?

**Dr. Filla:** Correct, yes.

**Steve:** This pandemic has been traumatic for our entire nation, our entire community. I think everyone, we’ve been doing what we need to do to survive. What’s your sense based on experience when some of the next steps are going to happen – when do we start to move out of survival mode and start to do the emotional work to heal? Is that going to happen in a month? A year? Ten years? What’s your sense?

**Dr. Filla:** It depends on who you are. I think a lot of it, for me personally, and for the people I know, I think that’s already starting. We’re not completely out of the pandemic. I think there is still some degree of trauma that’s happening. Part of it is, we still don’t know what’s next. We’re getting a reprieve. Our numbers are down. Vaccines have had a huge impact, in my opinion, on helping us get to a place where we can start reopening society, where we can start reconnecting with friends and family, and where we can start to do things again – we can start to live. To me, that’s an important step in starting the healing process. But the fact that there’s still the question of variants and what does the future hold, that still holds me back a little bit. In talking with friends, that still holds others back. Part of the trauma of the initial part of the COVID pandemic was the anticipatory fear – we don’t know what’s coming. In other situations, I can think about anticipatory anxiety about doing this podcast or giving a presentation or taking a test. Sometimes the anticipation is worse than the actual event. We are still in a place of anticipation. I think we’re getting a bit of a relief. When is it going to happen? I don’t know. I think it’s happening. It’s going to be an ongoing thing. The amount of time that it takes people to recover is so variable. Then you could get into the question of, is it ever over? Not to say that in a negative way, but I think that we are all growing and evolving in perpetuity, so I don’t think there can be a time limit. And I think to say, ‘It’s going to happen on July 6th, 2021 – poof, I think we’re going to be all better’ is a falsehood, is a limitation, and is setting us up for more trauma. We’re not going to meet that expectation. There is always work to do.

**Steve:** To hear you talk about that work, I would label that as spiritual. I’m interested in your definition of spirituality. What does the word ‘spirituality’ mean to you?

**Dr. Filla:** For me, it is a connection to a divinity, a connection to everything. I see it as being very different than religion. I see religion as being part of what has harmed me in the future, but I feel like spirituality has been part of my healing, which is really hard to put a definition in. Even as I’m sitting in this room talking to you, I’m looking at the things around me that have meaning. They range in various recognized spiritual traditions, so I have a mish-mosh of things. Nature is a big place of healing in spirituality to me. [It includes] animals – I have my dog sitting in the room with me right now. To me, being out in nature is a connection to something that is way beyond me, that I’m a part of. I think that’s an important part of it for me: that I am a part of it [and] I’m not separate from it, but I’m also held in it.

**Steve:** What are the spiritual tools to help you connect with that larger reality?

**Dr. Filla:** The things that I’ve already mentioned, like my animals. Petting my dog can be so therapeutic. The cat laying on me and kneading me. Sitting out on the deck and listening to the birds. Going out for a hike. I remember going out for a hike when it was 30 below this winter. That was my way of getting out and releasing a lot of that tension that built up from being in the COVID unit. There’s a peacefulness out there. There’s the connectedness, whether it’s the sky, the snow, the dormant grass, the green rustling leaves, the animals, the hills. To me, nature is a big part of it. In a more mechanical way, meditation is a big part of it. One of the tools I use in meditation is my singing bowl connection. Thinking back to a program at FSC nine years ago or so at a retreat, there was a meditation that included a singing bowl. I had a profound experience of sense of connectedness. At the end of that, I said, ‘I need one of those.’ I now have about 40 of them. That’s one of the things. A lot of times it’s more I will take just one bowl down and hold it on my heart and play it. Other times when I’m more ambitious I’ll get the set out and play the collection of them. But I also have to say that in the midst of COVID in the hardest parts, I didn’t rely on them as much. There’s part of me that makes me sad, but now I also realize that was also survival mode. I didn’t always use all of the tools at my disposal, but they’re still there for me to pick up at any time.