

# STAT

## Calling health care workers 'heroes' harms all of us

By Matthew Lewis, Zac M. Willette, and Brian Park

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Health care workers gather by the bay to watch the U.S. Navy Blue Angels and U.S. Air Force Thunderbirds fly over Mount Sinai Medical Center in Miami on May 8. *CHANDAN KHANNA/AFP via Getty Images*

Here's an unjust fact: Some of the frontline health care workers we've been celebrating with social media likes, sidewalk chalk, and asynchronous concerts are getting pay cuts and losing their jobs.

And here's an unwelcome observation: A word that's increasingly being used during this pandemic is making their lives even harder.

Health care workers on the frontlines of fighting the Covid-19 pandemic are being called heroes, and we can all see why. They have been asked to treat huge numbers of very sick people in a shifting landscape without sufficient personal protective equipment or coordination. Some have seen colleagues fall ill and die while others, in order to protect their own families, live in isolation from loved ones for weeks — or longer.

The three of us have witnessed health care workers' deep wells of compassion and tenacity. Their *actions* are indeed often heroic. But to support and honor them, we need to stop using the word hero.

In a disorienting experience like a pandemic, it's reassuring to talk of heroes. We can picture the mythic hero charging the battlefield despite the danger, getting the job done no matter the obstacles, and paying no heed to possible or actual injury. The hero image burns so bright that it eclipses any light shining on the failures of the system that could turn heroes into involuntary martyrs.

A paramedic friend privately shared with us that he'd gladly trade the hero label for the proper personal health equipment. Colleagues of ours in states that have relaxed physical distancing clamor for adequate testing, not just for much-needed public health data but for their safety and the safety of their families. Some health care workers and physicians who spoke out for increased personal protective equipment and hazard pay lost their jobs. Brave voices continue to raise this issue — we echo their call to action.

Sadly, stories of organizational accountability don't stick like tales of individual heroism.

Shifting the attention from systemic failures to rugged champions has consequences — sometimes deadly ones. In her moving book on how communities respond to disasters, Rebecca Solnit properly labels the 343 firefighters who died on Sept. 11 as brave and selfless. But she also emphasizes that they were victims “of an uncoordinated, unprepared, and ill-equipped system.” To celebrate (accurately) that they bravely ran into a burning building is to diminish that they (equally accurately) ran in without adequate

communication systems, without knowing which floors had already been evacuated, and in some cases carrying massive hoses up dozens of flights of stairs into a building that already had hoses installed at regular intervals.

Nearly 20 years later, the enduring narrative of those first responders as fearless heroes still overshadows the consequences of them working without adequate protective gear — a monthslong situation that led to thousands of first responders developing debilitating respiratory illnesses in the years since.

Like the 9/11 first responders, health care workers are enduring their own particular hell. The complex truths of their experiences — ones we might avoid considering and that the hero label lets us paint over — trail them home at the end of each shift like an unwelcome smell on their skin. If and when they are ready to tell their stories, the more space the hero label takes up, the harder it will be for them to authentically express themselves. It's as though we're saying, "Tell your story through the hero lens of our cultural imagination, or don't tell it at all."

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Before the Covid-19 pandemic, there was already an epidemic in health care — a burnout epidemic, with one-third to one-half of health care workers reporting substantial symptoms of burnout. Research after outbreaks of severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) showed that rates of burnout and post-traumatic stress among health care workers significantly increased for more than two years after the outbreaks. Two years: That's our window to thoughtfully support the moral injury, stress, and trauma that undoubtedly will be part of the story for some health care workers. The white noise of the hero complex deepens, widens, and obscures the human cost of this burnout epidemic.

A neurologist colleague shared that when she hears those nightly celebrations lauding essential workers as heroes, the pots and pans clanging outside her

home bring her a daily dose of shame because her practice has temporarily closed and she isn't in the fight. Hearing from her colleagues in the emergency department and the intensive care unit while she catches up on research projects fills her with guilt.

We think of the physician who said that if she really was a hero, her patients wouldn't have died. Or the many colleagues who, for various reasons — geography, pregnancy, their own Covid-like symptoms — have not been able to provide frontline care despite their desire to help. Or the medical students itching to learn and contribute but who have been told to stay home.

And let's not forget those who aren't in health care but who are sewing masks, staffing food banks, and diligently following stay-at-home orders. A hero binary categorizes these activities as too tame to earn hero status.

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There is a genuine danger that if only an exclusive few are heroes, the rest of us won't have to act heroically. If the heroes are taking care of everything, we can let up. The hero label has an isolating, immobilizing corollary: Their actions matter, mine do not.

It is telling that we so often call the response to the novel coronavirus a "battle." Seasoned war reporter David Wood saw firsthand how men and women who serve in the military can experience secondary trauma when they return home as the result of the civilian-military divide. He emphasizes that healing demands community participation, and participation requires a framework for compassionate listening — but where and how do we begin? Wood suggests clinical psychologist Paula Joan Caplan's model, created as an experiment at Harvard's Kennedy School.

It coaches civilian listeners to start by saying, "As an American whose government sent you to war, I take some responsibility for listening to your story, so *if* you want to talk about your experiences at war and since coming home, I will listen for as long as you want to talk ..." They are asked to listen silently, but with total attention, and to make no judgments.

Labeling frontline workers as heroes without first listening to them forecloses their narrative possibilities — and our historical lessons. We say heroes for us, not for them. So please, change your language: Actions are heroic, but people are people.

All of us shape and reshape the cultural story every day. We make choices, and those choices have power. Done right, leaving the hero label behind gives essential room for the health care workers we depend on to understand what they saw, how it felt, how it changed them, and how it should change all of us.

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