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Do Not Call Me a Hero

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The way she held my hand when we spoke—so delicate, yet so strong—always communicated an understanding of what was left unsaid, an act of emotional solidarity, somehow seeing beyond my professional smile. For four years, I was the only full-time staff member designated to 49 independent living apartments forming one wing of a larger senior living community. I formed close connections with many of my residents, but there was something particularly remarkable about resident 408's spirit. She had the kindest smile, the most innocent laugh, and a beautifully empathetic heart. She was a caregiver just as much as any of the staff was, consoling her neighbors after the loss of spouses and eating lunch with the lonely and anxious. She was never meddling or gossiping, but always quietly strong and supportive. At the end of our conversations, she would pat our clasped hands twice and give them a gentle shake—a wordless “I love you.” She was incredibly healthy. Until she wasn't.

“Independent living” is usually the first step leading toward assisted living when true independence seems a bit too precarious. I was my residents' advocate, safe place, and first emergency responder. The trust they had in me and the love I had for them was something I could never have

imagined when I first took the job as a nineteen-year-old in need of a paycheck.

On the morning she had her stroke, she tried to ask me for help, but I did not understand. She came down for breakfast, we smiled a greeting to each other, and I went back to reviewing employee timecards. A few moments later, she returned to the lobby, gave me a blank wordless look, and then got on the elevator. I assumed she was going to get a newspaper article to show a neighbour or fresh berries for her yogurt. I was not concerned until another resident hurried in from the dining room, breathlessly asking for me to send a nurse up to check on her. I did not see resident 408 again for several months.

By the time she was finally able to return, the world had changed, thrust into the dizzying whirlwind of a global pandemic. News stations began reporting a tally of COVID-19 related deaths each night, and our building had become its own micro-world, locked down from any “nonessential” personnel. It became my twice-a-week responsibility to create an emailed list of quarantined, hospitalized, sick, and recently passed residents—each new email filled with more concern, fear, and dread for the residents that had become my family.

I have never liked the idea of superheroes. I could never believe in the dichotomy of good and evil. Yet, throughout the lock-downs, the constant disinfecting, and weekly nasal swab testing, the sign outside our main entrance told me I was a hero. I was given a Spider-Man sticker in exchange for signing a “not mandatory”—but strongly en-

couraged, documented, and tracked—“hero’s pledge,” taking personal responsibility for my actions outside of work: promising to make sacrifices and strictly follow all suggested precautions so as not to endanger the lives of our residents. Meanwhile, my residents, frustrated by my exasperated attempts to remind them to please wear their masks, maintain social distancing, and stay in their apartments when quarantined, began referring to me as a jailer. The concern and fear of their family members often turned to outrage when I had to inform them of the restrictions I was required to enforce regarding non-medical visitors. Some going so far as to call me a Nazi and a murderer. Simply being treated as a human became a rare luxury.

I was taught that the key to working in senior living is to stabilize emotions. That is the expected superpower—not only to stay but to stay unflinching. There is a lot of fear, grief, sorrow, and uncertainty that accompanies aging. My job was to add joy, comfort, security, and peace. The emotions I portrayed had the power to radiate. With such a power, comes a tremendous amount of responsibility—responsibility that grew exponentially during the pandemic and that I did not take lightly.

When I finally saw resident 408 again, she was struggling with the keys to her new assisted living apartment. She was nearly unrecognizable and could no longer form complex sentences. When she saw me, the most beautiful look of recognition swept across her tired face. “Are you ...?” she asked, reaching out her hands in a familiar gesture,

my name erased but the connection still palpable. The relief of seeing her again and the devastating realization of how much damage the stroke had caused crashed into me simultaneously. All I could do was hug her, tell her I was so happy to see her, and hope against all odds she did not see the pain in my eyes. Unflinching. I had to be unflinching.

In the months after her return, she grew increasingly confused and disoriented. She would often wander down to the independent wing of the building, not realizing she no longer lived there and *could* no longer live there due to the extent of her decline. Taking her hand, squeezing it lightly, I would escort her back to her new home in assisted living. Long after she lost her ability to verbalize the question, her eyes still searched mine, asking if she was going to be okay. I could feel her sadness radiating through me as we walked. *Hero*. What if I was her hero? I had to be strong, unafraid, and sure. I had to tell her yes, she would be okay. I had to tell her that I would be with her. After returning her safely to her apartment, I would pat her hand twice, give it a gentle shake—our wordless “I love you”—then stand tall and try my best to portray a confidence I did not feel long enough to walk out of sight and into the nearest storage closet. Doubled over against the wall, tears seeping into the material of my “superhero” N95 mask, I would wonder if the Hulk ever cried like this. Hoping that my eyes didn’t look puffy through the face shield, I would take one more shaky breath before returning to my other 48 scared, depressed, and rapidly aging residents.

Two years into the pandemic and five years into working in healthcare, I am now counting myself among the refugees fleeing from the field. We have replaced “healthcare heroes” with “caregiver burnout” as the new buzzword. In truth, I do not feel “burnt out.” I feel deeply broken. I fear that I do not possess the super-human strength necessary to continue carrying the weight of this responsibility. Ultimately, there is no hero coming to restore my humanity, and I find myself lacking the stamina necessary to care for myself after caring for everyone else for so long. Unflinching has turned into unfeeling. I am distant, absorbed in my own grief. My cape has been replaced by an insurmountable weight of mourning and guilt that I cannot seem to shake.

Even now, years later, I am still haunted by the look on resident 408’s face the moment before she stepped on that elevator. I can see it vividly and almost hear her small, sweet voice asking the words her brain could no longer grasp: “What’s happening to me?” Superman would not have let her casually pass by in her time of need. He wouldn’t have let her experience something so terrifying on her own. Maybe, with his super-human abilities, he could have helped. I do not have super-human abilities. And I did not help. I could not help.

When I gave my notice, my boss told me I was “forfeiting my right to care about these residents.” I am no longer allowed back on the property because my “absence is felt too strongly.” We were called “essential employees,” but we were only ever treated as replaceable parts occupying essen-

tial positions. Abandoning my residents is the most difficult thing I have ever done, and I feel like a failure for not rising to the hero's challenge. I will not know when resident 408 passes. Once again, I will let her down. I will not be there to comfort her, and I will not be able to save her. I cannot be anyone's hero. I am just a human. An exhausted, heartbroken human.

About the Author

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