COVID-19 on the riverbank

Cite as: CMAJ 2022 March 28;194:E462-3. doi: 10.1503/cmaj.211721

he curled into the mound of tattered old blankets piled high against the frozen clay banks along Winnipeg's Assiniboine River. A skiff of snow covered the ground beneath the elm trees that stood sentinel over this liminal ribbon of land between the river and the rest of the city.

This was Angelica's house.

By now, it was easy enough to find her. Her camp sat off on its own, just beyond the main encampment of tarps and tents and driftwood structures.

I brought along a couple of Narcan kits, some clean rigging, snacks, a hot coffee. Tithes from the harm reduction camp. An offering to the camp of hard times.

The water slipped by silently, illuminated by flickering lights shining off the bridge downstream. Beyond lay The Forks, that confluence of water and people, the meeting place for all nations since time immemorial, now cement and stores and coffee shops.

"This is Treaty One land, you know? Our land," Angelica once said.

Sometimes she visited the actual clinic. To use the washroom. To warm up. To bang down. To catch some shelter from the storm.

Other times, I visited the homeless encampment; it was our version of the canonized — almost sacred — clinical encounter, the drill that everyone who funnelled through medical school can act out autonomically. Our version had a few adaptations.

The interaction was often short. A glance exchanged — more bemusement than mistrust — for the most fleeting of moments. A mutual question hung there, sort of a "What is your world like?" as our orbits intertwined for a second and before we each slipped back into our respective shadows.

Nevertheless, on more neutral ground, Angelica and I slowly came to know each other. *:

I remembered when I first spoke to her a couple of years ago.

Outside my office window, on a heating vent between the building and the parking lot, she had a daily ritual. An opportunity to take stock of inventory and to rest.

One frigid day — cold even by Winnipeg standards — when the mercury dipped below -40°C, I couldn't avoid it any longer. I wandered out of the building, steeled against the biting Arctic wind, and asked if she was alright. After a moment, her head popped out from that telltale mound of blankets.

"I'm fine," she smiled and looked at me. Somewhere between a giggle and a smirk. "Don't worry," and back under the pile she went.

We came to know each other tentatively, with slips and slides along the way. Disagreements over methadone doses. Over how long one client could reasonably stay in the clinic bathroom.

The usual.

Things change, as they do. In the heart of China's Wuhan province, in a busy marketplace, the SARS-CoV-2 virus skipped over from an animal to a person. In that singular event, in that fraction of a second, the virus became novel to our species.

And then it went off like a bomb.

The explosion sent shockwaves around the world.

The epidemiologists — long heralding the perils of a hidden pathogen lurking somewhere deep in the world genome were now granted the mantle of clairvoyance. The global tribe convulsed and lurched to its knees.

For a while, though, Angelica's world was strangely buffered. The Winnipeg winter slipped into spring and then summer. And COVID-19 was quiet in the prairie province. Manitobans lauded themselves. Having too often been that province arriving late for every party, people unexpectedly found this tardiness to be a boon.

Or so it appeared.

The summer slowly melted away into an autumnal glow and the days grew shorter.

Down by the river, Angelica watched her fire dance in darkening shadows. The survival imperative had a way of placing seemingly ephemeral concerns — like a particularly nasty virus — in their proper context.

Angelica's public health crises were of the more immediate variety. The scuttling rapists. The bad drugs full of crap that seared through tissue and vein. And then there was the cloak of loneliness, at once a tool and an unrelenting curse, inextricably entwined.

Forget the virus. Quotidian existence was already an all-consuming battle.

Nevertheless, somewhere in the darkness, COVID-19 smouldered. And then, slowly — inexorably — the shock waves that had reverberated around the world, finally pulsated down to Angelica's riverbank. Confounded and compounded by the arrival again of the colder months — COVID-19 and all that travelled with it became very, very real.

Shelters closed. Food sources dried up. People no longer handed out spare change. A palpable fear swept through the community.

For Angelica and others who shared her path, COVID-19 had arrived.

**:

In a way, it is easier for the physician when a patient has a definable biomedical condition at play. Syphilis, HIV, endocarditis, whatever; these are elegant, describable and, ultimately, manageable. They are — dare I say — perversely gratifying. The cold, satisfying algorithm we can confidently follow. Grappling with the meanness of the world — daily head-to-head bouts with poverty, trauma, violence and exploitation — is another ask entirely. Grinding and exhausting in its apparent futility.

The pandemic brought all this to the fore. That seminal question of how to care for the most vulnerable in our midst, whether under a tarp in an urban encampment, in a remote northern community, in a personal care home or wherever.

The question we should rightly be asking every day.

In all cultures, the power to heal is sacrosanct, and the privilege granted the anointed healer is unparalleled. Physicians are given a lens into the most intimate corridors of human existence, that labyrinth of our condition.

COVID-19 is one such prism; it has shown us that, for all our medical advances, the simple stuff still matters. As the pandemic distanced us from each other, the primacy of connection was laid bare; we are all in this life together, whether beside the riverbank fire in Winnipeg or anywhere else in the world. Ask Angelica. She can explain.

The evening was melting into night and the air grew colder. I got up from my seat on a fallen elm and said goodnight. The trail was dark up the bank, but before long the trees gave way to lampposts and I was on the road home. Angelica stayed by her fire, covered, as always, by the pile of blankets.

Andrew Lodge MD MPH

Rady Faculty of Health Sciences, University of Manitoba; Klinic Community Health, Winnipeg, Man.

This article has been peer reviewed.

"Angelica" is a composite of several individuals.

Content licence: This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) licence, which permits use, distribution and reproduction in any medium, provided that the original publication is properly cited, the use is noncommercial (i.e., research or educational use), and no modifications or adaptations are made. See: https://creativecommons.org/ licenses/by-nc-nd/4.0/