

Tracking an Outbreak The Heroes



Carmen Presti,
Acute Care Nurse
Practitioner

HOLLYWOOD, FLA.

I was not answering a calling when I became a nurse. I abandoned my career working in production in the film industry when my desire to start a family and have a stable work schedule superseded the excitement of working on a film set.

As a nurse, I am witness to and part of real-life drama that can only be mimicked on film.

It is difficult to give loved ones updates on the phone because they are clinging to any shred of hope that their relative will improve, and often I cannot provide this.

Telling a wife that her husband's oxygen levels on the ventilator had improved slightly brought her to tears.

She prayed for me to be blessed with wisdom and strength and for my family's health. In the midst of her suffering, she conveyed her gratitude.

With both of us in tears, and my heart broken for her, I thought, "This is why we do what we do."

During one shift, my patient's ventilator tubing became disconnected and I was about a foot away from a blast of air from the patient. I am fortunate that my hospital has provided us with N95s and appropriate P.P.E., but we are having to reuse our masks and therefore can't be ensured full protection from contamination.

Like many providers, I quarantined myself from my 12-year-old son and husband for two weeks.



Joyce Lamb,
Medical-Surgical
Nurse

QUEENS

When I entered the rooms of Covid patients, I could tell they were scared. They told you that. They were looking to me for comfort.

I was scared, too, but I went in and I held their hand. I let them know that they were not alone. I tried to fill the room with love.

This pandemic has increased my compassion and strengthened my belief in humanity. We are in this together.



Mustafa Alam,
E.R. Doctor

BROOKLYN

I've seen the heartbreak and hope this pandemic has brought to our city. I have seen sadness with the loss of life and joyous celebration from a complete recovery from this virus.

I want to bring hope and healing. I want to save lives.

Reporting by Gianni Cipriano and Aidan Gardiner.

IN HARM'S WAY

Health care workers are experiencing the pandemic like no else, and The Times is collecting their stories. In submissions and interviews, they reflect on what they have witnessed, the decisions they have made and how the pandemic has changed them. Look for new installments every Monday in print. By The New York Times

Kristina Woo, Clinical Care Technician and E.M.T.

WATCHUNG, N.J.



BYRAN ANSLIM FOR THE NEW YORK TIMES

Both of my jobs require lots of patient contact. I am also immunocompromised with Type 1 diabetes.

The worst experience was taking care of a patient who suffered from Parkinson's disease and was positive for the coronavirus. He had a high fever and wasn't eating. I was trying to feed him but he just kept begging to die.

Whether it's cleaning bathrooms covered in explosive diarrhea or cleaning up the patients, I continue to show up and help. I work per diem and I make \$15 an hour. I don't get benefits and I don't get hazard pay. I risk my safety and my family's safety because in times of chaos someone needs to remain calm and show up.

Since the outbreak began, my responsibilities have remained the same. But the stakes are higher. The risk is greater.

When life gets scary, what's the best option? Quit and hope you're safe? Or step up and help those who need it?

For me there is no choice.

Linda Wang, Internist

MANHATTAN

On normal days, I am a primary care physician. For two weeks in April, I worked a night shift at the hospital where I did my earliest medical training, going between the E.R. and the inpatient "medicine Covid" units.

One night, I got an alert around 2 a.m. that one of my primary care patients was in the E.R. She was 50, and had just gotten an apartment for herself and her daughter. Her son was about to make her a new grandmother, and she proudly displayed the ultrasound photo on her phone's background.

For more than two years, we had been meeting every three months to try to improve her diabetes. I had seen her just a month before, and she was hopeful as ever to strike a balance between taking insulin and living her life.

Now, she was lying on her stomach before me, a large and cumbersome mask on her face delivering oxygen. Her eyes were tired but determined.

I fumbled for my phone underneath my gown. I worried that I would contaminate myself but I also hoped to get her daughter on FaceTime before it was too late.

"I love you, Mom," her daughter cried. "Stay strong. Don't give up." Within moments, she was intubated, and within a week, gone.



SARINA ABU-YENNOVA FOR THE NEW YORK TIMES

Romolo Villani, Anesthesiologist

SALERNO, ITALY



GIANNI CIPRIANO FOR THE NEW YORK TIMES

Fortunately, the lockdown of the last two months in our region has greatly limited the transmission of the virus and therefore the victims of the epidemic. In Naples, we have had a couple hundred people die from the virus. Most of them were elderly people coming from nursing homes.

Now, we are also seeing people who had recovered from the virus testing positive again. Among these are some of my colleagues who had returned to their jobs as health care workers.

This shows that we cannot yet let our guard down in the fight against the coronavirus.

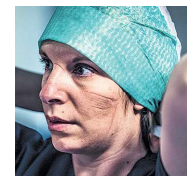


Kenji Fujiwara,
Surgeon

FUKUOKA, JAPAN

I'm a surgeon in Japan, but I volunteered with a team fighting infectious diseases, including Covid-19.

I have a family. My wife is pregnant. So I asked my mother to support me by taking care of my family in her house. Fortunately, my family understood and my son cheered me by saying, "It is cool to fight against the virus."



STEPH A. VERGANT

Marion Levigne,
I.C.U. Nurse

LYON, FRANCE

The pandemic came. We didn't plan for it. We were not ready.

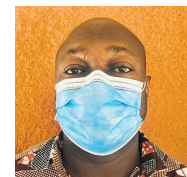
We could barely keep up with the pace. Patients arrived one after the other. There were hurried intubations. Families were in distress, and we had to deal with a different kind of stress.

But as in every storm, we also experienced little unexpected rays of sunshine: children's drawings, chocolates, equipment, applause and music in the windows.

And then our first victories came. An 85-year-old woman who was exsanguinated caught the breath that she had missed so much.

A 62-year-old man finally returned home, to the delight of his daughters.

We may have lost our bearings, but not the meaning of the job we chose to do.



Ousseni W. Tientore,
Doctor

OUAGADOUGOU, BURKINA FASO

I do my best to comfort and reassure people in my environment. For example, recently a friend's relative tested positive after returning from Niger. He was afraid of being hospitalized, so they contacted me. I focused on calming him down, providing him with insights and recommendations from a medical perspective.

The same happened with a nurse I know. People are afraid of the disease — even health care workers need support.

Right now, doctors and nurses must have jumpsuits, face shields and everything they need to avoid getting infected, for their own safety and to treat patients without spreading the virus. However, we have struggled to find and bring in that necessary material as global shortages hampered their purchase and travel restrictions hobbled the supply chain.

We are dealing with the unknown, and nobody was ready for it. Many are concerned about the disease, especially with all they read on social media. Others are more worried about their own survival amid Covid-19 restrictions. Staying at home is a luxury many cannot afford.