

## **Dr Steve Short – My Time in New York City during the early days of the Pandemic.**

The second week of March 2020, I was doing a pulmonary/critical care outreach clinic in Marysville Kansas, I have a large population of patients I see there, and at the end of my day, they told me that my clinic was the last clinic the hospital was going to have for some time, they were basically locking up the hospital and no one was going to be allowed to come in, all outpatient clinics were to be closed.

That week I had all my outpatient clinics cancelled in multiple communities, and we closed our office in Manhattan to any patient traffic.

All surgeries were put on hold,

any clinic visit was to be on telemedicine.

We cut back office hours

We all took a pay cut

Our staff took a pay cut

We were preparing for the worst

Converting multiple beds in the local hospital to ICU, they were not sure how many ventilators were needed

By the end of the week, we had one patient in the ICU with COVID, he went home in 4 days.

No more patients, very few positive COVID cases in the county.

At the end of the week I had an urgent email from my medical society, the American College of Chest Physicians, there was a frantic need for pulmonary/critical care doctors in New York.

I had been watching the daily briefings by Gov. Cuomo, and was aware of the numbers and the dire state of affairs.

I sent an email and said I was available.

I then told my wife, Whitney

I then told my children

At the time, there was a high rate of infection in the medical providers taking care of COVID patients. Multiple deaths. A risk. A concern. A reality

My children said they absolutely were not happy with my decision.

They also knew me

My heart and my desire to be there

To be involved

To do whatever was needed.

In a matter of days, I was notified, I was desperately needed.

There was a rapid licensure with New York state

I had to do some preliminary work on hospital policy on line, go through their HIPPA training

The night before I left, my children asked to meet with me on zoom.

Tears, emotional support, understanding. Love. Prayers.

Multiple other zoom calls, with our Italian children, our nieces and nephews, multiple phone calls from various family, and many friends.

An enormous amount of support and prayers

It seemed overwhelming,

it was overwhelming.

A lot of unknowns,

Like going into battle, Vietnam, Omaha beach

Amazingly, I was calm, I was firm in my faith, I was concerned, but felt it was the right thing to do.

In leaving from KC, I decided to go by and see my grandchildren

They were all social distancing

A sign in the yard they had made, saying they loved me and good bye, a bag of candy thrown from the other side of the driveway

Separation

Longing to hug

To say I love you

Maybe for the last time...

I left Easter Morning, emotionally reflective, spiritually aware

I had to leave from Kansas City, United was providing free airfare for volunteers. When I parked in the long-term parking lot, I was the only car, I was the only passenger on the flight. There were no cabs in New York, some man came up to me and asked if I needed a ride, he was very patient in me getting my luggage and was very helpful

I took the subway to the hospital the following morning, the subway car I sat in, had every seat covered in spit and gross vomit-like saliva I did not see this initially, and sat in a glob. What a way to start my day.

At the hospital, I was one of 5 volunteers, we were oriented, received our badges, and a quick summary of what we were up against. The worst hit hospital in New York. Initially only one ICU, in the two weeks of the pandemic, they now had 9 ICUs, they added a new ICU every day, 10-12 patients a day being intubated. Lack of staff, nursing shortage with no experience in ICU care, 1/3 of staff off sick with COVID, multiple deaths of doctors and ancillary personnel. Over 300 patients with COVID, before COVID they may have 15 deaths a month, now it was 15 a day, an average of 3 codes an hour, they were stretched to the breaking point.

In the ER, there were stretchers side by side, all intubated patients, not enough infusion pumps, not enough tubing sets for arterial lines, not enough monitoring wires, they ran out of medications daily, antibiotics, sedatives and hypnotics, essential for ventilator patients

The chief of the medicine department said "please, don't judge us.", "We are a good Hospital, and we are good doctors, Honestly" ...

A true sense of Helplessness was being conveyed. Desperate in their plea, with no way to turn off the onslaught.

Then he said, "please tell me some one is pulmonary/critical care."

What?

They did not have any pulmonary/critical care doctors in the hospital? They had 100 ventilators, 3 respiratory therapists, 9 ICU'S AND no pulmonary/critical care doctors!

I thought I was there to help

Now I find I am the man.

“how long are you here?”

5 days

“NO”

we need you

I said OK

I said how long

As long as we need you

I said OK

What I became aware of in this moment, was this a Public Hospital, one of 11 the City of New York operates, on normal days, pre-COVID, it had no specialists, a minimal budget and transferred patients between its sister facilities in an ambulance for “consults” and care the other hospitals would provide.

This compares to the Private Hospitals in New York City, wealthy, heavily staffed with specialists and adequate equipment and supplies. A stark reality.

I had no Idea this could happen in the middle of the Wealthiest City in America, I was working at a hospital like I was in Quinter, Kansas, and needed to call Hays, Kansas for help..

The 5 doctors I oriented with were my team

I had to create an ICU team to cover the PACU, the sickest people in the hospital, I had to create two teams, days and nights

The hardest thing to do, is ask someone to do nights

I had 3 volunteers, no questions asked

Made my heart cry, seeing how painful this decision was.

We took over

Every staff member in my unit were volunteers, nurses, RT's, Doctors, PA's

Every staff member gave their all, never a question asked

All were there to serve.

All were Equally committed

What became evident immediately was every patient was so sick

Like my colleagues said as we became immersed in the reality, we are at ground zero of ground zero, the worst of the worst

Total chaos daily, running from bed to bed 3-4 codes an hour, many not surviving

There was immediate fear and out right terror as we entered the belly of the beast, stretcher by stretcher of ventilated patients.

Many brought up from the ER on cots, and stayed on them the duration, due to lack of adequate beds.

Many there since day 1, no response, florid sepsis, none had seen family members since the crisis began

Loss of life was so common and so fast, that it became surreal, many stretchers left in the unit, for multiple days, until they could empty the freezer trucks parked outside, full of bodies

It was everything you had ever heard of with the crisis, but several times worse

Getting to work, and the blessing of working hard and doing the task at hand, was what helped the reality melt away

The initial onslaught of fear and death became the new normal, and there was an adrenaline that made the return to work day after day, exciting and invigorating

This was not how you were trained.. you were trained to have control.. to tell the disease and the environment.. I am in control. I will cure.. I will dictate how this is going to happen..

The slap in the face.. the brutal awakening.. NO, you are not in control

There was.. NO CONTROL

The Shield of Trust that you were trained with was broken

Immediate MacGyver mode..

Improvise..

Meds not available, figure out options

Normal tubing sets needed and needing to be changed with each new IV, no, that will not happen, same tubing set reused, over and over..

No central lines, what else can we use.. unfathomable to re-use!

No chest tubes, running around the hospital looking at all the supply closets to find maybe an option, maybe this will work as a valve, and this a suction tube.. YES, high fives

Confined to your space, you are filthy with the beast on you, you are confined to a space that is considered dirty and contaminated, all your clothing, your shoes, your scrubs, you can't go into the general hospital, daily lack of adequate PPE, no gloves, no gowns, never a face shield..

Orientation, you get a paper bag and 1 N-95 mask, that is all you get, and you never get another.. Precious

When we arrive every staff member in the hospital is doing patient care, they are exhausted with no time off, the resident physicians are overwhelmed with the numbers of sick, and there has not been any time off since the pandemic started, a contingent of Navy Reservists, none who have ever managed a ventilator, are thrust in to running units of ventilators and overwhelmingly septic patients. Shell Shocked and overwhelmed, code after code, multiple stories of how quickly the patients die.., they look good one minute and then they are gone.

Day in and day out it was numbing.

The night shift coming off of the wards, were being supervised by a couple of the doctors I had oriented with on day 1. We met every morning and had prayer together, they described the horrendous codes and the moving from room to room, to try and save a life, there was outright concern about the interns and residents, the constant bombardment of death since the pandemic had started, 3 weeks ago. This is NOT normal training, when will NORMAL training return?

As well no guidance on ICU protocols for ventilator management, 1<sup>st</sup> and 2<sup>nd</sup> year residents managing multiple ventilators and no respiratory therapist available to help monitor pressures or adjust oxygen flow 3 respiratory therapists for 100 ventilators. Ughh!

Every patient being intubated, with any sign of low oxygen or cxr with hazy "COVID" lung, they are tubed immediately and put on a ventilator.

No ICU beds available for the new patients coming in, they have to wait till someone dies to create space for a new admission, a real log jam of care.. patients stacking up, waiting for a bed.

Multiple patients who had been tested for COVID, but 7-10 days later no results reported. In asking why, there was Lack of reagents, too many tests to process, I told the residents, regardless of results, these patients are sick and we take care of them. This is a large city, and many people get sick COVID or not.

Multiple patients needing tracheotomy, to possibly hold on for a while to see if the brain will wake up, but surgery refused to do them with the risk of aerosolization. So..Prolonged ventilation with tracheal tubes staying in way too long..

Families clueless as to what was going on.

The phone calls to family members were sparse and not the same doctor was reporting from day to day, very unclear medical information communicated. Families were waiting at home patiently, desperate to know, to see, to touch.

Multiple patients needing dialysis with the COVID manifestation on renal blood flow, minimal number of dialysis machines for the overwhelming numbers that are needing them, they were installing water lines in the unit to try and get dialysis machines functioning.

Tracheal tubes with an ungodly thick tar that accumulated, multiple reintubations with airways plugged that needed bronchoscopy, policy is no bronchoscopy.

The incessant code. My first week, some voice leans over my shoulder and says this is number 3, you must stop. That is policy.

The code that goes on and on, the communication with family, telling them we need to stop, NO DON'T STOP, THEY WILL LIVE, THEY ARE ALIVE.

I was called to the OR, a young healthy woman with ectopic surgery, had white out lungs, low on oxygen, they wanted me to assess and take her to my ICU.

I went and assessed, it didn't make sense, we worked on her, got her oxygen up with non-invasive ventilation, gave her some meds and her x-ray cleared, we sent her to the floor instead of my unit, for if she came there and didn't have COVID, she would get COVID if she came there, the risk was too high. She was discharged the next day, stable.

The anesthesia doctor in the OR, had worked with me on the codes, he saw me work with the patient in the OR and order and manipulate her care, he said "you aren't from, here, are you? " "I said no, Why do you ask?", "you are too calm to be from New York City"

TOTO, WE ARE NOT IN KANSAS ANYMORE

Everyone was on hydroxychloroquine and azithromycin, a therapy no one believed was helping,

No answers, No Cures, nothing was Working.

Total Chaos, out of control. Everywhere, Everyone

Crazy manifestations of the most horrendous disease.

I asked the Chief Resident, "How did this all begin"

2 weeks prior, nobody was sick

then one person showed up in the ER, no testing available, they were sent home.

the next day 2 people. they were sent home

the next day... Pandemonium

Brains not functioning "covid brain"

Lungs not functioning "covid lung"

Kidneys not functioning "covid kidney"

Liver not functioning "covid Liver"

Covidish...for disease manifestations, that had no answer.

So many patients that had been on the ventilator since day 1, and no response mentally, septic storm of disease was rampant

Massive inflammatory response

What became most alarming was no one could be with their family.

Families were not allowed in the hospital.

Nowhere.

Not one visitor allowed.

Empty hallways

Painful

The Hospital began to work on palliation.

A need to dialogue with families

A need for families to be reconnected

A change of policy to let one family member in and see their loved one

Many brought the iPhone and faceted with other members of the family

Realities revealed, that were hard to see

Two weeks ago, loved ones were enjoying life, interacting, celebrating

Now nothing

Daily routine was crisis management

One bed to the next

Code blue

Intubation

Compressions

Death

Sudden

Unexplained Death

Unexplained sickness

Over and over

Empty bed

New patient

Repeat

The emotional needs I had, became expressed with the dialogue with families

With interpreters and families, difficult dialogue, but still needed and necessary

With multiple languages, Thai, Spanish, polish, Hassidic, Chinese...

Dr Kenny Yu was my absolute favorite doctor, my colleague with daytime coverage. He was a neurosurgeon from London, who just finished his neurosurgical residency and his PhD, he was starting a Neurosurgical oncology fellowship at Sloan Kettering in June, and had some free time, so why not help?

His comment on Day 1, his first day of experiencing American Medicine. "We are in the center of the richest City in America, in the richest country on Earth, how can this be happening".

My response was "Its like we are in the middle of Haiti", "where are all the pulmonologist in New York City?", "Why aren't they here to help us?"

We would research at night various articles that showed promise, we stopped using hydroxychloroquine and azithromycin, there was a new article on dexamethasone that showed promise, so let's start initiating this on all the patients.

His family lived in Hong Kong, where he "grew up", but he went to boarding school in London, and trained there. He was very English. In speech.

He asked to follow a Chinese man, I had spoken with the family the day before I assigned him, and they were having trouble communicating. When he took over, he was very good at interacting with the family, but unfortunately, they said, "would you have someone, who would please be able to translate to Cantonese? he immediately switched over, in fluent dialogue.

Other families had to have interpreters, a nurse from another unit, who I had translate Spanish, unfortunate difficult realities that had to be communicated, the emotion was overwhelming, at the end of the dialogue, she was crying, I was crying and the family was crying on the phone. Exhausting. Difficult.

Dr. Yu commented that it was overwhelming when he walked in that first day, but, when I assigned him patient care and worked with him on rounds and protocols, how comfortable he became taking care of the sickest of the sick. The Task of working, the protocols of care, again created the calm in the storm. He posted after a day he took off to meet with his research team

at Sloan Kettering, how excited he was to get back and be a part of the team. The adrenaline of caring for and responding to the sick and dying. The task was satisfying, rewarding.

My first day we were extubating an 88-year-old man, and before extubating, I said, let's pray first.

I was intending to pray, to open the door I was so in need of entering, but, the nurse. A powerful, larger than life black man, who was a force of knowledge and compassion, took off with an oratory of love and power.

Thank you

This opened a door, a door that continued to widen, with multiple family members coming in and seeing their Loved Ones. I was always with them, they needed to process the grim reality. Seeing the lifeless, emptiness, connected to so many drips, a ventilator and monitors. Overwhelming Reality.

I would always ask if they would allow me to pray, they always said yes, and always thanked me, they said they were praying for me as well.

A patient from Thailand was critically ill, struggling with multiple system organ failure and very unlikely to survive. Her husband was wonderful, he would call throughout the day and always concerned, asking for any ray of hope. I asked him to come in and see her, and he had to travel some distance to arrange this to happen, he was staying in quarantine 3 hours away.

When he arrived, it was hard to see the lifeless form of a beautiful woman, emotional, he spent time and processed. I stood with him and supported him with my presence and answered questions. I offered prayer, he said she was Buddhist, I said I was comfortable with that, and we prayed.

I let them spend time together, and was taken by the moment and drew their picture. I wrote on it "strong love, deep pain". He was overwhelmed. He shared the picture with her family from Thailand, they shared it on social media in Thailand. It went viral.

He came back another time a week later, to spend time with her, it was more concerning, grimmer, he realized this. By this time, I had spent time in the unit with various members of various families, and there was a clear understanding of my faith by the staff, they realized I was different, and they had an appreciation of the need and comfort prayer was providing the families, but also the staff themselves. We were all suffering and dealing with multiple deaths a day. When he returned, and I spent time and allowed his time with her, I returned to him and again offered prayer, it was an overwhelming moment, and he was again grateful. When I began to pray, I looked up, and the whole unit was present around the bed. All present to partake in this solemn moment. A moment I will always treasure.

His family has since written me multiple letters, thanking me for my care, her family from Thailand has written me multiple letters, again, thanking me. Letters I will always cherish.

My art became my love language, I needed to express

I drew every nurse

I drew every doctor

I drew all the secretaries in the medical department

I drew Brooklyn

I drew Manhattan

I drew...

When I left Whitney, I mentioned I was going to journal

I wrote a devotional after we had devotionals from the Upper Room, on facetime every morning

I wrote a mid-day summary

I wrote an end of day reflection, on the subway home late at night alone

I posted on Facebook, all my pictures, my reflections and experiences of the day

I found that the posts were shared, and shared, and shared and shared

A reality of the "Beast" was being reflected through my posts

A reality that was new and was scary, and was real

People wanted to hear and see

My Facebook exploded

I was being interviewed by a new TV station every night

I was being interviewed by a newspaper daily

Shared posts, shared artwork, shared reality

I watched the daily summary by the NY hospital Assn, the numbers were coming down,  
Less admissions, less ICU admissions

The incessant sound of the constant Code Blue overhead was becoming less frequent

I noticed a new critical care doctor

A few days later.

I noticed another new critical care doctor

There were 3 more critical care doctors coming next week

They were going to close my unit, to open surgery, to get business going and revenue streaming

They said the residents loved me

That I was teaching them things they needed to hear and learn

The residents would say "you have taught us so much"

Education learned in the Constant battle for life, procedures that were second nature to me,  
drugs and modalities, common and natural, were all tutorial experiences they were anxious to  
hear and see and do.

This Last week I spent some time talking to my Head Nurse, he mentioned that we had instilled  
a work ethic, a task oriented approach, instilling simple protocols, and a calming spirit that  
continued after I left, "after you left, they adopted your ways, there was not a plan till you  
came, more importantly we knew what not to do, and what will work."

The administration wanted me to stay and educate, a formal lecture series, be present, stay  
and share my experience

But I needed to get back to my patients, who were anxiously waiting

All were following me, and proud of me

I needed to quarantine and come back to Whitney, and now a new puppy

Hope Brooklyn

I returned

I quarantined, alone

I reflected

New memories of the deaths, of the families, of the staff

Of the secretaries, who wrote me, they missed me

Of the residents and students so anxious to learn and needed me to stay

It was a difficult decision to go to New York and help

It was a painful decision to come home

I could not replicate any of this now

At the time, I went the disease was at a peak of crisis and frenzy

I went when I was needed at the most critical time

I was blessed to say yes at a time of upmost need

I was blessed to able to give so much of who I am, at the time of critical need

My Love, My knowledge

And My Prayer