

## **Stories from the Frontlines of the COVID-19 Response in New York**

### **Ashley Van Slyke**

New York City, with a population of over 8.3 million, has borne the brunt of the COVID-19 pandemic in the U.S.<sup>1</sup> As of June 19, 2020, there were nearly 210,000 confirmed cases, over 54,000 hospitalizations, and 17,546 confirmed deaths.<sup>2</sup> The COVID-19 pandemic has brought a flurry of information and stories with it, overwhelming news outlets and readers. In the information overload, first person experiences from the frontlines of the pandemic can get lost. This brief features stories from two individuals from Central New York who served on the frontline of the COVID-19 response in NYC: a SUNY Upstate Medical University nurse and a National Guardsman called to serve.

Mary Kane (named changed to protect privacy) is 24 years old and lives in Syracuse, NY. She has been working at Upstate University Hospital in a Surgical Intensive Care Unit for nearly two years. On April 9, along with 21 other nurses from Upstate University Hospital, Kane volunteered to relocate to Long Island to work as a bedside nurse at Stony Brook University Hospital.<sup>3</sup> Kane volunteered for three weeks, working with COVID-19 patients on an intensive care unit (ICU). As a nurse on an ICU, Kane's daily responsibilities included feeding patients, passing medications, promoting comfort, and responding to the individual needs or changes in health of each patient.

Jay Symonds, age 40, has been a firefighter paramedic with the Manlius Fire Department outside of Syracuse, NY for 5.5 years, and has 24 years of experience in Firefighting/Emergency Medical Services at other agencies. He has served with the National Guard for 23 years, currently acting as an Engineering Manager. On March 23, 2020, Symonds was called by the National Guard to inspect facilities and oversee contracts for the construction of a temporary hospital in Westchester, NY. Built on basketball courts of Westchester County Center, the new unit contained 54 ICU beds and four additional tents, each with 14 ICU level rooms, to accommodate the anticipated overflow of COVID-19 patients from area hospitals.

Each on the frontlines but in different capacities, Kane and Symonds expressed concerns related to patient overcrowding, equipment shortages, and feelings of emotional exhaustion, and described lessons learned from their experiences.

### **Patient Overcrowding and Supply Shortages**

As many of us heard early on in NYC's COVID-19 outbreak, there were major concerns about overwhelming health care system capacity. "The pandemic hit us hard and hit us fast and overshot our capabilities quickly... [the state government moved to] get these hospitals set up quickly, get more beds," Jay Symonds told me. Symonds applauded the efficiency with which the NYS Governor's Office and other agencies collaborated to alleviate the shortage of medical facilities.

Mary Kane described the rapid surge in patients that overwhelmed NYC hospitals. On typical ICUs, nurses are assigned one to two patients due to the high degree of bedside care required. Kane stated that

before the Upstate University Hospital nurses arrived, nurses at Stony Brook University Hospital were caring for three to four patients per shift, a challenging assignment mentally and physically. With the help of nurses from Upstate University Hospital, during the day shift nurses cared for one to two patients. However, nurses on the night shift remained short staffed and were required to care for three to four patients.

Along with the overcrowding and medical personnel shortages, supply and equipment shortages have also presented challenges in caring for COVID-19 patients. Throughout New York State, but most notably in New York City, there has been a shortage of personal protective equipment (PPE), ventilators, and other medical equipment. PPE includes gowns, masks, gloves, and other equipment that protects healthcare workers from patients and vice versa. PPE shortage is a critical issue, as inadequate protection from COVID-19 puts healthcare workers in danger of contracting the virus.

PPE shortages create an ethical dilemma for healthcare workers each day as they weigh caring for sick patients with caring for their own health. Prior to the COVID-19 pandemic and PPE shortage, healthcare workers were required to change their full PPE before and after caring for each individual patient. With the PPE shortage, many healthcare workers find themselves reusing gowns and masks, and not even having the proper N-95 masks, as they care for each patient.<sup>5</sup> Some blame the shortage on the barrier to import from other nations where PPE is manufactured, while others blame the ill preparedness of the U.S. government in responding swiftly and effectively to the pandemic.<sup>5</sup>

Mary Kane told me that she was thankful to Upstate University Hospital for providing them with N-95s, masks designed to protect healthcare workers from aerosolized particles. Ideally, N-95 masks, along with other PPE are discarded after each use. With the PPE shortage, every nurse at the Stony Brook University Hospital where Kane volunteered had an N-95 mask they kept for their whole shift, only discarding them after procedures that were considered highly aerosolized, such as intubation/extubation and medical emergencies, such as cardiac arrest. Kane told me that other nurses in the New York City area work without N-95 masks, leaving them less protected against coronavirus. She said it was hard to judge how safe she felt, because everything changed daily, from the severity of patients' illness to the supplies available to nurses.

### **Patient Experiences**

Mary Kane's patients' ages varied greatly, with some in their 70s. Her youngest patient was 30 years old. She offered a word of caution to younger individuals who feel they cannot be affected by coronavirus, describing how she witnessed younger patients struggle against the virus. "Some, their kidneys shut down, others had clotting and bleeding. It all depends on how the virus affected the body". She emphasized no area is truly safe and free of coronavirus.

Coronavirus is highly infectious and has led hospitals to not permit family members to visit COVID-19 patients. This has required healthcare providers to find creative solutions for keeping patients and families connected. Kane described how each day a nurse would accompany the healthcare team to see each patient and call their family to inform them of the patient's condition. Some days, the manager of the floor would come around with an iPad and call the family of the patient in their room, regardless of their degree of consciousness. Nurses would place pictures of the patient on their door with blurbs about their personality, name, music taste, and other facts the family provided. Kane noted how this humanized the pandemic and her patients, whose level of consciousness was often altered. This experience was often emotional for the nurses and the family alike.

## Frontline Workers are Emotionally Drained

Working long shifts with few breaks, it is no surprise that workers on the front lines are physically exhausted. But both Kane and Symonds also described their emotional exhaustion. Mary Kane described how bedside nursing care during the pandemic has transformed into disaster nursing, focusing on prioritization and keeping patients alive. Although none of Kane's patients passed away, she found herself wrestling with the emotional weight of bedside nursing after each shift and even after she returned to Syracuse. Kane declined to share specific experiences due to the emotional trauma they bring. She found support among her peers at Upstate University Hospital and Stony Brook University Hospital, and after every shift, the nurses would debrief together.

Some mental health providers offer resources for nurses, such as free group counseling sessions, to help them through the emotional trauma of caring for COVID-19 patients. But while at work, Kane found that focusing on her work helped her mental health. By the end of her three weeks, she felt things were getting better. The empty beds were not filling up as quickly, and patients were transferred to her unit as the hospital began to shut down emptier units.

Symonds experiences were similar to those of Kane. At the end of his time serving in New York City, he felt that less of the beds in temporary hospitals were being filled, and the demand for their construction had decreased. Symonds felt that the work of the public to decrease transmission of COVID-19, such as social distancing and wearing masks, in conjunction with the work of governmental agencies, allowed New York State to catch up to COVID-19, and not be hit as hard as expected.

## Learning from these Experiences

Mary Kane reflects the experiences of nurses, other healthcare providers, and essential workers throughout the U.S. and the world during this pandemic. We must all respect those working to keep us safe throughout the pandemic and keep their efforts in mind when we discuss coronavirus. We must respect public health recommendations to prevent the spread of the virus. Kane stated "It doesn't seem as big of a threat [in Syracuse] ... [it] hit communities so much harder down there...". When the nurses from Upstate University Hospital left Syracuse to travel to Long Island, a crowd gathered to wish them luck and express their gratitude. Reflecting on this experience, Kane noted "The nurses down there... it's hard to see an end in sight... they're the true heroes, hardworking and passionate nurses and doctors, they should get the praise".

*"If we had done nothing and lived life like normal, the numbers would've quadrupled easily."* – Jay Symonds, National Guard Engineering Manager

Kane stressed the need for everyone to take COVID-19 seriously. Each hospital, even within New York City and Long Island experienced a different severity of COVID-19. She highlighted the importance of nurses' opinions, as "they are the ones on the front lines, and truly understand the pandemic". Kane spoke about how nurses worked hard to care for their patients, yet to also care for themselves. She stated nurses would not go into patients' room as frequently as nurses outside a pandemic would, hoping to limit their exposure to coronavirus while still providing quality care and conserving PPE and other essential supplies.

Jay Symonds emphasized the importance of self-isolation. He believes that social distancing, wearing masks, and quarantining have helped reduce the impact of COVID-19 far more than building temporary hospitals might have. Symonds stated: "If we had done nothing and lived life like normal the numbers would've quadrupled easily. The biggest thing I want the world to know is what we did and the efforts we put in as the civilian public work...". Symonds recognizes the difficulties of changes to daily

life but urges individuals to continue their efforts in following recommendations from the CDC and state government, describing how the number of active cases could surge if we fail to do so.

### **Recommendations for Practice**

COVID-19 has exposed the U.S.'s lack of preparedness, including specific guidelines and regulations for dealing with pandemics. As a result, local government agencies and organizations were caught off guard and unprepared to serve their communities. For Symonds, COVID-19 has showed him and his colleagues that there is tremendous need for plans to be identified by all levels of government, including blueprints, instructions, and precedents so that, in the event of a similar crisis, responses can be more efficient and effective with the ultimate goal of limiting widespread impacts.

Although not as dire as early on in the pandemic, many places in the U.S. are still not adequately supplied with PPE and other necessary equipment. China was previously one of the largest producers of medical supplies, but with the onset of COVID-19, production dwindled. As China has reduced its number of cases and improved production, they have donated medical supplies to other countries, with the United States receiving little of this goodwill due to the President's attacks and blame directed at China. Price gouging within the U.S. continues to reduce access, as states and healthcare systems find it difficult to purchase affordable supplies. The federal emergency stockpile of medical supplies, including masks, gloves, and gowns has been depleted without adequate replenishment in recent years, and has left the government with insufficient resources.<sup>6</sup> This has led the Food and Drug Administration (FDA) to relax some standards to help meet PPE demand, by allowing supplies from other nations, such as Australia and countries in Europe, to be used in the U.S. as substitutes for non-N95 masks.<sup>7</sup> The FDA and healthcare system have permitted healthcare workers to use expired supplies, such as gowns and masks while supplies remain scarce.

In the absence of a strong federal government response, states, local municipalities, large corporations and small businesses, and even individuals have stepped up. States and hospital systems alike have created donation systems for companies and the public to help fill supply gaps. Some companies have shifted production to making masks or donating supplies for mask making. Some companies and small businesses have worked with their state government to shift production to PPE and help fill the need at the state level.<sup>8</sup> Individuals in communities have begun making masks in their homes for healthcare workers and other essential workers.

Although these efforts are to be applauded, they fail to address the root problems - a supply chain that permits price gouging for necessary supplies and a federal government that has not equitably distributed existing supplies. President Trump has enacted the Defense Production Act, allowing him to order private companies to create the supplies necessary to fill the gap during the COVID-19 pandemic. Cooperation to help support healthcare workers and provide them the means to stay safe and continue to care for COVID-19 patients requires coordination between federal, state and local governments, healthcare systems, private businesses, and the general public.<sup>6</sup> Writing letters urging private businesses to produce medical supplies such as PPE and ventilators, advocating against price gouging, and supporting all essential workers is integral to help ease the burden of the COVID-19 pandemic.

As New York and other states move through their various phases of reopening, and as COVID-19 cases continue to climb, staying home when possible and abiding by social distancing and mask-wearing guidelines to prevent the spread of COVID-19 are actions we all can take to help prevent the spread of COVID-19.

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