

# COVID

## NURSES

*THE FIRSHTHAND STORIES OF THESE FRONT-LINE PROFESSIONALS STARKLY REVEAL THE HUMAN TOLL OF THE PANDEMIC, AND THE EVERYDAY HEROISM REQUIRED TO CONQUER IT.*

*By Cindy Kuzma Photography by Jamie Parker*

# KNOW

AS OF THE END OF JULY, THE NOVEL CORONAVIRUS has sickened nearly 150,000 people in the six-county Chicago area, killed more than 6,000, and upended life as we know it. While everyone in and around the city has felt the pandemic's impact, no one has such intimate knowledge of the ways the virus ravages the human body as those at the bedside of patients struggling to survive it.

In June, *Chicago* talked to a dozen nurses from hospitals and a long-term care center: men and women; new recruits and veterans; employees from large, well-funded facilities and smaller community hospitals. They spoke openly about the stress from increased workload, the support (or lack thereof) they got from administrators and the public, the sweat and chafing from wearing the protective gear they often ran short on, and heartbreaking moments particular to this pandemic, such as having to hold up an iPad to a patient's face so they could say farewell to their loved ones.

Here are their stories, in their own words—front-line testimonies of one of the most devastating periods of our lives.



**ABOUT THESE PHOTOS**  
Jamie Parker, a freelance photographer and critical care nurse in the ICU at UChicago Medicine, shot these portraits of her coworkers on her day off. "I wish I could show people our reality every day," she says, "but I hope I captured a little bit of what it's like." The photographed nurses are identified on page 64. None were interviewed for this story.

I.  
**“IT FELT LIKE BEING A NEW NURSE ALL OVER AGAIN”**

In my immunology class, my professor said what really terrified him was something that’s airborne, because everybody has to breathe. He said, “That’s what keeps me up at night, because we’re not prepared for that.” So when this started happening – and I have goose bumps on my legs right now just talking about it – I immediately thought, It’s gonna be everywhere.

*IN EARLY MARCH, EACH UNIT GOT A LITTLE PLASTIC BIN OF ONE OR TWO SETS’ WORTH OF PPE, AND IT SAID “CORONAVIRUS KIT” ON IT. AND I REMEMBER LAUGHING AT IT AND PUTTING IT IN THE NURSING STATION ON A SHELF. I’M LIKE, “IT’S NOT GONNA HAPPEN TO US. MEDICINE IS SO ADVANCED. THE CDC AND THE WHO ARE GONNA TAKE CARE OF IT.”*

**My daughter lives in Brooklyn and works in Manhattan. I was pretty glued to the TV, watching everything, just because my daughter was quarantined in her tiny apartment. You could see the storm in the health care field. It was moving our way, and we were bracing ourselves for it. My coworkers and I were like, This is going to come to us.**

**One day our manager came out and told us that we were the designated COVID floor. She explained that this was the easiest place to put the COVID patients because of the design of the floor and because they could stop all the elective surgeries. It was a shocker to everybody. We didn’t sign up for it, and there was a lot of grumbling, but everybody pulled together and we just accepted that this is what we were given.**

**Within 48 hours on a unit with 70 patients, 18 fevers popped up, and I just knew that it was here, even though testing was nonexistent at the time.**

*AT FIRST, WE ONLY HAD A FEW CASES. WE PUT THEM IN WHAT ARE CALLED NEGATIVE-PRESSURE ROOMS, SO THAT WHEN YOU OPEN THE DOORS, THE AIR STAYS IN THERE. I REMEMBER PEOPLE AT THE BEGINNING SAYING, “I ONLY HAVE TWO COVID PATIENTS.” AND THEN THINGS JUST EXPLODED. OVERNIGHT, THE ENTIRE FLOOR WAS COVID.*

**One by one, floors just started becoming COVID floors. We went from having three designated COVID areas to upward of 12 units that were formerly something else but now were just COVID.**

We created a COVID unit in the nursing home. At the beginning, it could hold 22. And then it was filled up within four days. So then I expanded it. It’s amazing what you can do with painter’s plastic – we were making walls where we needed them. At the maximum, it was able to hold 42 patients.

Working as a nurse practitioner in the ICU, I’ve seen and dealt with a lot of different things, so I’m very comfortable managing a really sick patient. But in the beginning, when the patients were super sick, I was not expecting them to be *that* sick.

**One of my favorite surgeons was a patient of mine. He’s in his 50s, no past medical history. He calls me and asks to take his oxygen. I go get the monitor. And his oxygen saturation levels are in the 80s, which is really low. The rapid response team came in five minutes and swooped that guy straight to ICU. He’s recovered, but that’s when it hit me, like, This is no joke.**

I remember we had five patients die in one shift one day. People die in the ICU, but holy crap, they die at a faster rate during COVID.

*YOU OBVIOUSLY HAVE YOUR SKILLS, BUT THESE PATIENTS ARE SO DIFFERENT THAT IT FELT LIKE BEING A NEW NURSE ALL OVER AGAIN.*

**When they thought that they were coming up with some major breakthrough, a week later they’d say, “Nope, we shouldn’t do that.” With COVID, we all were in a perpetual shoulder shrug because we don’t know anything that’s going on with these patients. They’re in respiratory failure? OK, we know how to treat that. And their body does a full cytokine cascade, so it’s like their body starts to attack itself. So then we started seeing a lot of clotting, a lot of strokes. Then we realized heparin doesn’t work for them. Every single time, we had to just trial-and-error it.**

We would work three or four days a week, you’d have two days off, and what you knew two days ago was completely wrong.

You have to go back to work the next day and not know what you’re going to walk into. I’ve always walked into a situation where I make people better and they go home. That’s not what we walk into anymore.

The thing that was hardest was having no idea when it was going to end, watching what was going on in New York and wondering if Chicago was going to get as bad. We were closing down operating rooms and converting them to ICU beds. We were talking about using our anesthesia machines as ventilators. I’m a nurse anesthetist, and I volunteered to train respiratory therapists how to use anesthesia machines as ventilators. Luckily, we didn’t get to that.

**We were treating people with hydroxychloroquine. And a few days later, all of a sudden I noticed I’m not giving this medication to anybody anymore. Trump was saying it’s this miracle drug, but it really is a risky drug because it causes issues with the heart. We really didn’t have much time to sit and talk to each other about what was actually going on. We just did whatever they told us to do.**

*IN THE BEGINNING, WE WERE JUST INTUBATING EVERYBODY AS A PRECAUTION BECAUSE THEY CRASHED SO FAST. BUT THEN WE LEARNED THAT WE DIDN’T WANT TO BE SO FAST TO INTUBATE THEM, BECAUSE IT WAS MORE DIFFICULT TO EXTUBATE THEM. THE LONGER THAT SOMEBODY IS ON THE VENTILATOR, THE CHANCES OF THEM BEING ABLE TO COME OFF ARE DIMINISHED, BECAUSE THEN THEY START TO BECOME DEPENDENT ON IT.*



In the beginning, they were saying people who were obese and had heart disease or lung disease were at the highest risk. But that was not necessarily true. I was surprised how young a lot of our patients were, without any medical history, needing to be intubated.

If you hate wearing a mask, trust me, you’re going to hate the ventilator way more.

My first serious patient was only in his late 30s. Then he was on the ventilator for a month and we had to paralyze him. He was on dialysis. I’ve never seen young people get as sick as they did from COVID.

**I’m pretty sure there are many false negatives. You really have to get that swab in there good to do an accurate test. There are some people, their swabs kept coming back negative until they had something called a bronchoscopy, when they go down into your lungs with a scope and collect washings of your lungs, and then they were positive.**

*I’M A RETIRED NAVY RESERVIST. MOST OF OUR ADVANCES IN HEALTH CARE AND SURGERY AND TRAUMA COME FROM WAR. THIS IS WAR. WE ARE AT WAR.*

II.

## “ALL YOU SEE IS EYES THROUGH PLASTIC”

We were given N95 masks, gloves, a gown, shoe protector covers. You're showing up to work, and you're already super hot and like, “Oh my God, this is going to be miserable.” You feel trapped all day.

The mask really hurts your face, and those paper disposable ones can only filter so much. Throughout the course of the day, it would get harder and harder to breathe through the mask. It makes you sweaty, and it gives you a headache.

*WE'RE HAVING ALTITUDE SICKNESS.*

I broke out on my whole chin. I looked like I was 15 years old.

One day I came home and I had a red bruise on my cheek from the mask being on my face so long. It took three days to go away. I have pictures. I just had to take them for history's sake.

**I use cocoa butter and aloe vera on a daily basis for the bruises.**

**We were wearing masks that look like a duck's bill. After my shift, I'd have an indent on my nose that would be purple. They would be so tight on my face that I would have the ink from the straps rub off on my face. And it was hard to communicate. You'd be screaming through the mask, like through the doors, trying to get supplies from your coworkers. You were yelling at your patients just so that they could hear you.**

Sometimes I don't recognize my own coworkers when they have all their gear on. All you see is eyes through plastic.

*I'VE SPILLED WATER ON MYSELF TRYING TO TAKE A DRINK OF WATER AND FORGETTING THAT I HAVE THE MASK ON.*

It's not till you wrap yourself up in Saran Wrap that you realize your forearms sweat like you can't believe.

I was sweating from every possible place on my body. I had hot headaches. I just wanted to walk into a freezer and sit there.

I'll always think about the smell of bleach. We bleach down our equipment, and then I put it on my face and now I'm just smelling bleach all the time. I'm sick of it.

**At the end of the shift, when you are able to finally take off your mask, that first breath of fresh air when you walk outside was the best thing ever. Sometimes I would just sit in my car and take, like, a big sigh of relief that it's over.**

In the beginning, we were allowed to get a new N95 every shift. Then it became you can get a new N95 every other shift. And then it became you wear the N95 until it literally doesn't work anymore, like snapped a rubber band or it's totally deteriorated.

**A lot of us ended up buying our own supplies because we weren't being equipped. People bought industrial facemasks. We bought all new scrubs because we didn't want to wear our real scrubs. We wanted things that we could throw away when this was all said and done.**

A lot of the nurses were messaging each other, even outside of work hours: “Hey, I saw this Ace Hardware has a reusable mask” or “I can get four, who needs one?” Everyone was scrambling, because we knew we have to look out for ourselves.

*IF YOU HAVE A MASK AND YOU DON'T WANT TO USE IT, SEND IT TO OUR HOSPITAL. WE'LL TAKE THEM.*

**Some of the hospitals, they ran out of the yellow isolation gowns and made them out of garbage bags.**

When people are like, “Nurses are heroes,” it makes me want to claw my eyes out. You're only calling us heroes because we're being put in unnecessary danger. If there were proper PPE, we would just be going to work. We're in a society that would rather call us heroes than do the work to get us the protection we need.



## “YOU CAN’T COMFORT ANYONE”

We had an 86-year-old patient who said, “Who cares? I’m 86! If I die, it’s my time.” And that’s fair. You lived your life. I’m happy for that. But the doctor told her, “You don’t want to die like this.”

*THEY WERE COINING THIS TERM “SILENT HYPOXIA,” WHERE PEOPLE WEREN’T REALLY FEELING HOW LITTLE OXYGEN THEY WERE GETTING UNTIL IT WAS TOO FAR GONE. I REMEMBER ONE WOMAN WAS ONLY IN HER MID-30S, AND SHE DIDN’T COME IN UNTIL HER FATHER TOLD HER THAT HER LIPS LOOKED BLUE.*

I remember early on having a patient who was middle-aged and having some difficulty breathing. We were trying to decide whether or not to intubate him, and they were like, “We’re gonna hold off.” He’s asking if he can call his wife, with a sense of panic. I said, “Yeah, let’s call her.” But then he said, “You know what, let’s not call her, because I’m kind of struggling to breathe, and I don’t want her to hear me that way.” And then it probably wasn’t more than 20 minutes, he passed away.

Most of the patients, once they got into the ICU, they saw it as a death sentence. They would walk in and what they would see is a bunch of people dressed from head to toe in a yellow gown, a facemask, goggles, and a hairnet just screaming at them. Then they’re put in a room, the door’s shut, and no one wants to go in there.

**Imagine being six weeks in the same room by yourself with no contact from anybody except the TV. They get depressed. And it’s sad for us to watch.**

Loneliness has turned to frustration at the nursing home. I still have that little bit of independence to go to the store and grab some food. But residents have been in their rooms for three months. We’re not even using the dining room.

A lot of these patients are elderly and have dementia. They’re wondering why they have this blue gown on and these goggles and this facemask and there’s no human contact anymore and they’re there for weeks. It’s really scary for them. You’re just in there holding their hand and watching them die because they’re too old to go on a respirator and would never survive it.

**I extubated this patient, and the first thing he said was “I just want to live,” and he was just repeating it and crying. I can still hear his voice. The way that he was screaming, I know it’s kind of silly, but I watch a lot of horror movies, and it’s almost like the fear that somebody has right before they’re going to be killed. That’s what he sounded like. But then he seemed to be doing pretty good. I had two days off of work after that, and his bed was empty when I came back. He died.**

The hardest conversations I’ve had is when the patient has a poor prognosis. You know, like would they want to be on a machine for the rest of their lives, because we don’t think they’re going to make it. That’s always really hard – even when we could schedule a meeting and the whole family could be there, because you’re crying and they’re crying – but in this situation, it’s all on a phone call.

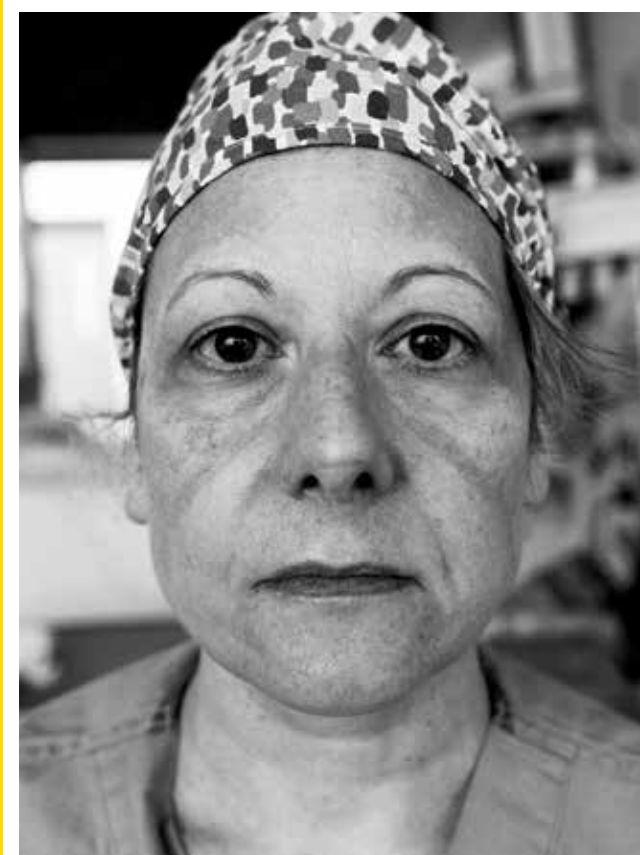
**The worst part of dealing with the patients, hands down, is that they’re alone. We’ve had a couple die, and we’ve had to just hold an iPad as they’re taking their last breaths, and the family is inconsolable. You can’t comfort anyone. The social isolation people are experiencing in the world is definitely terrible. But can you even fathom how awful dying alone must be? Or having your loved one die alone and you can’t reach out to touch them? You can’t hold them. You just have to cry on a screen watching them take their last breath.**

I had a patient whose son was calling me for updates, and he told me, “Actually, both of my parents have COVID. One is at a different institution. So I’m scared of losing both to this disease.” And I told him he could call us anytime. The patient was awake enough to listen and to understand even though he was intubated, so we would put the phone on speaker and kind of talk, all three of us. The son would say something on the phone, and then the father would give us a thumbs-up or thumbs-down for yes or no. And I would say, “Oh, that’s a thumbs-up!” And at the end of a phone call, he just said, “Please don’t let him die alone, and when that time comes, will you just call me and let me know that you’re there?” And I did.

*SOMETIMES WHEN WE KNOW THE PATIENT’S GOING TO GO REAL SOON, WE ALLOW ONE FAMILY MEMBER TO COME UP FOR 15 MINUTES TO SAY GOODBYE. WE GIVE THEM ALL THE GEAR. AND IT’S REALLY SAD WHEN THEY COME OUT. THEY HAND YOU BACK THE FACEMASK AND GOGGLES, AND YOU SHOW THEM WHERE TO CLEAN THEIR HANDS. AND YOU KNOW THAT THAT’S THE LAST TIME THEY’RE GOING TO SEE THEIR LOVED ONE. THAT’S THE STUFF THAT GIVES YOU NIGHTMARES.*

**I had a lady who was in her 80s, and she had the most loving family. They would stay on Zoom all day. I went in there once and they were playing musical instruments for her. I would go in and try to hold the screen closer to her face so that they could see her and she could hear them better. I’m holding her hand and stroking her hair, telling her that I’m her daughter and “I’m with you, Mom, holding your hand right now.” I’ve never lied to a patient before. And then you come home to your family, and they’re like, “How was work?” You’re like, “Fine, I just lied to an old lady and held her hand and stroked her hair while she died.”**

I took care of a patient who was in their mid-30s and came in with shortness of breath. He was admitted, and after three days got worse. When he went down to the ICU, he basically knew that once he got on the ventilator, there was the potential of never coming off of it. The last call he made was to his mother, and it was heartbreaking to hear him say, “I hope I see you again.” He ended up passing away.



*IF THEY WEREN’T VENTED, THEY’D BE ON WHAT’S CALLED A HIGH-FLOW NASAL CANNULA, WHICH BLOWS HIGH-PRESSURE OXYGEN UP YOUR NOSE. WE WERE USING WHAT’S CALLED A NON-REBREATHING MASK, WHICH IS WHAT YOU SEE IN THE MOVIES WHEN PEOPLE PUT THE LITTLE MASK OVER THEIR FACE. AND THEN WE’D HAVE A REGULAR NASAL CANNULA UNDER THAT. SO IT WAS JIMMY-RIGGED OXYGEN TO GET AS MUCH AS THEY COULD. AND I JUST THOUGHT, HOW LONG CAN WE EVEN DO THIS FOR?*

**It was just the longest process for some. When people get really septic, they go into multiple organ failure. And then they require these medications called vasopressors to keep their blood pressure up. And then when someone’s on a ventilator, we use fentanyl, but we would run out and be using Dilaudid. Some people were on ketamine. So we were using lots of medications and drips that we don’t necessarily always use in our ICU. And once they get past their ventilator stage, now we’re worried about them going through opioid withdrawal.**

When people died, we had to double-bag them. Before, we would just put them in one body bag. Then we ran out of the body bags, so we got new ones, and they literally look like they’re out of a horror film.

All I wanted was to put in parentheses “Alive when I leave.” Because sometimes that was all you could hope for on your shift. I didn’t feel like I’ve got any victories except for my patient lived through the night.

IV.

“IT WAS DIFFICULT TO CONTINUE TO SHOW UP”

I LOVE MY JOB. I AM A HAPPY-GO-LUCKY PERSON IN GENERAL. BUT ESPECIALLY DURING THOSE FIRST WEEKS, I WAS IN A HORRIBLE MOOD ALL THE TIME. I'D COME HOME EXHAUSTED AND WOULDN'T WANT TO GO BACK TO WORK. I DIDN'T WANT TO HEAR ANOTHER THING ABOUT COVID. EVERYTHING AT THAT POINT WAS ABOUT COVID—ON THE TV OR WHEN YOU WOULD TALK WITH ANYONE. “HOW'S THE HOSPITAL LOOKING? IS IT LOOKING ANY BETTER?” YOU ARE THE BEARER OF BAD NEWS EVERY TIME: “IT'S NOT GREAT, IT STILL SUCKS, NOTHING'S CHANGED.”

A typical shift was 12 hours, but we would have to show up a half hour early to get our scrubs and PPE on. They would only let a certain amount of people in this little enclosed area where you're putting on your PPE, and sometimes there was a backup and you just had to wait. So it's a 13-and-a-half-hour day, then I have an hour commute. You'd go home, shower, get something to eat, sleep real quick, and come back.

Even if I were to lay down, I wasn't getting any rest. I'm still thinking about everything that happened during the day. I would go back and think, Did I wash my hands then? Was I standing too close to that person who was getting intubated? By the time I did get to sleep, it felt like I was just closing my eyes and it was time to wake up again.

**My days at the nursing home were really long. Staff were afraid to come to work. At first, some of them chose not to—some people left. I easily was working 16-to-18-hour days.**

A LOT OF THE OTHER SERVICES AT THE TIME WERE TEMPORARILY STOPPED JUST TO REDUCE THE RISK OF EXPOSURE TO OTHER PEOPLE WHO WORK IN THE HOSPITAL. SO WE FIND OURSELVES PICKING UP FOOD FOR THE PATIENTS, MEDICATIONS, SOMETIMES EVEN SUPPLIES LIKE LINEN.

We're caregivers, but there was very little care reserved for us.

**All of the equipment that a patient needs barely fits into the room with just one patient. But they decided to run double occupancy, which means we needed more nurses. So we weren't able to socially distance. The viral load exposure is what they are attributing to severity of the disease, and now I have two patients in one room, and at one point, both of them were dying, so I was in the room for six hours straight.**

In the neuro ICU, sometimes we have to assess our patients as frequently as every 15 minutes. And now everyone is avoiding going in the room to see the patient. That feels so wrong to me.

SOME OF THE PHYSICIANS ARE TOTALLY SCARED TO BE ON THE FLOOR AND DON'T WANT TO BE THERE. AND THEN YOU HAVE SOME WHO LOVE IT. AND I'M LOOKING AT THEM LIKE, ARE YOU CRAZY? BUT THEY WANT TO DISCOVER EVERYTHING ABOUT THIS.

Doctors were all getting tested, I think weekly, or every 10 days, though no one told us. They weren't testing the nurses because they felt we were probably all positive anyway, and all we're gonna do is incite a riot.

**When you have those N95 masks on and you're taking care of someone, you can smell their breath through the mask. So you still feel like you're not protected.**

THERE WAS A PATIENT CODING OVERNIGHT, AND I AT LEAST HAD MY MASK AND A GOWN ON, BUT I RAN IN THERE BECAUSE THERE WASN'T A LOT OF HELP. AND I DIDN'T HAVE MY HAIRNET ON. I DIDN'T HAVE EYE PROTECTION. SO FOR THE NEXT WEEK I WAS KIND OF WORRYING. I HAVE REALLY BAD ALLERGIES AND HAD A DIFFERENT TICKLE IN MY THROAT THAN I'M USED TO. I GOT TESTED, AND IT WAS NEGATIVE.

The hospital was very strict in the beginning, but week by week they just kept dialing back—until 20 percent of us tested positive and 10 of us were very ill. I had it.

**One morning, I woke up and had a scratchy throat. Then I got to work and I was sluggish and didn't feel too well, and I got a call from my coworker. He was like, “Heads up, I tested positive for COVID.” I went straight to my manager, like, “I gotta go. I'm pretty sure I have COVID.” And my manager was not letting me leave. So I had to call Employee Health, and they had to be the ones to say, “No, she needs to get the hell out of here.” So I left, came back the next morning, they tested me, and I came back positive. Then I just fell off a cliff. For the first week and a half, I slept 20 hours a day. I could barely get up. Going to the toilet and coming back was just a workout.**

I'M DISILLUSIONED WITH THE HIGHER-UPS. I WAS WITHOUT A COUGH AND FEVER FOR 72 HOURS, SO THEY SENT ME BACK TO WORK. I WAS LIKE, “I STILL HAVE SHORTNESS OF BREATH. I'M STILL TIRED AS HELL. I DON'T KNOW HOW I'M GONNA GO TO WORK.” BUT I WENT BACK TO WORK FOR A WEEK, AND EVENTUALLY MY MANAGER SENT ME HOME. SHE WAS LIKE, “YOU LOOK AWFUL.” I WAS OFF ANOTHER TWO WEEKS, AND NOW I USE TWO INHALERS.

There were several times that the nurses were asking each other, “What do we do? Do we go to a news department? Do we go to OSHA?” It wasn't until we all got sick that the hospital changed a lot of the protocols that probably led to us getting sick.

I don't think we've ever had morale so low.



I go to my car to eat. I can take my mask off, relax, listen to a little music. If you're in a break room, there are multiple people eating and they're talking and it's a small area, and I don't know who got tested.

OUR STOCKROOM IS OUR FAVORITE ROOM TO CRY IN. ONCE I WALKED IN THERE WHEN I STARTED TO CRY AND THERE'S TWO OTHER PEOPLE ALREADY CRYING IN THERE.

I'm a senior nurse, and I try to watch over the young ones. I tell them all the time, “You can cry, but fix your face and come back and take care of the next patient.”

ONE OF MY COLLEAGUES, BECAUSE OF HER FAMILY SITUATION, SHE HAD TO TAKE A LEAVE OF ABSENCE. IT WAS TOO RISKY TO BE IN THE ICU. BUT SHE SAYS SHE HAS SURVIVOR'S GUILT THAT SHE HASN'T BEEN HERE, LIKE SHE DIDN'T DO HER PART. AND I'M LIKE, “NO, YOU DID YOUR PART BY KEEPING YOUR FAMILY OUT OF MY ICU.”

We never got hazard pay. Administration would come by and say, “We'll try and figure it out” or “We'll try and give you an answer.” And it just never really got anywhere. It's so hard to believe that we're “heroes,” the people that are basically keeping everything in the world from crashing down, but we get paid the exact same as any other day.

**We've had 10 nurses leave. And I personally believe that when COVID is over, there's going to be a lot more people that leave not just our hospital, but nursing in general.**

v.

## “ANYBODY THAT’S SMART IS GONNA STAY AWAY FROM US”

When I finish work, I change in the locker room. I put my uniform in a plastic bag. I leave my work shoes there. I have shoes for the car and a car outfit. I drive home, and then when I get home, I throw all my clothes in the laundry, I leave my shoes out in the garage, and I jump straight in the shower. My family has only one car, and everyone has to use it.

FOR ESSENTIAL WORKERS, A LOT OF STORES OPENED UP EARLIER AS LONG AS YOU WERE WEARING YOUR ID. EVERYONE IS LIKE, “HOORAY, YOU’RE HEROES!” BUT THAT’S NOT THE CASE WHEN YOU’RE PHYSICALLY NEXT TO PEOPLE. NOT EVEN NEXT TO THEM, JUST IN THE SAME LINE OR IN THE SAME STORE. I STOPPED WEARING MY ID BECAUSE PEOPLE WOULD LOOK AT ME AND RUN AWAY AS IF I WERE INFECTED.

I live in a high-rise and worry about the people that I might come in contact with. I always have a little thing of Purell in my hand, and the minute I hit any button on the elevator, I wash my hands and carry like a napkin with me and wipe everything down.

MY HUSBAND AND I HAVE BEEN MARRIED 33 YEARS, AND IT’S SO WEIRD TO NOT GO TO BED BESIDE HIM. I HAVE A MATTRESS THAT I PUT ON THE FLOOR, WHERE I SLEEP, AND HE SLEEPS ON THE BED.

All of March and April, my kids were not allowed to sit on my lap. I was intensely trying to distance from them. When two 3-year-old twins want to jump on your lap, it’s really hard.

In the beginning, my kids wouldn’t hug me. Now they do, but it’s changed everything else. When they see me, I don’t tell stories about work, because I don’t want to scare them. The news already does that.

I’ve worn a mask at home for almost three months.

None of our friends call us to go out anymore. They’ll text us like, “Hey, hope things are going well,” but there’s no backyard barbecues for any of my coworkers or myself. Anybody that’s smart is gonna stay away from us.

I GOT DISINVITED FROM A FAMILY MEMBER’S EIGHTH-GRADE GRADUATION, A LITTLE PARTY WHERE YOU DRIVE BY AND HONK YOUR HORN AND PUT DECORATIONS ON YOUR CAR. THEY WERE THAT CONCERNED THAT I MIGHT HAVE COVID.

I would say that I do yoga, but now every yoga studio’s closed and I don’t like to do it at home. I meditate 10 to 15 minutes first thing in the morning when I wake up, and then when I get home, I do the same thing. I have a therapist I get to talk to once a week. That’s awesome. Even at work, we have social support. We have our social workers in the critical care division, who always come around to check on us, and also the clergy who work for the hospital.

I went to get a tattoo the other day, and I was nervous. We’re in such close proximity, and granted, we have masks on, but she asked me what I do for a living, and I said nurse. I was scared that she wouldn’t want to tattoo me anymore. But she was really sweet and said, “Thank you for what you’ve done.”

My parents live a 15-to-20-minute drive from me. And I’m very family oriented. They were like, “You’re fine, take a shower and come over.” I was just recently at work and like, “I cannot go see you guys!”

My father doesn’t listen to me. He has a friend that works in a nursing home, and he’s just going and hanging out with him. He’s an elderly man and a smoker, and I worry he’s going to be one of my patients.

My mom says she’s happy for what I’m doing, but it scares her. She says she can’t go to sleep unless she says good night to me. When this first started, my mom’s like, “Just come home.” And I was like, “No, Mom, I have a purpose. I can’t do that.”

I ACTUALLY SAW MY FAMILY FOR THE FIRST TIME THIS WEEKEND, BECAUSE I HAD A WEEK OFF WORK. I GOT TESTED MULTIPLE TIMES AND THEN WENT HOME AND WORE A MASK. MY POOR MOTHER CRIED BECAUSE I WOULDN’T GIVE HER A HUG.



VI.

## “IT KIND OF FELT GOOD TO BE THAT IMPORTANT”

We were getting an atypical response from family members. Normally we hear them requesting more time from us. But this was like, “We know you’re busy, we know you’re at risk, we just wanted to say thank you.” Even if I was giving them bad news, they were still thanking us. I’d never experienced that before.

At one point, you didn’t even need to bring lunch to work because either corporations were donating food or families ordered food for the shift.

*NURSES ARE NOT USED TO PEOPLE ASKING IF THEY’RE OK. I THINK WE GET MORE UNCOMFORTABLE WITH THAT THAN IN ANY MEDICAL SITUATION.*

We had this one gentleman who was on two intubations totaling 45 days. The fact that he was able to be extubated is a miracle. And then he came to our recovery unit in the nursing home and he actually walked out of the facility. For every horrible story, we have had amazing ones too.

One of my patients ended up being in the ICU for two and a half months. We thought he wasn’t gonna make it multiple times, but he got out. The day we transferred him out, we stood outside of the ICU because it’s a glass window, and I made him, like, a little heart with my hands. And as he was leaving, he’s throwing me kisses and saying thank you.



We play “We Are the Champions” when we discharge patients, and everyone lines up in the hallways when they roll out, and we applaud. That usually brings tears because these are patients who have been on the unit for a month and a half and we just knew they were going to die. They’re rolling out in a wheelchair, and it’s probably the only time we feel like any of this may be close to worth it.

Nurses are the eyes and ears of their patients. We see them the most. We’re their biggest advocate. And I think doctors really trusted us during this time. Certain doctors would ask “Do I need to go in that room?” or “What can you tell me about the patient?” just to save us a gown, which was nice. Medical students are no longer going in the rooms, the residents are no longer going in the room. So it was just what I could see and what the ICU doctor could see. And it kind of felt good to be that important.

Hospital nurses are amazing, but I wish the public knew that equally amazing things are happening in nursing homes, even for buildings that never had COVID—those nurses worked just as hard to prevent it.

*NURSES HAVE THIS QUALITY WHERE EVEN WHEN THINGS ARE SO BAD, THEY PUT THEIR HEAD DOWN AND KEEP WORKING. THE THOUGHT PROCESS IS “ME NOT GOING TO WORK MEANS SOMEONE’S NOT GETTING CARED FOR.” ULTIMATELY, WE ARE HERE TO HELP THESE PEOPLE. AND EVEN WHEN WE’RE NOT BEING COMPENSATED FAIRLY, IT DOESN’T MATTER, BECAUSE WE LOVE WHAT WE DO. WE LOVE HELPING PEOPLE.*

The photographed nurses, in order of appearance: Anna Kalla (cover), Sheree Rodgers, Willie Ivan Gutierrez, Nora Mila, Keyanna King, Amber Turi, Alanna Bautista, Allyn Trinidad, Charles Gutierrez, and Kara Danielle Cox

