THE FIGHT OF THEIR LIVES
One month inside a New York hospital as the virus—and fear—took hold

BY SIMON SHUSTER
PHOTOGRAPHS BY MERIDITH KOHUT FOR TIME

‘I COULD NOT LEAVE HER ALONE.’
Dr. Parvez Mir checks on Leobardo Herrera, 59, hours after taking him off a ventilator on April 25. Herrera and his brother Miguel, who lived together, were both admitted to the Brooklyn hospital. Throughout his battle, Herrera said he found strength in thinking of Francisca, his wife of 24 years.
‘THE PANDEMIC HAS SCARRED US PERMANENTLY.’

Lidia Herrera says goodbye to her brother Miguel, 63, on May 4 after he was disconnected from life support. “I understand the risk, but I am going to take it,” Lidia said before entering the room, wearing protective gear provided by the photographer. Lidia crossed him with their late mother’s white beaded rosary and said, “You were a warrior; you fought until the end.” Miguel is one of eight of her family members to die of the disease.
Dr. Parvez Mir was already in bed on the night of March 4, about to fall asleep, when his colleagues called to break the news. In Room 10 of the intensive-care unit that Mir has led for more than two decades, they were looking at their first case of COVID-19: an elderly woman, feverish and frail, who had arrived by ambulance with pneumonia in both lungs. In 10 days, she would be the first patient to die of this disease in New York—the first of more than 30,400 in this one state.

Until her diagnosis, the new coronavirus had seemed like an abstract threat to Mir and his staff at Wyckoff Heights Medical Center in Brooklyn. All they knew in early March was what the news had reported—an outbreak in China had spread across Asia and jumped to Europe, killing thousands. Like most U.S. hospitals, Wyckoff had done practically nothing to prepare. Its intensive-care unit had only one room equipped to handle patients with a highly infectious disease. Within a month, it had built out 60 of them around the hospital.

“Now everything that walks into the emergency room is COVID,” Mir tells me on a tour of his ward on April 22, his face protected by a shield fashioned from a welder’s mask.

In the room around us, a dozen patients cling to life on ventilators, their beds cocooned in plastic sheets that are stapled to the ceiling and duct-taped to the walls. From overhead, the loudspeaker issues a call for help—“Respiratory and anesthesia, stat”—that has become the refrain of this pandemic.

Mir has heard it hundreds of times. Wyckoff, with a capacity of around 350 beds, has treated more than 2,000 COVID-19 patients, the vast majority of them Latino and black with poor health insurance or none at all. Almost 300 died. Nearly 200 Wyckoff workers became infected; others could not handle their fear of infection and stopped coming to work. “I don’t think we’ll ever be the same,” Mir says once the loudspeaker goes quiet, leaving only the hisses and beeps of the breathing machines. “We’ve seen so much death, so much chaos, so much catastrophe.”

The disease has now killed more than 111,000 in the U.S. and 407,000 worldwide. New hot spots are erupting from North Carolina to Arizona as states reopen, driven by public and political pressure to revive the economy, even as medical experts warn that a second wave of the disease is all but inevitable. Many
or the first time
receives help sitting
ds, 50,
richard
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on a ventilator
nd pulling out
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b and pulling out

Jonathan Richards,
a check-cashing
store manager,
spent a week
ventilator before coming
out of sedation prematurely
nd pulling out
his breathing
tube. "I felt like
I was drowning," he said later of
his exhaustion,
"I felt like
I was drowning." On April 25,
Richards, 50,
reserves help sitting
for the first time
countries have yet to reach their peak of infections.
Starting on April 9, as the pandemic reached its
 apex in New York City, Wyckoff granted reporters
from TIME access to its facilities and staff. Our goal
was to gather the fullest possible account of how the
outbreak played out within its walls, from its emer-
gency room and makeshift morgues to the minds of
the people who work there.

This much is clear: as more states confront
COVID-19 outbreaks, the experiences of Wyckoff
suggest there is little that can prepare hospital staff
for what they will face. Mir and his colleagues were
forced to improvise, troubleshooting remedies for
a disease that no one understood. Alongside the
medical challenge, Wyckoff battled a simultaneous
contagion—an outbreak of fear that nearly crippled
the hospital at its time of greatest need. Shortages
of masks and disinfectant fueled that anxiety. But
underneath it was the human instinct of survival,
which the hospital workers still struggle to suppress.

The U.S. medical establishment had not yet
grasped how quickly the virus was spreading within
American communities. Neither had the U.S. Presi-
dent. "We’re doing a great job with it," Donald Trump
said on March 10, almost a week after Wyckoff’s first

"I CAN’T GO LIKE THIS."

woman in isolation the day after she arrived at the
hospital. She showed signs of recovery after a week
on a ventilator. But after 10 days in the hospital, she
died. A bank of news cameras gathered outside of
Wyckoff the next day. "To hear of the death, the first
New Yorker to die related to coronavirus—this is a
very painful moment," Mayor Bill de Blasio said in
announcing the news at a press conference.

For Wyckoff, it wasn’t just painful but terrifying.
Twenty-eight staff members had been exposed to
the patient. None had worn masks or goggles, because
government guidelines were not yet urging them
to do so. Now all of them, including several nurses,
three paramedics and one of the hospital’s two lung-
care specialists, had to begin two weeks of quaran-
tine. Mir, who had not been exposed to the patient,
was left to lead the intensive-care ward on his own.

He suspected that the staff under quarantine
might soon start showing symptoms, but he did not
expect one of the first to be the nurse he calls “my
Amy.” That’s Amy O’Sullivan, the straight-talking,
fist-pumping force of the emergency room, who was
known to hit the gym after a 12-hour shift and then
drive her Wrangler to the Jersey shore on weekends
to go surfing with her wife and three daughters.

The oxygen levels in O’Sullivan’s blood were so
low by the time she got tested in early March that

"THIS IS MY
COMMUNITY
AND MY
PEOPLE."

Colleagues assist
Dr. Asif Khan with
a powered air-
purifying respirator
suit necessary for
him to perform
a procedure on a
COVID-19 patient
on May 22. Khan,
who was raised in
Queens, was serving
hurricane-hit com-
unities in Puerto
Rico when the virus
arrived in New York.

"I needed to be a
part of something
larger than myself."
‘I FEEL HER SPIRIT NOW.’

Rodriguez, hospital president and CEO, prays at the coffin of Vanner, a union representative who died of COVID-19 in April. “I believe that there would not be any Wyckoff today if it wasn’t for Jackie and all the people who listened to Jackie,” Rodriguez said at the service in Flushing, N.Y., on May 5.
a whole generation of black and Latino people."

Incomes here are too low and health insurance too rare to sustain enough private doctors to serve the population. The result is what’s known as a primary-care desert, with Wyckoff the only source of health care for much of the community.

Its emergency room typically treats everything from rashes to upset stomachs, conditions that patients in more affluent neighborhoods might take to their family doctors. But these visitors disappeared when the pandemic started as people afraid of infection stayed away. New intensive-care units were set up on several floors of the hospital. The pediatric emergency area was converted into an adult ICU. Nurses from across the hospital were reassigned to work in it, even if they had never managed a ventilator or dealt with infectious diseases.

Many refused. The biggest problem at Wyckoff was not a shortage of ventilators or protective masks. "The biggest problem we had was staffing," says Rodriguez. "We were running people ragged. I was starting to see people break." Out of roughly 1,800 full-time employees, a quarter stopped coming to work at some point during the pandemic, virtually all because of illness or fear of infection.

Tamekia Melong, an intensive-care nurse, took leave the day after Wyckoff diagnosed its first patient with COVID-19. She was six months pregnant and terrified of losing her baby. Even though she never came into contact with the coronavirus patient, Melong contracted the disease and believes she infected her sister, mother and grandmother, who had to be hospitalized. All of them recovered, but Melong refuses to go back to work. "Psychologically, physically, I just can’t," says Melong, who is due to give birth this month.

Between late March and early April, the nursing department saw 50 people calling in sick every day. "They were panicking," says the department head, Catherine Gallogly-Simon. Each morning, she would assign nurses to shifts treating COVID-19 patients. With some of the less-experienced ones, she says, it felt like throwing them "to the wolves."

Some hospital staff took their concerns about infection to their union delegate, Jacqueline Venner, who fought with the administration about overtime and hazard pay. It was also Venner who scolded people for skipping their work out of fear, always adding her catchphrase, "You got this."

But she sympathized with some who stayed away. Many nurses were close to retirement, had spouses at home with health problems, or both. They had paid their dues and were not willing to risk a deadly infection at the end of their long careers. Others had weakened immune systems. One was trying to get pregnant with the help of IVF, and her doctors would not harvest her eggs if she was exposed to COVID-19.

Even for young and healthy nurses, the demands
SUITING UP

Mir puts on personal protective equipment before his morning rounds to visit COVID-19 patients on May 20.

“This is the time when you can tell who is made of what,” Mir said of staff who stayed when things got bad, as others walked away.

A NEW CUSTOM

Firefighters clap for Wyckoff hospital workers, who greet them while wearing protective gear, on April 25. Cheering for health care workers rose to an evening ritual in New York City as it became the pandemic’s epicenter. Hospital staff have likened the outpouring of support for frontline workers, as well as the heightened demands of their jobs, to the aftermath of the Sept. 11, 2001, attacks.

ANSWERING THE CALL

Paramedics Julian Faccibene, 24, and Kassem Kassir, 31, lift a woman with COVID-19 symptoms into an ambulance. “I never thought that I would experience such massive illness and carnage in the span of several weeks,” says Faccibene.

“At the same time, I never realized that I would be joining a team of some of the strongest and most resilient people in the world.”

HAPPIEST BIRTHDAY

O’Sullivan celebrates her birthday with her wife Tiffany Latz, who is also a nurse, and daughters at their Staten Island home on April 28. O’Sullivan spent several days on a ventilator after falling ill while treating the hospital’s first COVID-19 patient. She calls Latz her “superhero,” her true love and “the one who got us here to this day.”
of an already difficult job became brutal. Shifts ran for well over 12 hours, often with triple the usual number of patients in the emergency room that it would need to pass between gurneys. The supply of sedatives ran so short that patients would sometimes wake up prematurely and pull the breathing tubes out of their throats. The good news was that the hospital had enough ventilators. The bad news was that the woman on a staff who knew how to work them.

"Usually the news sensationalizes things," says Martin. "Here the reality was a hundred times worse than the bad news was showing." Martin wondered how many colleagues at her own hospital, Baxter Regional Medical Center in north- ern Arkansas, would stick around to fight COVID-19 if it arrived.

On its website, the U.S. Centers for Disease Con- trol and Prevention acknowledges the problem of fear among hospital workers—"Outbreaks can be stressful"—and offers some tips for dealing with it, such as deep breaths and exercise. But such tac- tics amount to "Band-Aid coping mechanisms," says Dr. Jessica Gold, an assistant psychiatry professor at Washington University School of Medicine in St. Louis, Mo., who specializes in the mental health of medical workers.

Well before the St. Louis area experienced a surge of COVID-19, Gold saw psychological distress in the medical workers she treats. The signs often showed up in their dreams—"impending-disaster dreams," tides of worry. With a lot of people dying and you can't help them." Efforts to treat the mental trauma of nurses and doctors amid the pan- demic are in their infancy. The first center devoted to this work in the U.S. is due to open on June 15 at New York's Mount Sinai Hospital. But its founder, Dr. Dennis Charney, is not sure how to address the anxiety of medical workers on the front lines of the pandemic, especially when it comes to their risk of infecting their families. "I don't know how you pre- pare for that," he says.

One approach would be to copy the military, which often screens soldiers for psychological fitness before sending them to the front. The same could be done from around the campus to put their usual jobs on hold and focus on the current crisis. That did not work in New York, in part because people resisted their reassignments.

Some outside help arrived in April when the U.S.N.S. Comfort docked in New York. On April 7, Rodriguez emailed senior management, ordering them to track down all employees and get them back to work. "This is not the time for anyone to walk away," she said. "We are in the middle of a war." One decision had more to do with paychecks than with some higher calling. Whatever the chances of getting in- formed, the prospect of losing their health insurance or being unable to feed their families was worse. Jill- lian Primiano, an emergency-room nurse, captured the concern of a sign she wrote: "Wanted for nurses' rights on April 6. PLEASE DON'T CALL ME A HERO, IT READ. I AM BEING MARTYRED AGAINST MY WILL.

Three days later, the hospital had its first staff death: Terry Small, a carpenter, died of COVID-19 on April 9. No one knows how he became infected. His job rarely put him in rooms with patients.

Venner, his union delegate, also tended to stay in her office, a mask covering the lipstick she always made sure to apply. But as union members came to see her with their complaints, the virus followed. Venner soon became a critical patient in the place where she had worked for almost 30 years.

A procession of colleagues came to check on her as Mir attached the breathing machine. Rodriguez went to see Venner one last time on April 16, two days before she died, and came out weeping. "We had our differences," he told me. "But she was my friend.""ONE EVENING, Rodriguez hung his suit jacket in the executive suite and rode the elevator down to the basement, which houses the morgue. The burden of storing the dead falls to the hos- pital's transport team, which operates out of a tiny basement office. To show former veterans wanted to spend the night with them, collecting the dead and bringing them out to one of the refriger- ated trailers the city had parked outside to hold the overflow of bodies. The morgue crew helped, help- ing the chief executive into his layers of protective equipment: two masks, a face shield and a full-body suit of polyethylene.

Across the hospital, administrators used the same approach, joining staff in the trenches to raise mo- rale. Gallogly-Simon, the head of nursing, would walk to her office, a mask covering the lipstick she always made sure to apply. But as union members came to see her with their complaints, the virus followed. Venner soon became a critical patient in the place where she had worked for almost 30 years.

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José Antonio Blanco, who was on a ventilator for weeks and nearly died, gasps as he takes his first breaths on his own after his tracheostomy tube was removed on May 26.

A thick glass wall around Blanco’s head protected Mir and Khan from infection as they took out the tube.
“They are in a better place than here.”

Balloons are released after a prayer circle on May 8 honoring colleagues and patients who died from the virus. “My heart was very sad for weeks,” said nurse and New York City clergyman Carlos Marroquin, “praying not only for the patients who we have in our building but also praying for each of us who was in action.”

weeks later, Ward was ready to go home. The nurses who had cared for him and taken his worried family’s calls gathered to see him off, a row of figures in white suits and masks applauding the young man as he made his way to the entrance, where his mother was waiting.

It was April 20, and the emergency room was nothing like it had been when Ward arrived. The nurses were afraid to jinx their luck by uttering the words “calm” and “quiet.” But for the moment, the hospital was both. The makeshift triage ward in the entryway stood empty. The pharmacy reopened. Amy O’Sullivan, the nurse who’d been near death after treating Wyckoff’s first COVID-19 patient, had recovered and was back at work, her healthy breaths rising up from her mask to steam her glasses.

The lull gave the hospital a chance to consider its future. Regular patients were still afraid to come for treatment or elective surgeries, and fewer patients mean less money. The American Hospital Association, an industry group, calculates that losses due to canceled treatments or elective surgeries, and fewer patients mean less money.

The federal government gave Wyckoff $59 million in May to help it survive, but Rodriguez says the money will hardly last till the end of the year. “We’re living on fumes,” he told an all-staff conference call on May 20.

Having finished his rounds, Mir went into his office one afternoon in May, closed the door and removed his mask. He’d been showing me around for almost a month. Yet this was the first time I had seen his face. It gave me a jolt, like finding a stranger in a familiar room, and it forced my mind to redraw the features it had invested for him. His nose was longer and his mouth wider than I had imagined. In this new company, his eyes seemed sadder than they had above his mask.

He told me he had stayed in touch with Rebecca Martin, the Arkansas pulmonologist, sending her updates as her hospital prepared for the pandemic. His news was seldom reassuring. The virus had taken four lives among the Wyckoff staff, and their portraits were displayed in the entryway, beneath a sign that read, REST IN ETERNAL PEACE. Antibody testing of roughly half the hospital’s workers found that at least 22% of them—or 186 people as of early June—had been infected with the virus.

Martin realizes how poorly her years of medical training had prepared her for the risks she faced at Wyckoff. “In theory,” she tells me, “medical school teaches you that your own health and well-being is often secondary to others.” But it does not teach you how to decide between treating a highly contagious patient and protecting your family’s health.

Throughout the outbreak of COVID-19, medical workers have often been held to impossible standards, as though their training brings with it a level of superhuman courage. The reality is far more complicated. For every story of selflessness and sacrifice at Wyckoff, there are stories of medical workers who walked away, usually because they put family first.

At the end of May, Rodriguez announced a $2,500 bonus for employees who’d remained on the job through the pandemic.

That forced Wyckoff’s managers and union leaders to face some tormenting questions: Who made the cut for what some workers called the “hero bonus”? And who did not? What about the nurse whose husband died of COVID-19, forcing her to miss work and care for their children? What about the workers who got infected and went on sick leave? What about the families of staff who died of this disease? What about those who needed just a few days off to deal with their anguish and fear of infection? Did they not deserve the bonus?

In the end, Rodriguez was forced to reverse his decision. Instead, every employee will get a much smaller bonus, whether they worked through the pandemic or not. He says he was tempted at times to apply military logic: “If you don’t go forward, you’re a deserter.” But the pandemic is not a war. Bullets and bombs are not contagious. And Wyckoff could not demand that all employees put their loved ones in the line of fire. “If someone is afraid, we respect that they’re afraid,” Rodriguez says.

Mir sees it differently. The truancy of some colleagues pained him, and he has little patience for arguments that the risks of infection were too high. “What does that make the rest of us?” he asks, referring to workers who accepted those risks, “chopped liver?”

His office windows overlook a wide expanse of rooftops, the homes of the people Wyckoff serves, “very poor people, very sick people,” he says, “young lives, old lives.” Nearly all of them were strangers to him, but he did not think it strange to risk his own life for their care, nor even the lives of his loved ones. He says he would do it again, and as the next wave of the pandemic hangs in the distance, maybe a month from now, maybe more, all of Wyckoff could be called to treat another surge of COVID-19 patients. At least next time they will know what to expect, from this disease and from themselves. —With reporting by Meridith Kohut

“I’m not O.K. I’m not. I know it.”

Raymond Valentin, now 65, was born at Wyckoff. A lead security guard who works with the temporary morgues, he has woken up screaming from nightmares about being locked inside, surrounded by bodies. Valentin found his colleague Joey Figueroa dead from COVID-19 in Figueroa’s home. He died alone, refusing help. “It was like he was protecting all of us,” Valentin said. “He didn’t want us to get sick.”
Kyle Edwards, 39, collects lanterns from inside a temporary morgue outside the hospital on April 22. Edwards, whose job sometimes involved moving bodies of COVID-19 victims to the morgue, worked 7 a.m. to 10 p.m. shifts during the worst of the pandemic and, like many members of his team, contracted the virus. His family asked him to take time off until the virus died down, but Edwards kept working. He and his wife trained their 5-year-old son to not hug him immediately when he gets home: “Daddy has to wash the coronavirus off him when he gets home from the hospital,” the boy will tell others.

“I'M JUST TRYING TO STAY ALIVE.”