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Tragedy of COVID-19

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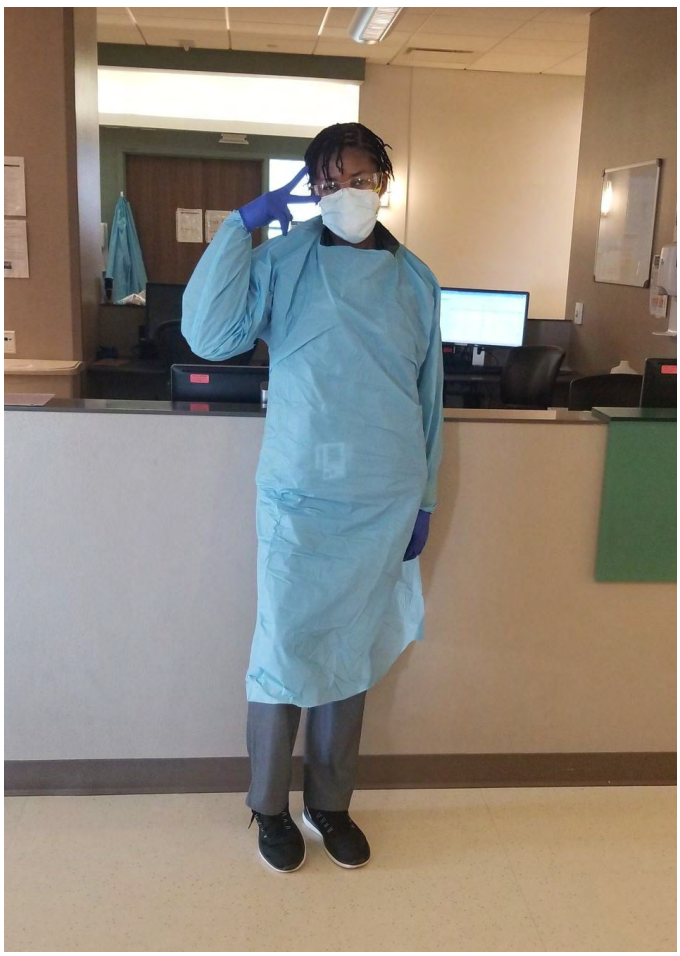
Adaora Okoli is a medical doctor working to strengthen health systems in low-income communities and achieve equitable access to health for all. In 2014, she contracted the Ebola Virus Disease while treating a patient in Nigeria and had to fight for her own life. Since then she has been an advocate for survivors, universal health coverage and global health, to the point that Bill Gates recognised her as one of his 'Heroes in the Field.' Dr Okoli has been caring for COVID-19 patients in the U.S., and she shares her experience of – once again – dealing with a deadly disease.

When I heard news in January about a new virus that was causing SARS-like illness in Wuhan, my first thought was, "Oh, not again. I hope this does not turn out to be something very serious." But being caught up in my hectic job as a resident physician, I did not give it much thought, just something I kept my eyes on. As a resident physician, I rotate at three health facilities in New Orleans, Louisiana. We carried on business as usual, and even when the cases were rising in Wuhan, we were not really having conversations about it, until the U.S. had its first case. This is the pattern with most outbreaks. People usually go about their activities until it hits close to home.

When we got our first case of COVID-19 in March at the hospital where I work, I was terrified. One case is enough to wake you up. We did not have a COVID-19 team in the early phase of the outbreak. The patients came in really sick, and I was rotating at the medical intensive care unit at the time, before I began working on the general medicine ward looking after patients. It got to a point where we had to create COVID-19 teams, so that others could deal with non-COVID-19 cases. But this arrangement did not last for long, because about 80% of patients with the non-COVID-19 teams had COVID-19 due to how much it was spreading in the community. My team was on call every four days admitting patients with COVID-19. I would get to the hospital at 6:45am daily and start pre-rounding on the patients, donning and doffing personal protective equipment as I went into each room. I was hypervigilant and washing and sanitising my hands and every surface



I was in contact with very frequently. I saw and examined my patients at least twice a day. Many of them came in with mild disease, but a lot also ended up being stepped up to the medical intensive care unit after rapid clinical deterioration.

Times of Compassion and Grief

The emotional aspect of treating COVID-19 patients has to be my biggest challenge during this pandemic. I saw a lot more deaths in such a short time than I had seen in a year. These patients did not have family members with them when they died. It was a very lonely period. Physical distancing when all you want to do is hug and show compassion.

A COVID-19 patient who stuck in my memory was a middle-aged man who worked at my hospital as a technician. He was not very sick when he came to the emergency room, he was chatting on the phone that night. It took only two days for his health to deteriorate to the point of needing intubation. He died a few days later, and it broke me. I wept when I found out he had passed away. That's the tragedy of COVID-19. You are doing fine one minute and very sick the next.

The death of a co-worker I took care of was my worst moment. My very best moments were seeing my patients with COVID-19 who were intubated get extubated and actually leave the hospital. It was a victory like no other. Because we know all so well that it could have gone south.

I overcome the fear of being on the frontline through my faith in God and the fact that I have a four-year-old who depends on me for everything. It is scary being on the frontline which is filled with uncertainty and exhaustion. When you get exhausted that's when you are likely to get inadvertently exposed and infected. I could not afford to take the virus home to my daughter and babysitters, people who put their lives at risk to watch my child while I put my life at risk to care for COVID-19 patients.

All my life, I could confidently say that my mental health had been solid and in good shape. But it took a hit during this COVID-19 pandemic. I was lonely and depressed. As a healthcare worker, you sometimes feel you have to be strong and not show any sign of weakness, which is false and unhealthy. It took opening up to colleagues and mentors about the way I was feeling and allowing myself to acknowledge my patients who had died to release my hurt and grief and to heal. I pray all the time. It keeps me sane. I speak with my family members often, and it helps to know that we are all together in this.

My 'Lessons Learned'

If there was anything I would do differently, it would be that I probably would not have gone out for Mardi Gras parades in mid-February. Many people might have been exposed during those parades, which are held annually as a well-attended festival with visitors from around the world. Although I did not get sick, I have a four-year-old at home to protect.

Other than that, I would not have done anything differently. I carried the consciousness of my experience with Ebola with me as I worked with my patients. It was mentally tasking going through the ritual of sanitising everything, but it was warranted given the circumstances.

As someone who survived a disease as deadly as Ebola, my advice to my colleagues on the frontline would be:

> **People usually go about their activities until it hits close to home**

give your best to your patients, but remember to be kind to yourself. Just like when you are in an airplane, which is about to make an emergency landing where you have to first wear your oxygen mask before placing it on another, you must ensure you are adequately protected before you can take care of others.

If there is a second wave later this year, we would have learned some lessons that would help us handle it better. One lesson is that if you suspect a patient has COVID-19 but they test negative a number of times, you have to still maintain the same level of caution because tests can be falsely negative. The second lesson would be to see this as a marathon and not a sprint in order to prevent burnout. Take time to rest as it might be months to years before COVID-19 goes away. The final lesson is to apply the experience of seeing so many different ways in which COVID-19 presents during the first wave to guide our approach to patients during the second wave. That is to not repeat things or treatments that did not work during the first wave.

We as a people have been through so much during this pandemic. We must stick together even as we physically distance ourselves. We hopefully now realise that the world is more connected than it appears and we must care about what happens to others too. ■