

## Personal Experience: US Army COVID response team

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It's April 7, 2020. Within 24 hours I am standing in a line at Fort Dix waiting to be processed and moved into buses for transport to New York City after being called up to serve. The United States Army is in the lead to mobilize reserve forces to help New York City hospitals overwhelmed with COVID-19 patients.. Make no mistake, this is war, and we nurses and doctors are the combatants.

My unit is assigned to Woodhull hospital. Woodhull is an inner-city hospital in the Williamsburg section of Brooklyn. It is a "safety net" hospital serving economically depressed and multicultural patients.

Originally built as a prison which never opened, it was converted to a hospital, obviously not designed for patient care, but they have made it work. The medical staff is dedicated and hardworking but are now overwhelmed with COVID. The staff face long shifts, nonstop admissions, intubated patients and inadequate resources. It is a nightmare.

Upon arrival we had 3 days of orientation to the electronic medical records and the hospital. We were broken up into four teams, each of three to four providers, doctors and nurse practitioners and assigned to an extension ICU. The ICU is on a regular floor with critical care patients, most on ventilators. The patients are as sick as can be and teetering on the brink of death. None of us are critical care specialists; instead, we are orthopedists, CRNAs, plastic

surgeons, and general surgeons. We do have some back up from the local medical and critical care physicians, but we quickly get on the job training. Fortunately, two of us on separate teams had critical care training “back in the day,” mine in trauma.

The intensive care unit is turned over to us and we are in the fight.

The patients are on ventilators, all of them are on vasopressors for blood pressure, many of them also require dialysis. They are all heavily sedated. We really were working under battlefield conditions. To examine the patients, we wear head covering, plastic gowns, gloves and goggles or face shield, N-95 masks covered with a regular surgical mask. It’s like getting ready for deep space exploration. I enter the cramped and stuffy room, to examine the patient, make vent changes or whatever needs to be done and exit. Vital sign monitors are placed near the door of the rooms so the nurses don’t have to get all geared up to check them.

There are no visitors allowed. We make daily calls to the families for updates. Patients die surrounded by strangers who have desperately tried to save them. The subsequent emotional frustration for my team is enormous and exhausting. We do the best we can. Resources are stretched thin, although there is enough protective gear.

As always, I am proud to be part of our military, proud to serve and do my part. No one does these deployments alone. I am grateful to my partners and office, my friends and family and especially my wife for their support and concerns.

Semper fi, Joe...