

Through the tragedy of COVID-19, hope for a more connected world

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In February 2020, my world was a different place. I was still flying almost monthly for one reason or another and I was planning a family trip to California. I was in the midst of a run for the AMA Board of Trustees, my husband and I were preparing to adopt our daughter from Korea, and we were attending our son's school recitals. I was aware of the Covid-19 tsunami coming our way, but I was still focused on the seasonal influenza outbreak that had kept our hospitals busy for the past few months. The Epidemiologist in me was tracking Covid-19 from Asia to Europe, following the symptoms, the modes of spread, the populations affected, as information slowly emerged, but the crisis it would later become felt far away.

Eighteen months later, our world has drastically changed, for both better and worse.

I remember the night I made my first Covid-19 diagnosis, a case that presented as pyelonephritis with a bland UA. Over a 12-hour period, the patient's symptoms began to morph into something that didn't seem to make sense at first, that didn't fit the traditional picture of pyelonephritis, until a repeat CT showed unexpected ground-glass findings on the lungs. It would take nearly a week to get confirmation on the diagnosis by lab testing. Meanwhile, the pandemic was spreading like a wildfire in many DC area neighborhoods, and soon most of the patients being admitted were infected with Covid-19 presenting with flu-like symptoms, lung findings, arrhythmias, blood clots, DKA, renal failure, heart failure, liver failure, stroke, or joint pain, just to name a few. The landscape in our hospitals had changed rapidly, and we needed to keep pace with this quickly evolving virus in real time. Initially the questions included whether patients should be kept on airborne or contact precautions, what level of PPE was needed, and what was the best way to manage cases while figuring out if a person had Covid-19.

Throughout medical and graduate school I had studied emerging infectious diseases and historical pandemics, like HIV in the 1980s and the 1918 Influenza pandemic, but living the emergence of a pandemic is something altogether different. In the beginning, the tests were often not reliable, if even accessible, and they took days, sometimes weeks, to come back. We quickly found patterns in lab work and imaging to help make the diagnosis. Doctors across the U.S. and around the world formed informal networks to share information about what we were witnessing. An Intensivist in Spain shared her experiences of placing patients prone to better ventilate them, while other doctors spoke about the clotting and whether to anticoagulate. There was a balance between adopting new methods as the science began to be published, and recognizing when a treatment that initially looked promising, or was something to be avoided, was actually the opposite. In medical school we are taught the importance of following Evidence-Based Medicine. Suddenly, and like so many others, I found myself in a completely different part of the textbook, the part before we understood the disease.

Those early nights turning people onto their stomachs to keep them off the ventilators slowly changed as more effective tests became more widely available and new studies filled our information gaps. My bag of PPE became a trusted friend that I carried everywhere. The hospital was eerily quiet without

family and friends visiting, but doctors, nurses, respiratory therapists, housekeepers, bed managers, cafeteria staff, we all continued to see each other, often lending comfort to get through the shifts. That in-person contact was a piece of normalcy that we clung to.

The kindness of strangers struck me as something beautiful and new during this time. How can I ever express my gratitude for the families in the houses across the street from the hospital who made signs of encouragement to first responders and health care workers? Or the people who spent hours making PPE to donate to hospital staff when supplies were low? Or the lady who once, after a particularly long shift, paid for my car wash just to say thank you?

As the pandemic rolled on, I found my neighbors spending more time walking just to get out of the house. They put up signs of encouragement, and behind the masks people waved more. There was a need to be connected, and I began to see that we were finding new ways to reach out to each other. Eighteen months after the pandemic, I know my neighbors better, something that I am not sure would have happened if we hadn't been forced to live in a much smaller bubble for a while.

Somehow my double-doctor family figured out how to manage an elementary-school-aged child learning remotely while also balancing the new reality of remote patient care from home and long nights at the hospital. As in-person meetings were cancelled, people of all levels of computer knowledge learned how to interact virtually. Families and friends got in on the virtual world, birthdays and holidays moved to the virtual space, and people created parades of cars to celebrate when they couldn't be up close.

After a year of Covid-19, the vaccines became a game-changer. As the community rates of vaccine increased, the infections dropped and in June, I experienced my first full month without admitting any Covid-19 cases. What was lurking behind Covid-19 were all the patients who had not had the usual level of care during the prior year. Covid-19 was, and remains, a vital reminder about the importance of primary care. Now with new variants spreading, the pandemic moves into another phase, but this time at least we know more - we know that masks, social distancing, and vaccines work. We are better at diagnosing patients quickly and placing them on treatments that at least give patients a better fighting chance.

The toughest parts of the pandemic for me have been the sickness, the deaths, and the calls to the families who couldn't be present while their loved ones were hospitalized. These are the parts of the pandemic that the doctors, nurses, and respiratory therapists carry like weights. These are the parts that make it feel like a war without purpose, other than to limit the spread of the infection at all costs.

The pandemic has changed my life in both bad ways and good. The pandemic made my family closer because we had to rely on each other. It made communities like ours closer because our world was smaller. And in the end, it has made me appreciate the value of each day.

Dr. Levin lives with her husband, Dr. Seth Flagg, and their two children in Silver Spring, MD.

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