

PUBLIC HEALTH

Lifeline: Nurses, doctors and staff at local hospitals prepare for COVID-19 long haul

Saturday, April 4, 2020, at 1:39 PM 8 MIN READ



KATE HIDALGO BELLOWS

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The Lights of Hope at Sentara Martha Jefferson Hospital will shine each evening throughout the coronavirus pandemic as a sign of hope for the community, and a reminder of community solidarity. Credit: Mike Kropf/Charlottesville Tomorrow

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Those who have had to refit their lives to the current COVID-19 pandemic know that life is dramatically different now. Health care workers experience these changes to an even greater extent, as many risk exposure to the virus constantly, must distance themselves from their families, work without sufficient personal protective equipment and/or pull extra hours without hazard pay.

These workers — including doctors, nurses and other staff — are frequently compared to soldiers at battle, fighting the enemy on the frontlines. Around the country, community members come out to cheer on nurses during change of shift. Some health workers have noted that they are always on the frontlines, pandemic or not, but only now are being recognized for it.

As each state lays out its social distancing and reopening protocols for the next several months, hospital workers must deal with the uncertain future ahead and prepare for a possible high caseload. As of May 4, Virginia has reported 19,492 cases of COVID-19 and 684 deaths due to the coronavirus. Gov. Ralph Northam is considering relaxing restrictions later this month as numbers already are starting to show a downward trend.

A projection model from the [University of Virginia's Biocomplexity Institute](#) that has been presented to

A projection model from the [University of Virginia's Biocomplexity Institute](#) that has been presented to Gov. Ralph Northam in April indicated that social distancing has been effective at flattening the rate of infections in Virginia. According to the model, if the social distancing rules currently in place were to be partially lifted when Virginia's stay-at-home order expires June 10, the peak number of infections would likely be in mid-August. But if the restrictions were lifted sooner, infection rates would rise more quickly, and the peak would come later, according to the model.

Charlottesville has seen 63 cases of COVID-19 and two deaths, as of May 4, while Albemarle County has seen 110 cases and four deaths. Local hospitals, including the [University of Virginia Medical Center](#) and [Sentara Martha Jefferson Hospital](#), have changed their policies and protocol in response to the coronavirus, such as not allowing visitors in with a few exceptions. Anyone who enters UVA Medical Center facilities must be screened for symptoms of COVID-19 and must wear a [mask](#).

In a three-part series, Charlottesville Tomorrow freelance reporter Kate Hidalgo Bellows spoke to eight doctors and nurses treating COVID-19 patients at local hospitals, as well as Dean Pam Cipriano of the Nursing School, about how the experiences of fighting a pandemic with an uncertain trajectory have affected them emotionally, mentally and physically. These are their stories.

Part One



Dr. Taison Bell

Credit: Submitted photo

Dr. Taison Bell — UVA Health System critical care and infectious disease physician, medical ICU director

Dr. Taison Bell is busy. A physician of pulmonary and critical care medicine and infectious disease at the

University of Virginia, he directs the medical intensive care unit, which treats patients with the most severe cases of COVID-19. In that role, Bell takes primary care of patients and provides expertise about infectious diseases.

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Kendall Barger

Credit: Submitted photo

Kendall Barger — UVa Medical Center MICU Nurse

As a medical intensive care unit nurse, Kendall Barger tends to the critically ill, including those teetering at the edge of death. With the coronavirus crisis, Barger said, COVID-19 patients are separated from non-COVID-19 patients, and the COVID-19 unit is staffed by MICU nurses.

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Dean Pam Cipriano of UVa's School of Nursing

Credit: Submitted photo

Pam Cipriano — Dean and Sadie Heath Cabaniss Professor, University of Virginia School of Nursing

Dean Pam Cipriano of UVa's School of Nursing said she is not sure how many alumni work at the Medical Center. But she knows it's a lot.

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Part Two: The fight continues

It was a busy week for health care workers in Charlottesville, with both sad moments and reasons for optimism.

On April 26, Dr. Lorna Breen — the medical director of the emergency department at Manhattan's NewYork-Presbyterian Allen Hospital — died by suicide in Charlottesville, where she was staying with her family, according to [The New York Times](#). Breen had contracted the coronavirus, recovered and gone back to work before she was sent home again and her family brought her to Charlottesville, the [Times](#) reported. In a [news release](#), Charlottesville Police expressed their condolences.

"Frontline healthcare professionals and first responders are not immune to the mental or physical effects of the current pandemic," Police Chief RaShall Brackney said. "On a daily basis, these professionals operate

the current pandemic, I once Chief Rashan Brackley said. "On a daily basis, these professionals operate under the most stressful of circumstances, and the coronavirus has introduced additional stressors."

The Breen family has established a [fund](#) in her memory through the Charlottesville Area Community Foundation to provide mental health support to health care workers.

The National Suicide Prevention Hotline may be reached at 1-800-273-8255.

On April 27, the University of Virginia Health System announced plans to [furlough](#) some members of its nonpatient care staff, with Executive Vice President for Health Affairs Dr. K. Craig Kent writing in an email to staff that the Health System has seen an \$85 million deficit per month due to a drop in surgeries and clinic visits as a result of COVID-19. According to Kent's memo, surgeries have declined by 70% and clinic visits by 90% since mid-March. Executives, including Kent, will be taking pay cuts, as well as physicians and leaders across the Health System, who will have their pay slashed by 20%.

There may be some relief, however, in Gov. Ralph Northam's [decision](#) to let a ban on non-emergency hospital procedures expire May 1. According to [The Daily Progress](#), hospitals have not seen the uptick in COVID-19 cases they had expected and, with the caseload being manageable, had asked the state to consider lifting the ban.

On April 29, National Institute of Allergy and Infectious Diseases Chief Anthony Fauci [announced](#) that clinical trials of the antiviral drug remdesivir had demonstrated positive results in speeding up the recovery time of patients with COVID-19. The drug reduced the death rate from 11% to 8% percent, but Fauci said that was not statistically significant. The University of Virginia was part of the clinical study, which according to the [Washington Post](#) involved 1,000 patients at 68 sites across the world.

These stories are part of a series about the experiences of doctors and nurses treating COVID-19 patients at local hospitals. Charlottesville Tomorrow freelance reporter Kate Hidalgo Bellows spoke to these essential workers about how the experiences of fighting a pandemic with an uncertain trajectory have affected them emotionally, mentally and physically. These are their stories.



Miriam Karunakaran

Credit: Submitted photo

Miriam Karunakaran — UVa Medical Intensive Care Unit Nurse

University of Virginia medical intensive care unit nurse Miriam Karunakaran said she never thought she would have found herself fighting a pandemic. She said the experience has been “absolutely humbling.”

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Dr. Mark Mandichak

Credit: Submitted photo

Dr. Mark Mandichak — Sentara Martha Jefferson Lead Hospitalist & Jennifer Downs — Sentara Martha Jefferson Director of Marketing and Communications

At the privately owned Sentara Martha Jefferson Hospital, Dr. Mark Mandichak oversees the care of patients in the hospital’s two COVID-19 units, which opened in March.

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Billy Burris

Credit: Submitted photo

Billy Burris — UVa Emergency Department Nurse

With the Virginia stay-at-home order in place until June 10, the daily (and nightly) rhythms of the University of Virginia Emergency Department have looked a bit different lately.

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Part Three



Charlotte Brouwer

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Charlotte Brouwer — UVa Medical Intensive Care Unit Nurse

University of Virginia Health System medical intensive care unit nurse Charlotte Brouwer's newest self-care purchase is a bit unique. Her purchase was also good for the community.

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Jessica Denomme

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Jessica Denomme — UVa Medical Intensive Care Unit Nurse

Jessica Denomme, a medical intensive care unit nurse at the University of Virginia Medical Center, has taken on a special project in addition to treating COVID-19 patients — collaborating with the School of Engineering to build personal protective equipment for health care workers using 3D-printing technology.

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Scott Darrah

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Scott Darrah — UVa Clinical Nurse Specialist, Advanced Practice Nurse

Scott Darrah is an advanced practice nurse at the University of Virginia Medical Center, where he tends to COVID-19 patients in an acute care setting. And he is a leader in developing three acute care units to handle coronavirus patients as special pathogens units, or SPUs.

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Kate Hidalgo Bellows

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Lifeline: Dr. Taison Bell — UVA Health System Critical Care and Infectious Disease Physician, Medical ICU Director



KATE HIDALGO BELLOWS

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Dr. Taison Bell

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Dr. Taison Bell is busy. A physician of pulmonary and critical care medicine and infectious disease at the University of Virginia, he directs the medical intensive care unit, which treats patients with the most severe cases of COVID-19. In that role, Bell takes primary care of patients and provides expertise about infectious diseases. Additionally, he is covering the hospital epidemiology pager to help decide whether patients should be tested for COVID-19, is a principal investigator on a drug trial for remdesivir — an antiviral

medication that may be effective against the novel coronavirus — and is collaborating with the university's Engineering School to make personal protective equipment for the community and health care workers.

The work does not stop when Bell returns home.

"I've never really been good at tracking hours, but I would say that the one thing that is definitely different is that I have a lot more meetings now before and after the kids go to bed," Bell said. "Those moments when I was at home, and I tried to be just present as a dad and a husband, they're kind of taken up by checking emails and responding to things, so I don't have a lot of actual downtime, even when I'm at home."

Bell says he does not feel burnt out but is worried about the long-term sustainability of his and his colleagues' hustle. He said that everything changing so quickly with the coronavirus disrupts the normal pace of the hospital, where hospital decision-makers have been forced to make policy changes quickly, sometimes leading to confusion.

Hospital workers also face the anxiety created by seeing other health systems across the country overwhelmed by coronavirus caseloads and depleted of PPE. According to multiple sources for this story, UVa has a sufficient supply of PPE for now.

"The common theme that links all this is there's fear of the unknown," Bell said. "Because this is a new virus that's causing a pandemic, and we've seen pandemics before but the scale of this is much farther, much more massive ... The last major pandemic this could compare to is 1918. We have much more population, we're living longer, and we're overall, on aggregate, more crowded into dense urban areas."

Bell [has gained national prominence](#) in recent weeks for advocating that state and federal governments release data showing how different racial and ethnic groups have been affected by COVID-19. Data that has been released by the [Centers for Disease Control and Prevention](#) indicates that Black communities are disproportionately at risk of having COVID-19. But data on patients' race is missing in 65 percent of cases nationwide and data on patients' ethnicity is missing in 67 percent of cases.

"The point is to really look at our vulnerable populations, and the first part of that is understanding exactly where the problems are," Bell said. "You don't know if you don't have the data. And if you don't have the data, then you put the mechanism in place to get that data so that you can ultimately know how to respond effectively. A lot of this pre-existed COVID disease, so the things that make African American communities more susceptible are increased rates of chronic diseases like heart disease, kidney disease, lung disease, asthma, hypertension, diabetes."

With all these efforts requiring his energy, Bell said one of the ways he has been practicing self-care through this crisis has been sharing with his colleagues when he has had a hard day.

"Even talking about it and reaching out can sometimes make you feel better even if there's no resolution to it, and it's something that a lot of I find a lot of healthcare workers aren't used to because we're used to shouldering other people's burdens," Bell said. "This time, more than ever, we need to look out for each other."

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Lifeline: Kendall Barger — UVA Medical Center MICU Nurse



KATE HIDALGO BELLOWS

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Kendall Barger

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As a medical intensive care unit nurse, Kendall Barger tends to the critically ill, including those teetering at the edge of death. With the coronavirus crisis, Barger said, COVID-19 patients are separated from non-COVID-19 patients in a Special Pathogens Unit, and the unit is staffed by MICU nurses. Barger is one of the nurses working with these patients.

She said she believes “constant” is the word that captures her experiences.

“The combination of working overtime to increase hours in a hospital, and then also your friends asking you and it being in the news, social media and just a part of the daily conversation has really been an effort to keep it from being consuming,” Barger said.

She said she finds strength in her faith in Jesus, in her friendships and in exercise. She has been attending virtual services at her church and connecting with friends over Google Meet to read one of the books of the Bible on Tuesday nights.

“I feel like [my faith] has been my peace and rest and hope throughout this, and that’s kind of a staple, like everything else flows from that,” Barger said. “And then I’ve been like just blessed with great people and ... a good core group of friends that have reached out and kind of continued to care for me they like send Marco Polo videos while we’re at work that I can watch in the elevator, just that feeling of like there’s a world outside of this. That has been so encouraging.”

Barger said she wanted the public to know two things: first, that contributing to the panic can negatively impact health care workers and others, and second, that health care workers understand and appreciate those who are staying home.

“The day in and day out grind of staying home is very thankless,” she said. “But it does matter.”

She also expressed sympathy for those who could not visit family members in the hospital due to visitor restrictions, highlighting her and her colleagues’ commitment to loving and caring for their patients.

“We are honored to provide care,” Barger said. “It’s a great privilege to me to be a coronavirus nurse.”

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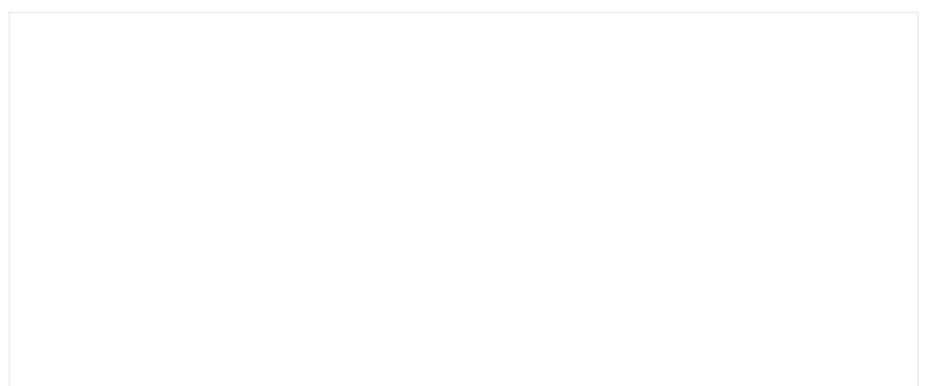
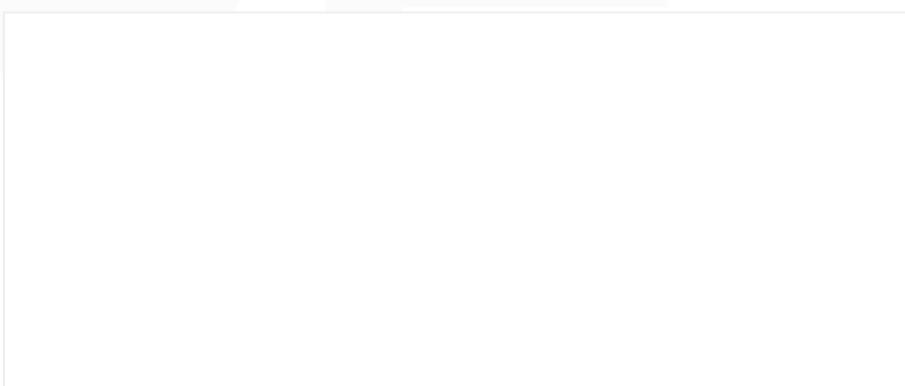
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Lifeline: Pam Cipriano — Dean and Sadie Heath Cabaniss Professor, University of Virginia School of Nursing



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Dean Pam Cipriano of UVA's School of Nursing

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Dean Pam Cipriano of the University of Virginia School of Nursing said she is not sure how many alumni work at the Medical Center. But she knows it's a lot.

"Oh my goodness, I could not even give you a number because there are so many," she said. "Every year, we have about a third of our graduating class that goes to work [at] UVA. But as we look at over the years,

I mean, we have many, many nurses that have spent decades at UVa.”

She said she believes some also go to work at nearby Sentara Martha Jefferson Hospital, but is not sure how many. Most, she said, stay in Virginia, but there are Nursing School graduates all over the country.

As alums fight COVID-19 on frontlines near and far, Cipriano’s main job recently has been to support faculty and students as they adjust to online learning. She said the Nursing School has padded its toolkit of online resources through their Compassionate Care Initiative to help students, nurses and anyone else who would like to join in de-stress.

Many clinical sites, where undergraduate and graduate students complete the practicums needed to graduate, have closed due to the coronavirus.

“So graduate nurse practitioner students didn’t have a place to continue their practicum,” Cipriano said. “For undergraduate students for us at UVa, they had already completed the required clinical hours. And so ... they could cease their clinical experiences, even if they had continued in the hospital, just due to the complexity of making sure that there was enough protective equipment and the additional training, if you will, in terms of putting the equipment on and off and making sure that people knew the right information to address different patient groups.”

Cipriano said students are not included in staffing for being able to take care of COVID-19 patients. But some, outside of their capacities as students, are working with COVID-19 patients at UVa and elsewhere in such roles as patient care technician and emergency medical technician.

Cipriano said that as part of the broader health system, the Nursing School has made sure that their offerings, including the [Compassionate Care Initiative](#) and resources on giving [Stress First Aid](#), are available to frontline workers. She also mentioned as a resource for frontline health workers the [Faculty and Employee Assistance Program](#), which offers (now virtual) counseling to faculty and staff of the University and Health System. And they are planning to send donations to the Medical Center.

“We are in the process of sending some healthy foods and snacks to the people on the front lines,” Cipriano said. “I mean, we know food’s always appreciated.”

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Lifeline: Miriam Karunakaran – University of Virginia Medical Intensive Care Unit Nurse



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Miriam Karunakaran

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University of Virginia medical intensive care unit nurse Miriam Karunakaran said she never thought she would have found herself fighting a pandemic. She said the experience has been “absolutely humbling.”

This is a common sentiment among nurses and doctors I have interviewed — astonishment at one’s positioning at the center of the fight and gratitude to be a part of it.

“When I go home, and I hear about all the COVID-19 things on the news ... if I wasn’t a hospital worker, it

would be somewhat almost unrelatable,” Karunakaran said. “I think that it’s difficult to truly understand what’s going on. But, walking into the hospital ... It’s kind of hazy walking in there and just seeing how

critically ill these patients are. It’s surreal to see just how sick they actually are, and it’s hard I think to understand what exactly is going on, unless you are there seeing it firsthand.”

For Karunakaran, the other members of the MICU staff have provided a lot of support, as they understand what she is going through.

“It’s hard to exactly confide in your family and friends when they’re not there seeing it ... firsthand, so having that team of nurses with me going through the same thing just has been essential,” she said.

She said the community at large has been supportive as well, providing local restaurant gift cards to nurses. And there have been some “new faces” in the MICU, she said — nurses who have come from different units to assist the MICU nurses battling the coronavirus crisis.

“We’ve been helping train and kind of orient them to the ICU so they can be an extra set of hands to us,” Karunakaran said.

Overall, she said, it has been inspiring to watch people inside and outside the hospital “step up.” She said she hopes that the country, state and hospital are better prepared next time they are confronted with a crisis like this.

“I think it has been interesting to see people go step up to something that we really don’t know a whole lot about and be so innovative, whether it’s just being creative with conserving PPE or provides people with a unique opportunity to really just get creative, whether it’s coming up with new ways to ventilate people that are on ventilators but we don’t have enough or things like that,” Karunakaran said. “It’s pretty inspiring to see people really step up, but I hope in the future we’re a little more prepared.”

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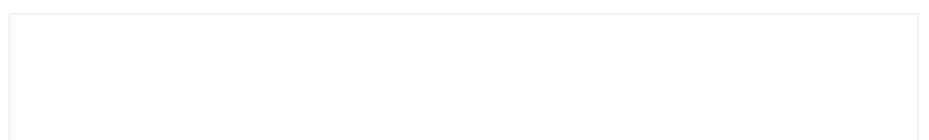
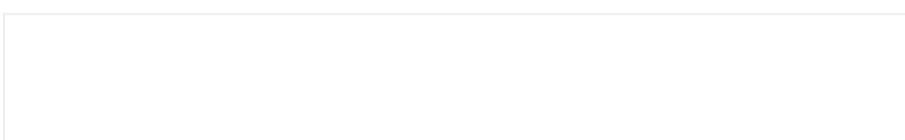
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Lifeline: Dr. Mark Mandichak — Sentara Martha Jefferson Lead Hospitalist & Jennifer Downs — Sentara Martha Jefferson Director of Marketing and Communications



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Dr. Mark Mandichak

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At Sentara Martha Jefferson Hospital, not-for-profit community hospital, Dr. Mark Mandichak oversees the care of patients in the hospital's two COVID-19 units, which opened in March.

“I think it’s been helpful to have the COVID units so specifically because even though it is challenging and is trying, and you are working hours and there is an element of danger, so to speak, given the coronavirus — just the camaraderie of those units has been pretty unique, and we can all rely on each other, whether it’s physician to nurse or physician to nurse’s aide,” Mandichak said. “There’s not a lot of power dynamic at Martha Jefferson to begin with, but even in those units, I would say that the power dynamic is even flatter where we realize that we’re relying on each other as staff to care for the patients but also help care for each other.”

He said the experience has been personally challenging for him, but that he has found ways to lean on others for help.

“I think the ways to mitigate that that I’ve tried to employ is certainly trying to take at least a day or two to decompress, so whether that’s on the weekend or weekday, making sure that I have a backup for myself, that can take over the roles of some of the decision-making regarding the units,” Mandichak said. “We have a smaller cohort of physicians that are part of our COVID team, making specific decisions around isolation and care within the hospital.”

Jennifer Downs, Martha Jefferson’s director of marketing and communications, said the hospital has taken measures to help prevent burnout in hospital workers.

“The administration has been very supportive of encouraging staff when they are not at work to really check out, do what rejuvenates them, be with their families, take time to get outside, just go do those things that they know are stress reducing for them so that when they come back, they can feel all the more ready to handle their work situation,” Downs said.

Downs said the hospital offered a pop-up market in the cafeteria recently with all the “hot-ticket” grocery store necessities.

“We allowed our staff to just come and shop while they weren’t at work,” Downs said. “And so, again, eliminating the need for them to go to an additional store.”

Looking long-term, Downs said hospital leaders have identified proactive measures to ensure that the hospital is prepared for a potential surge in cases.

“That’s both in terms of spaces within the hospital we could utilize, as well as training staff to work in different ways than they previously had. So, a lot of those proactive plans are really in place right now that we hope we won’t have to execute, but that we have, and can go to quickly should they be needed.”

Article updated at 12:16 p.m. May 1 to clarify the status of Sentara Martha Jefferson Hospital.

[Click here to see the other parts of this series.](#)



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Lifeline: Billy Burris — University of Virginia Emergency Department Nurse



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Billy Burris

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With the Virginia stay-at-home order in place until June 10, the daily (and nightly) rhythms of the University of Virginia Emergency Department have looked a bit different lately.

Billy Burris — a self-described “baby nurse,” having just graduated from the university’s School of Nursing in 2019 — is an emergency department nurse at the Medical Center. He said that on a typical night, the night shift would start with all 80 emergency room beds filled and 40 people sitting in the waiting room. By the end of the shift, some of the beds may have been cleared out, he said, but in recent months, the ED

has tended to be completely filled during these night shifts.

This has changed with the COVID-19 pandemic.

“Now it’s like at the end of the night, we’ll have 10 patients left in the department,” Burris said. “I’ll arrive at 7 p.m. nowadays, like in the past few weeks, and there will only be 35 or 40 people in the department, which is small, very small.”

Burris mentioned car crashes as one of the case types he has seen a decrease in patients coming in for. He said the reduced caseloads have made it quicker for ED patients to be admitted to other wings of the hospital.

“I like to treat every person who comes in — their emergency is an emergency to them,” Burris said. “But not every single case is acute, is what I’ll say. But I’ve been having more acute cases.”

The ED does test for COVID-19 if a patient has qualifying symptoms.

Burris, as one of the nurses who interacts most closely with patients displaying COVID-19 symptoms, said he is worried about what could happen if his coworkers get sick, especially those who are older or pregnant. He said he believes health care workers should be tested more regularly than normal people.

“What happens if you have a doctor who’s asymptomatic, but he’s already infected a majority of his colleagues and then other patients?” Burris said. “It’s kind of overwhelming the scope of everything but ... I’m tired of this frontline talk, it’s stupid. It’s not like we just suddenly started existing. ... Doctors and nurses have been working this hard before.”

He said the issues that are being brought up now — such as understaffing, hazard pay, turnover and so on — are issues health care workers have brought up before.

“Soldiers get combat pay, we’re getting nothing,” Burris said. “Soldiers make more money every single year, we do not ... And I appreciate the clapping, I appreciate all that stuff. But a lot of these problems we complained about before.”

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Charlotte Brouwer

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University of Virginia Health System medical intensive care unit nurse Charlotte Brouwer's newest self-care purchase is a bit unique. Her purchase was also good for the community.

"My fiancé and I actually just adopted a cat yesterday," she said. "Clyde. He is a little tuxedo kitten."

Brouwer adopted the cat through the Charlottesville Albemarle SPCA, which got her in contact with the foster mom of the kitten she and her fiancé were interested in. Brouwer was even able to FaceTimed with

Clyde to see how he acted in a comfortable environment.

“It’s a nice distraction, and plus it’s just good for the community,” Brouwer said. “When the quarantine started a couple weeks ago, they did actually, like, a mad push to get all of the pets that were in the clinic out to foster care. So ... most of the animals [have] gone out to foster care.”

Brouwer said it has been difficult not being able to provide physical support to her co-workers due to social distancing restrictions.

“We’re all very affectionate people and very close, and that part of it has been hard because ... when we have a hard day at work, we’ll give each other hugs but now we can’t really do that,” she said. “So that’s, ... probably been one of the harder parts about it.”

Still, units at the hospital have found innovative ways of supporting each other despite the restrictions. She said the pediatric ICU sent the MICU Insomnia Cookies one night, as well as a canvas that said “PICU Loves MICU.”

“One thing that really leaps out at me is ... the construction workers lined up on the new construction that they’re working on at UVa hospital and cheered as the nurses walked into work,” Brouwer said. “We’re putting our lives and our health and our family’s lives and health on the line, so just any sort of appreciation like that is greatly welcomed and super appreciated.”

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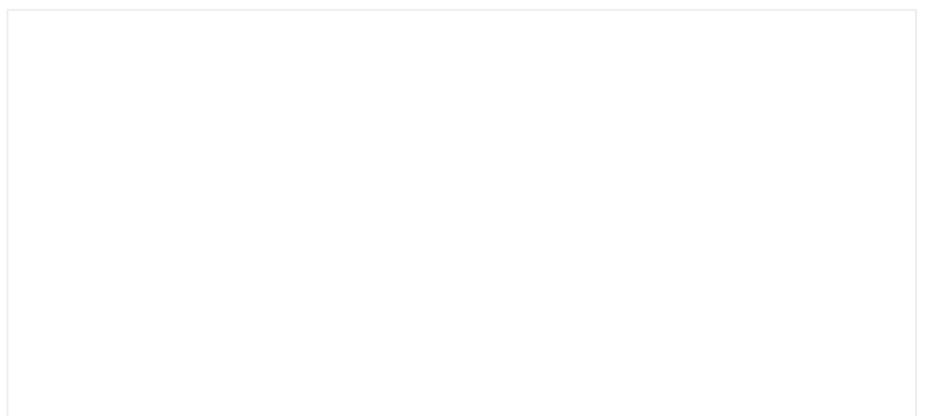
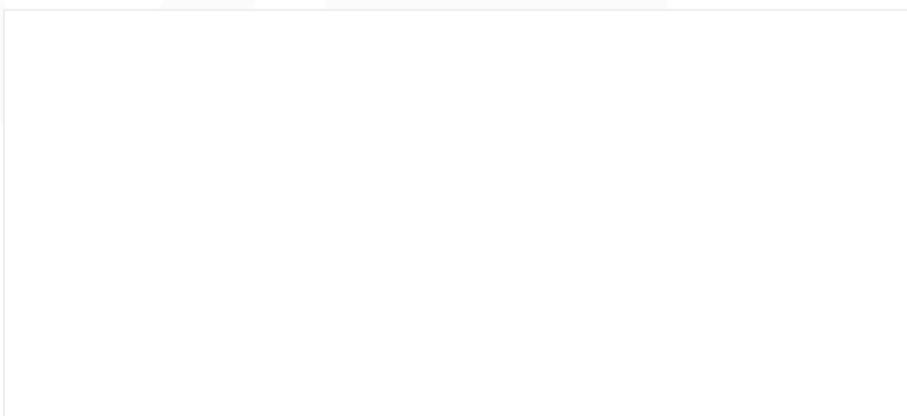
WRITTEN BY:
Kate Hidalgo Bellows

Kate Hidalgo Bellows is a freelance reporter for Charlottesville Tomorrow. Hailing from Fairfax City, she is a fourth-year student at the University of Virginia majoring in English and political philosophy, policy and law. Upon arriving at UVa in 2016, she fulfilled her lifelong goal of becoming a reporter for The Cavalier Daily, a role she continues to hold today. A member of the National Association of Hispanic Journalists, Kate attended the New York Times Student Journalism Institute in 2019 as a copy editor and reporter and interned at PennLive in Harrisburg in 2019. In her free time, she likes to bake, go hiking, and offer glimpses of her cat to friends over Zoom.

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KATE HIDALGO BELLOWS

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Monday, May 4, 2020, at 8:51 PM



Jessica Denomme

Credit: Submitted photo

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FREE NEWSLETTER

Jessica Denomme, a medical intensive care unit nurse at the University of Virginia Medical Center, has taken on a special project in addition to treating COVID-19 patients — collaborating with the School of Engineering to build personal protective equipment for health care workers using 3D-printing technology.

Denomme said she had reached out to biomedical engineering faculty to ask about their ability to help make PPE, which includes such materials as N95-like masks, nasopharyngeal swabs and plastic face shields.

“UVa has enough PPE for now,” Denomme said. “And we are reusing our N95 masks right now. They have a cleaning method that they’ve initiated. ... But I did anticipate just based on other models that we could potentially run out.”

Engineering faculty agreed, forming a collaboration that spans several of the university’s institutions, including the Schools of Architecture and Education, according to a [UVa Today](#) article.

“We’ve had to adjust everything from things that we do hourly. We’ve had to do them less frequently and stuff like that to preserve PPE,” Denomme said.

Denomme said there is also a grassroots effort for community members who can sew or have 3D printers to donate PPE supplies to the hospital and health care staff. More information can be found at the [Masks for Cville](#) website. According to the site, Masks for Cville volunteers donated 4,000 straps and 4,900 face shields to the Medical Center, Sentara Martha Jefferson Hospital and local nursing facilities on April 21.

[Click here to see the other parts of this series.](#)



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Lifeline: Scott Darrah – UVa Clinical Nurse Specialist, Advanced Practice Nurse



KATE HIDALGO BELLOWS

3 MIN READ

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Scott Darrah

Credit: Submitted photo

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FREE NEWSLETTER

Scott Darrah is an advanced practice nurse at the University of Virginia Medical Center, where he tends to COVID-19 patients in an acute care setting. And he is a leader in developing three acute care units to handle coronavirus patients as special pathogens units, or SPUs.

Several acute care units and intensive care units at the hospital have become designated as special pathogens units, so as to separate COVID-19 patients from non-COVID-19 patients and prevent the spread of the virus.

“When you have a volume that’s too many for that area, you, kind of, like a light switch, turn on the next unit to become just that unit as well,” Darrah explained. “And so, we will fluctuate to having just single-digit amounts of patients to being constantly full. It just depends on what the need is. And I think the trick is to keep the next unit able and ready enough to be able to flip that switch, and we tend to overflow into that area. And so it’s always playing that kind of mental chess to stay ahead for beds.”

What distinguishes acute care units and intensive care units is the level of care, Darrah said.

“So if I need any invasive life-prolonging things like intubation or a breathing tube or medicines to keep my blood pressure up, I will need the critical care unit,” he said. “But if I need some close monitoring and nursing specialized care, but not necessarily need help breathing, I would be in an acute care setting. So we deal with the same population, just different layers of illness.”

As the future of personal protective equipment supplies around the country remains uncertain, Darrah said one of the hardest things right now is balancing transparency with avoiding causing fear or distress.

Although things may be relatively stable now, and the curve flattened for the most part, among health professionals, the feeling that everything could change swiftly and devastatingly remains.

“In our acute care setting, we’re seeing the majority of our patients do relatively well,” he said. “So that’s been good. I can’t say the same for my ICU colleagues who see a lot of these patients not do as well, especially when they need mechanical ventilation. And so it’s kind of what we all signed up for in a lot of ways, but we didn’t sign up for the support system that’s not guaranteed.”

He added in an email that the hospital “rose to the challenge of balancing transparency, front-line safety and supply issues” and certified that health-care workers have stayed safe at UVa.

Through it all, Darrah remains optimistic that when Charlottesville and America as a whole emerge from the crisis, they will have grown from it.

“I think we’re learning so much about each other at work going through this together that I think there’s gonna be some really good things that’ll happen — at UVa specifically, but I think in healthcare in general in this country, it is really going to change for the better,” Darrah said. “I’m very optimistic about that because I think this crisis has highlighted some of the gaps in terms of being ready for large scale things but also, what do we really value out of people in this country when push comes to shove?”

[Click here to see the other parts of this series.](#)



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