The Roanoke Times

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Franklin County woman urges other with COVID-19 to advocate for medical care

By Luanne Rife

Becky Helgeson said she felt like a leper when an emergency room nurse on April 1 turned her away for worsening COVID-19 symptoms despite her doctor saying she needed to be seen.

The Franklin County woman was two-plus weeks into the illness when her cough worsened, making it difficult to breathe. She said her primary care doctor wanted a chest X-ray and possibly IV antibiotics and had called ahead to Carilion Franklin Memorial Hospital.

But when Helgeson arrived and called to tell them she was there, she waited in the parking lot for 90 minutes before a nurse came out, took her vitals and said she should go home and take a previously prescribed antibiotic.

Another two weeks would pass before Helgeson’s friend, alarmed by her continued distress, called her pulmonologist on a weekend, who got her in right away at Sovah Health in Danville.

Within days, Helgeson was feeling well enough that she wanted to tell her story to get out the message: Advocate for yourself.

“I think the talking points at the time were if you’re not dying, don’t come to the hospitals, and if you have a mild case, stay home. We don’t know anything, and there is nothing we can do,” she said. “That was the attitude, and that was nationwide, not just Rocky Mount or Carilion.”

Her concern is that people end up with pneumonia or bronchitis weeks into the illness and they can’t go to the doctor’s office, and they can’t be seen in an emergency room.

“There’s a middle ground where there are no resources. That’s one of the biggest issues about this whole thing,” she said.

**Disappointed, frustrating**

Carilion Clinic did not provide interviews from the hospital or primary care practice.

Instead, Carl Cline, Franklin Memorial’s vice president, provided a statement that said he was disappointed to read about Helgeson’s care.

“I can’t imagine how frustrating it must have been for her. Responding to the COVID-19 pandemic has been our top priority for the past two months,” he said. “Like our peers, we’ve been moving at an accelerated pace to ensure the safety of our patients, staff and visitors. In the midst of that, there was clearly a failing; the care that we provided to Mrs. Helgeson should have been better coordinated. We can and will do better. We’re thankful that she’s recovering, and we apologize for any inconvenience she experienced.”

He said they are still reviewing what happened.

“It seems there were lapses in communication brought on by rapid changes in the way providers approach care for patients with COVID-19. We constantly work to improve our communications and coordination with our patients. Since Mrs. Helgeson’s initial visit in the early days of our response, we have also created a nurse care coordinator role dedicated to proactively connecting with patients with COVID-19 to monitor their condition and needs,” he said.

Helgeson, who is a Ms., not Mrs., said she’s glad someone is finally apologizing but she has unanswered questions, including were they just too afraid to care for her? She understands she was Franklin County’s first COVID-19 patient, but two weeks into her disease, other cases had arisen.

**Illness started March 15**

Helgeson is fairly certain she became infected March 9 while flying home from her nephew’s wedding held the day before in New Orleans.

On March 15, she began to feel ill with a dry cough, aches, chills, sweats and painful skin. The following day she called her primary care physician, Dr. Kylie Morris at Carilion Family Medicine in Rocky Mount. Morris sent her to Velocity Care at Westlake to be tested.

On March 20, the West Piedmont Health District told her the result was positive for COVID-19, and then traced her contacts. Helgeson said she had been around 13 people after returning from her trip and before becoming ill. They were quarantined, and none became ill.

As the days and weeks passed, her symptoms — horrible headaches, chills, sweats, loss of taste and smell, body aches, horrible coughing fits, tight banded feeling chest, burning chest, diarrhea, horrible cramps — came and went.

On March 26, she said, Morris prescribed a ZPak. She seemed to improve, but then on April 1 she woke to a racking, gagging cough and burning chest.

She left a message for Morris, but when she didn’t hear back in a couple of hours, she called Carilion’s COVID-19 hotline. The nurse advised her to go to the emergency room. Helgeson said she called Franklin Memorial to say she was on her way, and they transferred her to an ER doctor who told her not to come in. She said he told her since 14 days had elapsed, she no longer had COVID-19 and that he’d order an antibiotic for a secondary infection.

She relayed that information to Morris’ nurse, who called in the afternoon. Morris then called about 5 p.m. to say she had spoken with a Carilion infectious diseases doctor who said Helgeson could still have COVID-19. Morris wanted her to go to the ER for a chest X-ray, and if she did have pneumonia, to get IV antibiotics.

Morris said she would call to let them know Helgeson was coming.

**Fruitless wait**

She arrived about 6 p.m.

“I called from the parking lot and said ‘I’m here,’ and they said someone would be right out. I waited an hour and 10 minutes and I called again and said, ‘Have you all forgotten me?’ They said, ‘No, somebody would be out.’ I waited until I was sitting there for 90 minutes and I called again. And I said, ‘I don’t know what’s going on, but Dr. Morris sent me here,’ ” she said.

“About 10 minutes later, a nurse came out with a vitals machine and took my pulse, my blood pressure and my temperature, and said ‘I don’t think we are going to see you, but I’ll come back and let you know.’ I said, ‘Dr. Morris wanted me to get a chest X-ray and blood work. This is her order, not me coming for emergency care.’ ”

Helgeson said the nurse then told her, “You are not coming in.” She told her to go home and take the prescription that was ordered earlier.

Helgeson left an electronic message for Morris.

“I’m really humiliated. I’m in tears. I don’t know what to do,” she said.

The following day, Helgeson called a hospital administrator to report her treatment. Both the administrator and Morris were told Helgeson was a no-show at the ER.

Helgeson said she was told the hospital would investigate to find out what happened, and then she didn’t hear from them again.

Also on April 2, a Carilion infectious disease doctor called. She said he told her that her breath sounds were good and that she might have a cough for weeks.

On April 15, still not feeling any better, she had a video visit with Morris, and said she was told she would be seen on June 10 when the office reopened.

Two days later, Helgeson sent Morris another message to say the phlegm was getting thicker and darker and to request an X-ray sooner than June.

That same day, a Friday, she was supposed to Zoom with some girlfriends, but she sent a group text to say she wasn’t feeling well enough.

One of her friends was so concerned that she called her pulmonologist that evening, who then arranged for Helgeson to be seen in a Danville hospital the next day.

“I was taken straight in and greeted with compassion and concern. Within an hour, I had received a nebulizer treatment, a steroid shot, an EKG, a chest X-ray and blood was drawn. My oxygen saturation level was initially low (mid 80s) and was better by the end of the visit,” she said.

She said she was diagnosed with acute bronchitis, continuing COVID-19 symptoms, possible allergies and shortness of breath, and given four prescriptions that have helped tremendously.

“I still have some healing to do but am on the right treatment regimen now,” she said.

Helgeson works as an advocate for people with intellectual and developmental disabilities, but said she has not been a good advocate for herself, though she’s learning.

The Roanoke Times

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Northam to decide if Virginia is ready to relax more restrictions

By Luanne Rife

For two weeks, Virginians have gotten haircuts, dined al fresco and worshiped in church, while Gov. Ralph Northam has continued to report that the state’s COVID-19 data looks encouraging.

Testing has improved. The number of daily tests hovers at his 10,000 target. The rate of positive results to the number of tests given is trending downward. Hospitals continue to report as much capacity as before the state entered Phase 1 of reopening. None are short on personal protective equipment.

But the Virginia Department of Health’s website also tells other stories.

The number of patients in hospitals’ intensive care units has not declined. Visits to emergency rooms for COVID-19-like illnesses has trended upward since Phase 1 began May 15.

The number of new cases each day has continued apace, some days even higher than before, regardless of whether the case is logged as the day the person first felt sick or the date the state learned of the illness.

Then there are the other numbers, the ones by the University of Virginia’s BioComplexity Institute, that portend how the disease might act.

The institute’s weekly modeling run released Friday shows that if Virginians practice social distancing and the state steps up contact tracing, cases might have already peaked.

“However, if Virginia’s residents relax social distancing even further, leading to a strong rebound, and case detection does not improve, the model forecasts new confirmed cases will peak at 53,726 per week during the week ending July 19, 2020, overwhelming hospitals in some areas,” the report said.

The researchers noted that it’s too early to tell, “but better detection alone may prevent hospitals from being overwhelmed.”

Detection hinges on testing and on how quickly Virginia hires, trains and puts on the street a force of 1,300 contact tracers. The state is screening resumes.

**Reopening**

Northam said last week that he could lift additional restrictions on commerce as early as Friday, which could bring more people together in close spaces.

“If we see cases spike, if we see hot spots, again, we have a better ability to test, we have a better ability to do the tracing,” he said when asked if he’d restrict commerce if the numbers go up. “So if we get to the point where there are hot spots or areas where the numbers are not going in the right direction, then obviously we will make those adjustments.”

Aris Spanos, Wilson E. Schmidt professor of economics at Virginia Tech, said, “Rushing to open the economy could be a very bad mistake.”

He thinks Northam should allow three to four weeks more of Phase 1 to understand what is happening, since people without symptoms can spread the disease. And it can take a week or longer for people to become ill after being infected with the virus.

“If we rush, and suddenly have another wave, that will be another four or five months before we can come back to normal. Three weeks or five months? There is no comparison,” he said.

Spanos is one of 430 Virginia professors, medical practitioners, business people and residents who signed a letter in April asking Northam to implement a series of actions meant to not just slow the spread of COVID-19 in the commonwealth, but to get the cases to zero.

“The country I was born in, Cyprus, they were able to jump in and contain it. They have not had new cases,” he said. “The people listened to the advice and now they are ready to reopen in a shorter period than the United States. They have the mechanism in place, if somebody is detected somewhere, they know they might have a cluster, so they immediately go there and start testing everybody and isolate them.”

Spanos said testing is still lacking in much of Virginia, contact tracers are not yet on the job, and the economy will suffer further if Northam gets this wrong.

“People will be frightened and go back home and say, ‘I don’t trust the government because the advice they gave me is not very good advice,’ ” he said. “They are going to be more fearful to venture out. It would devastate a lot of small businesses.”

**The letter**

On April 25, 200-some professors and health professionals in Virginia and a similar number of residents and business owners signed on to an open letter to Northam that called for requiring masks, deploying more testing, hiring an army of contact tracers, curtailing nonessential travel and mandating a 14-day quarantine for out-of-state visitors.

Northam did not respond to the letter.

His spokeswoman Alena Yarmosky said in an email last week that Northam “received the letter from New England Complex calling for a five-week lockdown. He appreciates this input and values his ongoing partnership with physicians and medical experts. Virginia has taken aggressive action to combat COVID-19 and slow the spread of this virus. Governor Northam will continue to make decisions based in science, data, and public health.”

Rajesh Balkrishnan, a UVa professor of public health science, was the first to sign the letter.

He’s not sure science or data is driving policy.

“What I am concerned about is the incident numbers are so not going down in Virginia. We are still seeing increasing number of new cases diagnosed,” he said. “I don’t know about reopening the state for business. We could potentially be creating a lot of trouble. I feel like we really need to do something more to bring the numbers down before we start reopening more.”

When he looks at the graphs, he sees cases coming in at too high a rate. There is no bending of the curve on the right side.

“I really don’t know what is going on in the communities. Some places people can’t get tested,” he said.

He’d like to see the daily case rate fall to half of what it is before more restrictions are lifted.

Yaneer Bar-Yam, president of New England Complex Systems institute, who initiated EndCoronavirus.org, said it’s not too late for Virginia to get its cases to zero.

“The point we are making is we can take action to get rid of the virus and then we can go to normal in a safe way. There is this narrative that we have to live with the disease,” he said. “They are trying to convince people that everyone really wants to go out and get a haircut. The question that is not being clearly addressed is why would we want to do that if we could just take the right kind of action.”

Bar-Yam said 41 countries that shut down travel, and did widespread testing and contact tracing, have had few deaths and are near zero in new cases.

In the U.S., Vermont took similar steps, he said.

He said the successful places have created green zones where there aren’t cases and have allowed economic activity within the borders. Outsiders can enter if they come from another green zone. If not, they need to quarantine for 14 days.

“You might say, ‘Hey, what will that do for tourism?’ The answer is, that’s what we need to do and make sure other places progressively become COVID-free zones,” Bar-Yam said.

He said it’s hard to do, but the only way to eliminate the disease.

“I suspect if I told you six months ago that in this country all of the states would have these social distancing, you wouldn’t believe me. People would have said this is impossible. But we did it,” he said. “If you think about the big picture, this is only for a short time. Then we could go back to a healthy normal, and if we don’t do it, we are going to be in hell for years.”

**Testing**

Salem resident and environmental activist Diana Christopulos signed the letter as an adjunct professor of biology at Hollins University.

She said at the beginning of the emergency in Virginia, she thought Northam was doing a good job.

“He went with closures quickly. The part where he allowed businesses to stay open and people could carry on their lives, I thought was pretty reasonable,” she said. “But then the testing was such a terrible failure.”

The way the department reports tests keeps changing.

On Friday, of the eight least-tested health districts in the state, six are in Southwest Virginia and two in Southside. Roanoke was showing fewer than 1,000 tests that look for the active virus, and just more than that once antibody tests were added to the mix.

A month ago, the Health Department had reported higher test numbers for Roanoke, but that data disappeared from the agency’s website. When the data reappeared, it was presented in a new format of assigning tests by patients’ ZIP codes. Test results that lack that information were listed as unknown. There were about 39,000 unknown addresses on Friday.

On Saturday, the department returned to the system of assigning tests that lack patients’ information to the ZIP code of the physician who ordered the test or the lab that performed it. Roanoke’s testing encounters increased by more than 6,000, but it cannot be determined if those were tests of city residents or of people who traveled to Roanoke to be tested.

The Health Department reports tests as “encounters,” which were up to 340,856 for all types of testing on Saturday. Some people are tested multiple times, such as health workers who require two negative tests within 24 hours after having the illness before being permitted to return to work.

Initially, “tests” meant “people” on the website. But on May 1, the department changed the way it reported the tests, making it appear that daily testing had tripled overnight. When criticized, the department added a “unique people” count but that later disappeared under a subsequent update of the online dashboard.

Virginia also has been consistently among the bottom states in the number of tests per capita. It had moved up to 11th from the bottom by Friday on Johns Hopkins University’s coronavirus trackers.

The governor has blamed supply shortages for lags in testing. He assembled a task force in mid-April to coordinate efforts by commercial, university and hospital labs.

Since then, the number of tests has more than doubled. At one point, as antibody tests — which can show whether someone had the disease and has since recovered — became more widely available, those results were added to the type that detects active cases.

Both types of tests are useful for disease surveillance, but the wider use of tests looking for active virus in people without symptoms can be used to curtail the spread. The addition of the antibody tests was widely criticized, and those numbers are now broken out separately.

Christopulos said she was glad Northam is now mandating face coverings in public, which also help to limit transmission. That order went into effect Friday.

But she worries there hasn’t been a consistent message or presentation of data so that people can know how much disease is circulating.

Economist Spanos said people shouldn’t rely on the government for direction.

“I think what people, small business, can do now is to take the responsibility. If I have a butcher shop, how do I treat the people working there in a way I can protect them?” he said. “Forget the federal government. Forget the state government. How do I as an employer minimize risk?”

Spanos said Virginia’s universities have experts willing to help businesses and local government leaders.

 “Ask for the advice,” he said. “Otherwise, you rush out there and someone has coronavirus, you are in trouble, and it’s going to take weeks and weeks before they can come back.”

The Roanoke Times

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Virginia looks to reopen nursing homes and state hospitals

By Luanne Rife

Overnight, the number of deaths linked to long-term care facilities jumped by 40 to 945, and yet the total count of COVID-19 fatalities in Virginia rose by only three on Thursday.

No explanation was given with the reporting data. For Martha Bryant, whose only surviving triplet son needs round-the-clock skilled nursing care, nothing about the way Virginia has handled the virus in long-term care has been clear and transparent.

Bryant, who tunes in to Gov. Ralph Northam’s virus briefings, keeps waiting for word on when all of the residents of homes will be tested and when there might be a reopening plan. Northam didn’t mention long-term care during Thursday’s briefing. He rarely has since appointing a task force in April, a month into the spread of the disease. As of Thursday, 60% of Virginia’s 1,586 deaths came from nursing homes and assisted living facilities.

“What gets me and actually makes me angry would be when [Public Safety Secretary] Brian Moran could get up there and tell you all about the prisons and they had so many cases at Buckingham and whatever, and Dr. Forlano would get up there and say, ‘Well, we can’t tell you. No we aren’t going to tell you.’ It was like night and day,” she said. Laurie Forlano heads the governor’s long-term care task force.

Bryant said she watched as testing first was scarce and then became available for prisons and then high-risk neighborhoods and meat packers.

“I told the health director at Hiram Davis, your workers are just as valuable as a poultry worker,” she said.

Bryant said she was told this week that testing would be done at her son’s home at Hiram W. Davis Medical Center on June 24.

The Virginia Department of Health is expected on Friday to release a reopening plan for nursing homes. The department did not respond to questions about how the reopening would occur or whether weekly testing would be available as suggested by the Centers for Disease Control.

Angela Harvell, assistant commissioner for facility services for the Virginia Department of Behavioral Health and Developmental Services, said Thursday she has not seen the plan.

The department operates Hiram Davis Medical Center, Eastern Virginia Training Center and the state-owned psychiatric hospitals, including Catawba Hospital in Roanoke County.

**Under lockdown**

Bryant hasn’t seen her 26-year-old son, Taylor, since she left Hiram Davis on March 11 following a team meeting about his care.

With news of cases of COVID-19 increasing in the U.S., Bryant said when she got in her car in Petersburg for the long ride to her home outside Lynchburg, she sensed change coming. Within a week, Hiram Davis, like other skilled nursing homes, would be on lockdown, with no visitors allowed.

Hiram Davis isn’t where she wants her son to live.

Taylor Bryant was born 11 weeks prematurely, as was his brother Tyler. Their triplet was stillborn.

The surviving boys were profoundly disabled.

They had lived at the Central Virginia Training Center in Lynchburg, not far from Bryant, until in 2017 the Department of Behavioral Health and Developmental Services moved them — over Bryant’s objections — to the Petersburg campus. The state is under a Department of Justice order to close its training centers and move residents out of institutions and into less-restrictive settings.

But for Bryant’s sons, who need a high level of care, assisted living and group homes were not an option.

Soon after the move, Tyler died and the Justice Department investigated. Bryant said one of the results is that Taylor has a licensed practical nurse or nurse’s aide with him at all times.

Taylor has a tracheostomy in order to breathe. He has spastic quadriplegia cerebral palsy and the intellect of a 9- to 15-month-old child, and he cannot use his hands to ring a call bell, nor can he ask for help.

“He does know me and my mother. He recognizes our faces and he smiles. It’s not like he misses us. He doesn’t cry. He can’t have a conversation with us. But I don’t want to drop out of being part of his life, either,” she said.

Bryant said she has received two pictures of her son during the lockdown.

She asked if Taylor could be moved to the first floor so that she could see him through a window. That couldn’t be done.

Harvell said that she didn’t know about Bryant’s request but that the facilities had been making accommodations for families with calls, video calls, window viewing and letters.

“I have worked closely with Hiram Davis and Southeastern Virginia Training Center and they have communicated what the options are,” she said. “When I have spoken with the facility directors, the families have been pleased with the outcomes as far as the low number of COVID positives. They are appreciative. They would rather forgo their physical visit in order to keep their individual safe.”

Bryant said she talks routinely with the staff and was told in April that a patient had the virus.

She said she became concerned in May when Taylor ran a fever and had a cough. She asked for him to be tested, but was denied.

Bryant said she has called the Crater Health District numerous times, asking them to test all at the facility without success.

She became concerned when she saw the cases rise at Central State Hospital, where Hiram Davis is located, and was concerned about shared maintenance and food staff. As of Wednesday, the 13 state hospitals and homes have had 33 positive cases, mostly of staff. Some have not had any. Central State currently has 11 staff and one resident who are positive, according to the department’s weekly report.

Beginning in May, private nursing homes started reporting cases to the federal government, but assisted living facilities and group homes are under no obligation to make cases public. Virginia claims it is not permitted to identify facilities with positive cases, as state code extends them the same health privacy rights as people.

Harvell said the state facilities have had access to all the testing they have needed, and have followed the guidance offered by local health departments.

She said they would follow whatever guidance the CDC and the Health Department recommend as to who should be tested, and how often, once they reopen facilities.

Walton Mitchell, who served as director of Catawba, is now assisting Harvell.

“We have a recovery unit that is looking at how to safely reopen all the hospitals and to do that incrementally,” he said.

Much will depend on the facility.

“We care for folks from children and adolescents to, as you know at Catawba, we have geriatric. We have such a range of folks and such a range of vulnerabilities,” he said. “We will have to look at them as separate populations.”

**Pushing for answers**

Bryant said she doesn’t know what to expect with reopening. She worries about conditions at Hiram Davis and the ability to control infections.

“He’s like in a psychiatric lockdown hospital. He’s literally in a building that was built in 1977. He’s on the second floor and the little windows are these psychiatric-can’t-jump-out-the-window windows,” she said. “He doesn’t even have a sink in his room. He’s on a ward-style hall, the next to the last room. They are carrying basins of water out of those common sinks to 20 people in the hall.”

Bryant said she plans to keep pushing for answers and raising concerns.

“The only way I can put my head on the pillow at night and ever sleep is for me to know I’ve done everything I can do,” she said. “A lot of people talk about when you mourn you need to find purpose. Part of my mourning of the severe disabilities of my sons and the death of one of my sons is to find purpose as an advocate for better care. So I’ll push if it takes 10 calls to the Health Department. I’m driven to do it.”