

# Richmondmag

richmondmag.com

[FOOD & DRINK](#) [NEWS & FEATURES](#) [ARTS](#) [LIVING](#) [R•HOME](#) [BRIDE](#) [BEST OF RICHMOND](#) [SUBSCRIBE](#)

## At the Ready

*Virginia Medical Reserve Corps volunteers step up to serve in times of crisis | Photos courtesy Medical Reserve Corps, Virginia Department of Health*

by Tharon Giddens

June 14, 2020 6:30 AM

RSS Print



**Abi Nimitz performing fit testing of a colleague's gear at Henrico Health Department**

Joshua David isn't on the front lines in the battle against COVID-19, but he's not on the sidelines, either.

The Mechanicsville native, who is set to begin medical school in July at Virginia Commonwealth University, is helping the nurses, doctors and other health care providers as a volunteer with the [Virginia Medical Reserve Corps](#).

The auxiliary service was formed in the wake of the terrorist attacks of Sept. 11, 2001, as a backup to professionals in dealing with emergencies such as natural disasters or terrorist actions, or to help with everyday concerns such as



**Connect With Us**



vaccination drives, biking surveys or health fairs. In April Gov. Ralph Northam issued a [call for more volunteers](#) for the corps to help with the response to the COVID-19 pandemic.

David signed up as a corps volunteer while working on his undergraduate degree in chemistry at VCU, joining with a friend. His early reserve experiences have included a vaccination drive in which 500 people were helped over a few hours.

He was in Boston working as a technical associate in biochemistry research on Parkinson's disease at Massachusetts Institute of Technology when the pandemic hit; he returned to live with his family and also returned to the reserve corps to help out. "I wanted to be involved," he says. "This is the perfect opportunity."

He's been working with a COVID-19 hotline and helping with testing drives. He's also part of contact tracing efforts. Working with the hotline entailed fielding calls on everything from providing details on testing events to alleviating fears of people who feared they had been exposed to the coronavirus. There are also frustrated souls who just call and yell. "They just want to be heard," he says.

The corps provides training sessions, but much of the learning comes in the doing, David says.

"Every day, I learn something new. We're all learning something new."



*A socially distanced briefing*

Statewide, corps volunteer rolls increased from 10,000 in January to 18,060 as of June 2, according to Jennifer Freeland, state volunteer coordinator for the Virginia Department of Health's Office of Emergency Preparedness. "They are definitely out in the community doing great work," she says. "That is the ultimate reason why our program was created, and it's really rewarding to see that we are doing kind of what we were built to do."

Freeland notes that corps members have also helped out and performed duties at long-term care facilities that had their staffs depleted as workers tested positive for COVID-19. Some volunteers in part of the state were commuting an hour to work at a facility, performing duties without pay.

In metro Richmond, volunteers in the city doubled to more than 1,000, with volunteer ranks tripling in Henrico to almost 1,000 since late February, according to Kate Bausman, Medical Reserve Corps and special response coordinator at the [Richmond Health District](#). "It's really been astounding, the outpouring of support," she says.

About 60% of volunteers are in medical professions, including doctors and nurses. There are also a number of students and people with no prior medical experience.

The corps has been deployed during the pandemic for duties ranging from working hotlines to providing help with community testing efforts, and it has geared up to play a major role in contact tracing, with nurses making calls to contacts of people who have tested positive and other volunteers reaching out to those who have tested negative.



*Medical Reserve Corps members working on contact tracing*

Corps volunteers also helped in checking temperatures and administering health assessments to people before they enter Henrico government offices, and they have helped assemble and distribute kits with masks, hand sanitizer and health information, Bausman says. Corps members are also set to ensure safety at election polling sites in some areas across the state and to help staff the polls, and they have assisted in pastoral care, nursing and social work duties.

"The MRC volunteers have been a tremendous asset in the pandemic response," says Danny Avula, director of the Richmond and Henrico County Health Districts. "They have allowed us the ability to scale up our efforts rapidly."

Barbara Curtis is a registered nurse who has been working with the reserve corps' Henrico and Chickahominy unit for more than a year. During the pandemic, her duties have included working an information hotline service in Hanover County, helping allay fears, providing guidance and moral support and drawing on her professional, clinical skills to provide accurate, helpful information.

She joined the reserve corps after she retired. "I've always wanted to do volunteer work when the time came, and I just wanted to give back to the community," she says. "It's really enriching to me to give that kind of advice to people."



**Medical Reserve Corps volunteers Therese Stansbury, Melissa Earley and Katie Tyson at a testing event in Gilpin Court**

Katie Tyson, an OB-GYN physician and medical director for South University's physician assistant program, signed up in March for the corps' Henrico and Chickahominy unit, and she has been a regular in helping with testing outreach activities.

Working with the corps has been an eye-opening and humbling experience, she says. People lining up to be seen and tested are uncomfortable, fearful; some are unwell, and you see fear in their eyes. And yet, they are grateful, too. Always in the end, it's a "thank you" or a "bless you," she says.

Therese Stansbury and her husband, David, answered the call for volunteers as well. She's a retired registered nurse, and he's retired military and has been serving as an EMT with a local volunteer fire department. With the corps, she has been conducting testing while he's been helping out with registration duties at events. Both are set to help with contact tracing, too.

They note that the corps has been involved in testing outreach at some of Richmond's overlooked communities including Gilpin Court, Hillside Court and Creighton Court. "It kind of felt like we needed to do our part to help out," David Stansbury says. "A lot of people don't have the option to stay at home."

Since the Stansburys are both retired, the corps offered a chance for them to volunteer together. "It's absolutely the right thing to do," says Therese Stansbury. "It's a ground-swelling of people that want to come out and make this better for our country."

---

Never miss a Sunday Story: [Sign up for the newsletter](#), and we'll drop a fresh read into your inbox at the start of each week. To keep up with [the latest posts](#), search for the hashtag #SundayStory on Twitter and Facebook.

MEDICAL COLLEGE





# THE COLOR OF MEDICINE

A new nonfiction book, **"The Organ Thieves,"** details how pioneering heart transplant surgeons built reputations on their talents, and on the organ taken from a Black Richmond man whose name was too long left unsaid.

By Tharon Giddens

## BRUCE TUCKER DESERVED BETTER.

On a warm spring Friday afternoon in 1968, he was sharing a bottle of wine with friends while sitting on a wall behind a gas station in Church Hill when he fell, cracking his skull and bruising his brain.

And then he fell through the cracks.

He was in the wrong place — the city of Richmond — at the wrong time, a South that was beginning to rise out of the era of segregation and Jim Crow. And here was Tucker, a Black man with the smell of alcohol on his breath, in need of immediate medical attention. He was taken to the Medical College of Virginia for treatment. →

Medical College of Virginia, circa 1925. The first Black student at MCV, Jean Harris, graduated in the top five of her class in 1955.

The prognosis was poor, with death imminent, and doctors decided that Tucker was the prime candidate to be the organ donor for a heart transplant that would be a prestigious first at the school and for its program. But MCV, the forerunner of VCU Health, and authorities were lax in their search for his relatives: They did little more than send police out twice on door-knocking excursions, even though Tucker had the business card of his brother, William, in his pocket. (It was returned to him when he claimed Tucker's effects long after his death and the surgery.)

After the accident, Tucker's heart was still beating, crucial in preventing damage to the organ, but his brain was showing no activity. This was a time before brain death was an accepted standard, but it was a determining factor in having Tucker declared dead and allowing the MCV team to perform the transplant.

Tucker's place in the transplant story wasn't announced initially by the hospital — he was anonymous. It took a mortician to make the connection and give some sense of dignity and acknowledgment, through his obituary.

"He was caught in the crosshairs of history," says Chip Jones, author of "The Organ Thieves: The Shocking Story of the First Heart Transplant in the Segregated South" (Gallery/Jeter Publishing), which details the story of that procedure and the court action that followed. The book, which was released in August, looks at the

The Richmond Times-Dispatch first report on the donor, Bruce Tucker, from May 28, 1968, by reporter Beverly Orndorff. The transplant occurred three days earlier.

outsized egos of the doctors behind the operation, and the race to perform the procedure, which had made a worldwide star out of Dr. Christiaan Barnard, the South African surgeon who, five months earlier, had performed the first successful heart transplant. The book also profiles some of the recipients of those organs, as well as the all-too-often-overlooked men whose organs made the procedures possible.

But the book's focus is on Tucker and the lack of care and concern over the donor and his family, which was part of a long, sordid history of medical mistreatment and indifference to African Americans and the poor — not just in Richmond, but throughout the world. Jones delves into this, tracing the practice in Richmond of using the bodies of enslaved people whose graves were desecrated by "resurrection men" and medical school staff and workers in search of cadavers for use in training, with the bones later discarded into an old well.

#### RASH AND BRASH

The tale of the first MCV heart transplant is one of actions taken in haste.

A successful human heart transplant was a surgical holy grail in the mid-20th century, the medical equivalent of the space race, the international competition to place a man on the moon. Donald McRae's 2006 nonfiction book "Every Second Counts: The Race to Transplant the First Human Heart" details the timeline and personalities of the leaders in the field seeking to perform the first human heart transplant, looking at South Africa's Barnard, who earned that distinction while besting other pioneers, including Dr. Richard Lower at MCV.

Jones tasked himself with finding another approach to telling this story, focusing on Tucker and the legal aftermath. Honing his writing and reporting skills with stints at newspapers such as the Roanoke Times and The Richmond Times-Dispatch, Jones also served as the communications and marketing director for the Richmond Academy of Medicine. He began mulling a book on the heart transplant race in 2016; talking with people at the academy, then digging into various archives and records. He supplemented the paper trail with interviews.

It is a tale of frustration.

The halfhearted effort in tracking down Bruce Tucker's family was indicative of the

## 53-Year-Old Richmond Man

# Heart Donor Identified

The Medical College of Virginia's heart transplant patient was listed as satisfactory yesterday afternoon; meanwhile, the identity of the donor was learned late yesterday.

He was Bruce Oliver Tucker, 53, of 109 E. Charity St. here, who suffered fatal brain injuries last Friday evening when he fell from a three-foot high wall he was sitting on and hit his head on concrete, according to a friend. The accident occurred between 11th and 12th Sts. on East Cary Street.

Tucker, who was a Negro, died Saturday at MCV of "irreparable" brain injuries, according to one source. He worked at the Schlueterberg-Kurdie Co., Inc., (Eskay) a packing firm. More specifically, he worked at the firm's egg plant at 1114 E. Cary St.

J. O. Bowles, manager of the

Eskay egg plant, said Tucker had worked there for "26 or 27" years, and described him as a "good employee who was always punctual." Eggs are candled and graded at the Cary Street Eskay plant.

Bowles said he was not at work last week due to illness, but understood that Tucker's accident occurred sometime after the plant had closed Friday evening.

A brother of the donor, Grover Tucker of Dinwiddie, when asked if his brother were the donor, said "Yes, he's the one."

Another brother, William Tucker of Richmond, declined to confirm or deny that Bruce Tucker was the donor, but added, "If it were done, it was done without authorization." He declined further comment.

State medical officials could not be reached for comment.

Continued on Page 2, Col. 3



Bruce O. Tucker  
Dinwiddie Native

indifference to the life of working-class African Americans at the time of the transplant. His tale may initially have been ignored altogether but for the efforts of his older brother, William.

The owner of a shoe repair business, William Tucker got a heads-up call from someone at the hospital the day after the accident, saying that his brother Bruce's situation was dire. William Tucker went to the hospital that evening and was told that Bruce had died earlier that afternoon. No mention was made of harvesting his organs for transplant. William Tucker didn't learn about that until after the body had been taken to a funeral home in Stony Creek, near the family homestead. The mortician there told him that the body was missing its heart and its kidneys, which were also culled for transplant.

Meanwhile, MCV was announcing that it had joined the international ranks of successful heart transplants. News reports focused on the team and on the heart recipient, Joseph Klett, a white businessman from Orange County who was 54, the same age as Tucker. There was no mention of the donor.

#### What was the rush at MCV?

For starters, the clock was ticking on keeping the organ viable. Though a donor may be brain-dead, blood flow may be continued to the heart. Without that flow, cardiac arrest ensues, and tissue is damaged. That is part of what drove the decision to proceed quickly with the transplant, and the lack of an exhaustive effort to locate family and kin.

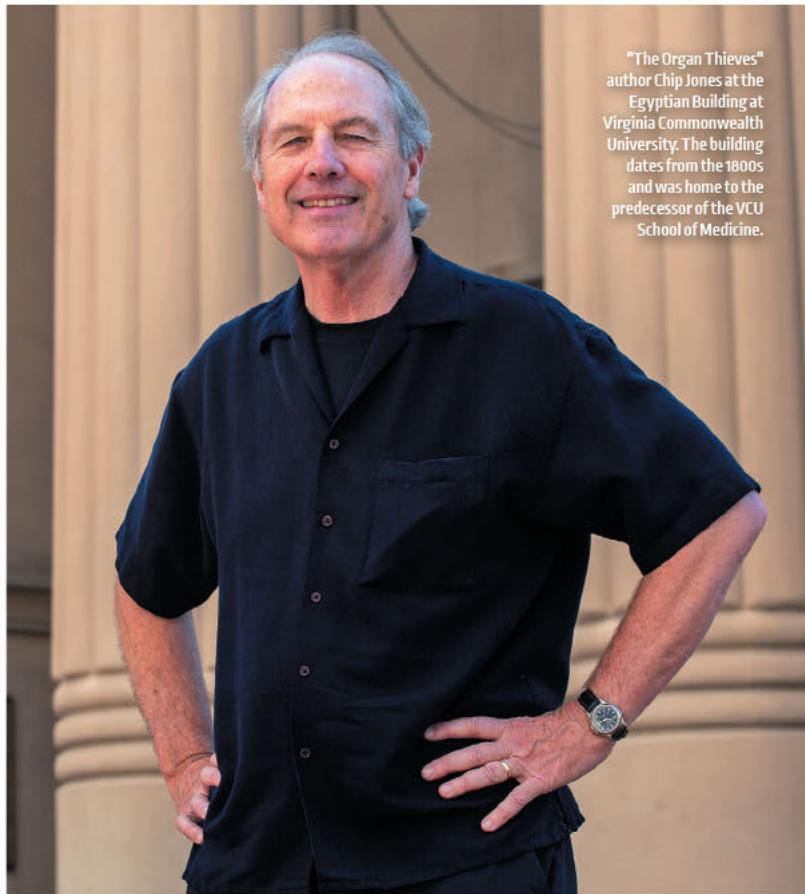
Also, there were no precedents. It was a different time, and there were no policies or procedures in place, as the medical team was making it up as they went. "There was really no system in place to slow down the system," Jones says.

Most troubling was the lack of personal or hierarchical concern.

"I felt like every second really didn't count for Bruce Tucker: No one slowed it down," Jones says. "It literally sent shivers down my spine. Imagine what it was like to be him."

The other missing piece in telling this story was the part played by future Virginia Gov. Douglas Wilder in bringing the rights of the donor's family to the courtroom and to the attention of Virginia's power elite. The Tucker family filed suit seeking damages for wrongful death.

No transcript can be found of the proceedings, so



"The Organ Thieves" author Chip Jones at the Egyptian Building at Virginia Commonwealth University. The building dates from the 1800s and was home to the predecessor of the VCU School of Medicine.

Jones relied on accounts from participants and from access to the notes of the presiding Law and Equity Court judge, the late Christian Compton. The family was denied major damages in the suit, but courts later determined that Bruce Tucker was brain-dead before the surgery, though his heart and lungs were still working. Wilder at the time was a state legislator and an attorney with a small practice. He was taking on the medical establishment and was the decided underdog facing a juggernaut that was "too big to fail," says Jones. "Wilder was on his own and knew he was challenging the medical establishment, but that was what he always did."

#### SETTING STANDARDS

The first heart transplant in Richmond had followed by five months the world's first human heart transplant, performed in December 1967 in South Africa by Barnard, who had earlier come to Richmond to learn from MCV's transplant team. That was followed by more than 100 such procedures at more than 17 sites around the world in the following year, including Richmond, according to Dr. Mohammed Quader, heart transplant surgical director for the VCU Health Pauley Heart Center. It wasn't until an ad hoc committee was formed later in 1968 that a uniform interpretation act was conceived that would cite brain death as a criterion for vetting a donor. >

Today, the Richmond-based United Network for Organ Sharing (UNOS) serves as the national coordinator for organ donations. You can declare yourself an organ donor by registering to be one when you get your driver's license. In the event of death, family members will be counseled about donation, about whether the deceased has registered as a donor and about the donation process as part of the procedure to gain authorization, according to the UNOS website. It's all to "ensure it's understood by the family and next of kin," Quader says.

Klett, the first recipient of a transplanted heart at VCU, survived for a week. Heart transplants captured the imagination at the time, but the complications, especially the rejection of the organ by the body, were a major problem. After the first year, there was a moratorium imposed on heart transplants, with only four centers around the world allowed to continue, says Quader. MCV was one.

"If it was not for the four pioneers to continue, we would not be doing heart transplants today," he says.

Over the decades, procedures and techniques have evolved and improved, with a median survival after transplant of 14.8 years, according to Quader. There have been more than 22,000 heart transplants done since Barnard's pioneering procedure, with 3,552 of them performed in 2019, according to UNOS.

Without a transplant, the average patient would live about two additional years. "The heart transplant has delivered more than the hype it has created," Quader says.

#### **RECTIFYING THE PAST**

In response to "The Organ Thieves," VCU in July issued a statement that says the book's release gives the school an "opportunity to reflect and learn," noting that learning and understanding the institution's history can help improve VCU Health and its relationship with the communities it serves.

"Treating all patients with dignity and respect is an unwavering commitment of our health system," the statement reads. "That said, we humbly acknowledge that there have been times when we have fallen short of this goal and damaged the trust communities place

in us that is vital for us to best serve our patients."

VCU says it will craft a new diversity, equity and inclusion statement as a guide, according to the release, and the university "recently vowed to fearlessly accept criticism and continuously learn from our mistakes in transparency and humility."

The school touts its transplant program's accomplishments in terms of providing services to more than twice the national average of African American heart transplant recipients, and in being a top destination for transplant patients of minority communities.

VCU also has taken steps to help new generations of medical professionals be more aware and responsive to the communities they seek to help.

As part of their training, VCU School of Medicine students learn about historical trauma and harmful actions and policies that VCU's predecessors and other medical institutions engaged in over the course of 200 or so years, according to Dr. Mark Ryan, an associate professor of the medical school's family medicine and population health department. He's a co-director for the medical school's patient/physician society course.

The course addresses issues such as segregated institutions and the infamous syphilis study in Tuskegee, Alabama, that ran from the 1930s into the 1970s, in which the Black men in the federal experiment were never

informed of the nature of the study, and were given placebos instead of treated for the disease.

There's also the matter of VCU's past including the infamous well of discarded bones and remains that was found during a construction project in the 1990s. The remains were taken to the Smithsonian Institution in Washington, where they were studied before being returned to Richmond in 2019. Officials and a citizens group will determine a final resting place.

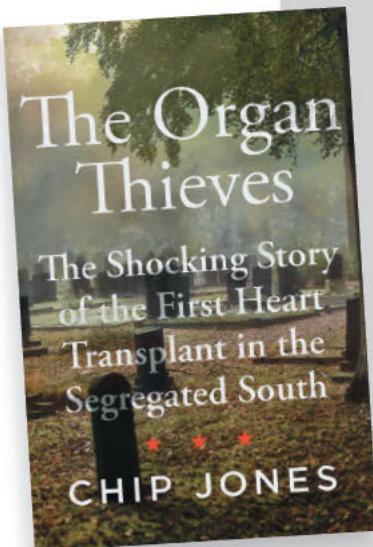
"We bring those historical facts into play," Ryan says.

The course helps students understand why some people may be leery of doctors or lack trust in medicine, and it aims to give future doctors training and skills to use when working with patients of different experiences, helping them "to be thoughtful so as not to re-create the trauma or bring new issues to bear," Ryan says. ■

***TREATING ALL PATIENTS  
WITH DIGNITY AND  
RESPECT IS AN UNWAV-  
ERING COMMITMENT OF  
OUR HEALTH SYSTEM.  
THAT SAID, WE HUMBLY  
ACKNOWLEDGE THAT  
THERE HAVE BEEN TIMES  
WHEN WE HAVE FALLEN  
SHORT OF THIS GOAL..."***

**VCU STATEMENT**

An excerpt from:



## CHAPTER ELEVEN

# THE FALL

3:00 p.m., Friday, May 24, 1968

BRUCE TUCKER'S FRIENDS LIKED to gather behind the Esso station on Church Hill, catching up on gossip, news, and sharing a joke or two. In the shade behind the gas station, the group passed around a bottle of wine to mark the end of another hard workweek.

Though drinking in public was against the law, they knew if they kept to themselves and didn't get too loud, nobody would notice. They could blend into the tree-lined neighborhood of comfortable homes, brick churches, and small businesses and offices. It was friendly territory for these working-class black men. As long as the sun was still up, they were reasonably certain they wouldn't be hassled by the police.

Bruce Tucker settled back on a brick wall. Lighting a cigarette, he took in some of the latest news. There was a story in the Richmond Afro American about a preacher arrested in a civil rights protest after his son had been handcuffed.

The black-owned newspaper served its news straight up — on that everyone could agree. It was better than the morning Times-Dispatch or evening News Leader, which only gave the white point of view.

He'd left his family farm in 1954 in search of a better job in the city. During his boyhood and teen years in his native Dinwiddie County, he slept in a room crowded with his brothers and shared the limited space, food, and attention with several sisters, too. His parents, Spencer and Emma, had done the best they could, working odd jobs and raising crops on a small plot of land. As he got older, Bruce could see his career options didn't stretch beyond the rows of the family's soybeans. Virginia's capital, only an hour's drive to the north, beckoned.

He was following in the footsteps of his younger brother William. Even though he'd contracted polio in his youth, William was bright and had a strong work ethic. His crutches didn't deter him from learning the cobbler's craft. Eventually he earned enough money to open his own shop. Tucker's Shoe Repair was on East Main Street, not far from where Bruce found work at the egg-processing plant. The shoe business was as steady as delivering newspapers, eggs or milk. Just as folks would always need something to eat and drink and read in the morning, they'd also needed to keep their shoes in good repair. By 1968, there were more than thirty shoe-related businesses around town.

Bruce made more than \$3,000 a year working at the plant — enough to pay the rent in a rooming house about a mile away from Church Hill. He also sent \$175 a month to his mother down in Dinwiddie. That helped support his only son, Abraham, who was a fourteen-year-old freshman at the county high school. Bruce's wife had left a few years before, so it made sense to leave Abraham down on the farm.

A breeze picked up from the south. A storm was brewing. The afterwork bunch passed the wine one last time. There was plenty more news to discuss — like how the Richmond Braves — a minor league baseball team for Atlanta — had won the night before over the Mets' minor league club at Parker Field . . . and how up in DC, Frank Howard of the Washington Senators was leading the American League in hitting with a .348 batting average and seventeen homers.

A thunderstorm rumbled. Storm clouds gathered. Then someone shouted behind the Esso station: Bruce! Like Humpty-Dumpty, the egg man had fallen off the wall.

---

From *THE ORGAN THIEVES: The Shocking Story of the First Heart Transplant in the Segregated South* by Chip Jones. Copyright © 2020 by Chip Jones. Reprinted by permission of Jeter Publishing / Gallery Books, an imprint of Simon & Schuster, Inc.

by Tharon Giddens —  
photos by Jay Paul

# A LONG, DARK ROAD

FOR MANY COVID-19 SURVIVORS,  
— SYMPTOMS AND ISSUES MAY LINGER LONG  
AFTER THEIR HOSPITAL DISCHARGE

**Corrine Townsend, once a healthy 30 year old, tested positive for COVID-19 in June. She spent weeks in the ICU then a rehabilitation hospital and is still experiencing after-effects of the virus.**



**S**usan Taylor knows she's one of the lucky ones. She feels blessed to have survived COVID-19, but she also acknowledges that the ordeal is far from over.

She's back at home after long weeks on a COVID-19 ward at Bon Secours St. Mary's Hospital, followed by inpatient rehabilitation services at Encompass Health Rehabilitation Hospital of Richmond, but the Glen Allen resident has yet to regain full health.

"I have foggy moments like you wouldn't believe," she says by phone in early September, almost five months after she contracted the virus. She's back at work as volunteer coordinator with AT Home Care & Hospice, but only part time. Her stamina is awful, she says: Sometimes she's in bed at 7:30 p.m., but her sleep patterns are erratic, and at times she's up half the night.

"I attribute it all to my COVID," she says.

Taylor is not alone in coping with COVID-19 months after she was first infected. Such patients are being described as long-haulers. Beyond these individual patients, the virus is taking a toll on their families, society and the economy. As the pandemic approaches a year since its onset, COVID-19's long-term impacts and implications are only now coming into focus.

## RECOVERY AND REHAB

As Taylor discovered, the course of the disease for the profoundly ill can be measured in weeks, and it can extend onward for months, maybe years for the especially unfortunate. Some may spend multiple weeks in an intensive care unit, followed by days on a regular ward. Months of hospitalization leave patients weak and debilitated and in need of rehabilitation services, including speech and physical therapy. Many recover at home, but some need inpatient rehab, followed by outpatient care.

Therapies begin while patients are at the height of their battles with COVID, helping to allay breathing difficulties, says Dr. Jessica Hupe, medical director of multispecialty rehabilitation at the Sheltering Arms Institute and associate program director for physical medicine and rehabilitation residency at VCU School of Medicine. She is also an assistant professor in physical medicine and rehabilitation at the medical school.

Later, COVID-19 patients need help to regain lost bodily functions and to cope with damages caused by the infection, Hupe says. About half of patients who were in intensive care units need inpatient rehabilitation to deal with issues such as peripheral muscle weakness and posture disorders, in addition to help coping with cognitive and mental health issues.

After discharge, many may need con-

tinued therapies, possibly on a long-term basis. "By no means is their fight over," Hupe says. "Some of these things can affect patients years down the road. It can take some time for them to fully recover, if ever."

A novel virus necessitates creative treatments: Facilities have had to craft care plans and procedures as they go in "an evolving field we're trying to make," says Jason Seltzer, a physical therapist with Sheltering Arms.

People with severe COVID infections who have spent weeks in induced comas on ventilators and in intensive care units may have even longer roads back to full health. They may experience post-intensive-care syndrome, which can impair thinking, emotions and various bodily functions.

The Society of Critical Care Medicine reports that muscle weakness occurs in half of people who have been in intensive care for at least a week and in a third of people who have been placed on ventilators. In people with post-intensive-care syndrome, about 40% have returned to full health after two years, and 66% are fully recovered after five years, according to Seltzer.

Some may experience weakness and cognitive decline comparable to Alzheimer's disease. Even some people whose COVID-19 symptoms were not severe enough to require hospitalization and who stayed at home are showing

## BY THE NUMBERS

# COVID-19 & HEALTH CARE

(through Sept. 14, 2020)

### HOSPITALIZATION



Estimated percentage of COVID-19 patients nationally who need hospital care



Estimated percentage of COVID-19 patients placed in ICUs nationally



Occupancy rate of Virginia ICUs

### RECOVERY



Percentage of patients who have not regained full health up to three weeks following a positive test for COVID-19



Estimated percentage of patients with severe COVID-19 who may benefit from inpatient rehabilitation services



Percentage of young adults (ages 18-34) who report they have not fully recovered from COVID-19 after two or three weeks

### 2 weeks

Amount of time it takes most people to recover fully from influenza

### PERIPHERAL IMPACTS

**1,699**

Projected number of overdose deaths in Virginia by year's end, a record

**1,626**

Number of overdose deaths in Virginia, 2019, a record

syndrome-like symptoms, Seltzer says. They may experience stress and mental health issues even after recovery.

## SYSTEM OVERLOAD

As of mid September, nearly 200,000 deaths were attributed to COVID-19 in the United States, including more than 2,700 in Virginia. The toll is likely much higher and is an undercount, says Dr. Steven Woolf, director emeritus of the Center on Society and Health at Virginia Commonwealth University.

Woolf coauthored a study in August in the Journal of the American Medical Association that looked at excess deaths at the beginning of the pandemic, in March and April. Excess deaths are lives lost beyond what would be expected during a particular time period in an average, pre-pandemic year.

A follow-up look at COVID-19-related deaths from March through July is set for publication in JAMA in October. That data shows a continued undercount of virus-related fatalities, Woolf says. In Virginia, the coronavirus accounts for about half of the excess deaths from March through July, compared with about 35% nationally.

"There will be more delayed mortality effects that will start to appear in the months and years to follow," he says. In addition to deaths directly attributed to COVID-19, the pandemic affects the numbers in several other ways: People who may be having a heart attack or stroke may not seek help immediately out of fear of COVID-19, cancer patients may postpone chemotherapy, women may put off having a mammogram. Stress and isolation may exacerbate mental health complications and may lead to suicides and drug overdose fatalities.

## THE LONG VIEW

Overall life expectancy has been trending downward in the United States for several years, and the pandemic may send it



Susan Taylor

further downward. Woolf notes that since the 1980s, the life expectancy rate of Americans has lagged behind the rate in other developed countries and declined from 2014 through 2017, according to reports from November 2019.

Woolf says the initial thinking was that the pandemic would have similar impacts across the developed world in terms of mortality and affecting life expectancy rates, but he says that the "horrible mismanagement of the pandemic" in the United States likely will cause a further drop in life expectancy that's "going to put the U.S. back even further."

The pandemic may have one positive aspect: bringing focus to the problems facing the nation in fixing its health care system and addressing health inequities. What were once abstract issues affecting strangers have been brought home, says Woolf. Flaws have become evident in the American way of health care, a hodgepodge of federal, state and private insurance and health care bureaucracies, he says.

"We're seeing on display the inefficiency of our model," Woolf says. "I hold out hope that some good can come out of this, to jolt the American public into some awareness of what it needs to do."

## RECOVERY ROAD

Taylor, the recovering COVID-19 patient, thinks she may have been exposed to the coronavirus in early April when she was at a rehab facility where, she says, another patient spiked a high fever and then tested positive for the virus.

By mid-April, she was set for a surgery to repair an incision that had reopened on her leg from a previous surgery in March. She felt fine when she checked in, but soon after, her temperature and blood pressure spiked, and she tested positive for the coronavirus. She was admitted to the COVID-19 ward at St. Mary's Hospital for about three weeks.

She was placed on oxygen and was so sick that doctors discussed a ventilator with her family, but she was able to continue to breathe sufficiently without the device. She continued to need oxygen post-discharge, though, until she was weaned off during rehab.

She was also still dealing with the aftermath of the March leg surgery and required inpatient rehab services at Encompass Health Rehabilitation Hospital of Richmond, where she received therapies for her breathing and for her leg (she couldn't bear weight on it for four months).

The virus has strengthened her spiritual life, but she says it taxes you in every way — physically, mentally, spiritually and emotionally.

"I don't consider myself recovered," she says. "I feel like this is going to be a long journey. Any bit of improvement is a miracle. I appreciate and I'm grateful for any little bit of improvement that I may get." ■

### IN VIRGINIA

**8.6 million**

Estimated 2020 population

**134,571**

Number of COVID-19 cases

**3,089**

Number of ventilators available

**625**

Number of ventilators in use

**2,743**

Number of deaths with COVID-19 as the primary cause

**16,361**

Number of patients who have been hospitalized and discharged for COVID-19 treatment

# LIFE ON HOLD

Months after contracting COVID-19, a mother battles fatigue and weakness

AS A HEALTHY 30-year-old with a business, Hawkeye Signs and Racing Graphics in Richmond, a husband who is a partner in both business and life, and two young children, Corrine Townsend was enjoying her life.

But in June, the New Kent resident contracted COVID-19. She was young and

otherwise healthy, without any chronic conditions, and statistically she was at little risk for complications. But her bout with the coronavirus didn't follow the script, and she ended up on a ventilator at VCU Medical Center for a week.

"COVID is impacting everyone so differently," she says.

Townsend was released from in-patient rehabilitation care on Aug. 21, recuperating sufficiently to resume her day-to-day life, but she's still far from her pre-COVID-19 capabilities. She's lost strength, and the virus attacked her lungs. It's still harder for her to breathe, and her oxygen levels dip when she stands or tries to walk. She's still rehabbing and working to walk farther on her own, but "stamina is not there anymore," she says. "It just tires me out so bad."

Townsend says the virus first kicked in on June 8, while she was playing with her 1-year-old and 3-year old. "I felt exhausted," she says, and Townsend remembers thinking, "Why do I feel like they weigh 1,000 pounds?" She developed a cough, then a gag, and she couldn't catch her breath. That night, she tried to make her way to the bathroom and passed out. Her husband heard her as she hit the floor. Her eyes were rolled back into her head.

She was taken to Henrico Doctors' Hospital and later to VCU Medical Center. Her blood oxygen saturation reading when she was first hospitalized was 84%, which is low. Over the course of her treatment, it dipped into the upper 70s, which is life-threatening.

The virus raged inside her. Her breathing was so compromised, she needed a ventilator. Her heart stopped, a lung collapsed. Tests revealed so much acid in her blood from the coronavirus that doctors didn't know how she could stay alive. A trach tube was inserted, and she was on a ventilator for a week.

Eventually, Townsend was weaned off it, and "my lungs were able to hold their own," she says. After two weeks in the ICU, she was moved to a general ward.

Pandemic protocols preclude visitors. Virtual visits were traumatic; her 3-year-old knew Mommy was sick and was "freaked out" by the | CONT'D ON P.103 >



Corrine Townsend is happy to be home with her husband, Hayden, and sons Brody, 3, and Reid, 1.



Frank Riebschlager, 73, with his sister Marilyn. He is still recovering after being diagnosed with COVID-19 during the early days of the pandemic.

# COMING HOME

COVID-19 rehabilitation therapy helps a Navy veteran retain his independence

RESPIRATORY SYMPTOMS are the most common indication of a COVID-19 infection, so 73-year-old Frank Riebschlager thought he was dealing with a stomach bug when he became sick in March. He was contending with severe diarrhea, a condition that wasn't added to the list of common COVID-19 infection symptoms by the U.S. Centers for Disease Control and Prevention until weeks later, in late June.

"Fortunately for me, it was bad, but not as bad as for most people," he says.

Riebschlager is unsure where he may have been exposed to the virus. He masks up on his rare excursions, even now after his recovery, as does his sister Marilyn and her husband, Joel.

He's on his own and cares for himself at an apartment in Blackstone. Marilyn and Joel live nearby. Joel went to check on him a couple days into his illness. He looked at him and saw that it seemed to be more than a mere stomach bug. Riebschlager was so debilitated and drained that he couldn't walk.

They called an ambulance, which took him to Centra Southside Community Hospital in Farmville, where he tested positive for COVID-

19. Riebschlager has chronic conditions that are often associated with a more severe response to the virus: high blood pressure, kidney issues and Type 2 diabetes.

The physicians and family were puzzled about what was wrong.

It was the early days in the pandemic, and reports showed cases and deaths soaring. Riebschlager was scared. The first couple of days, he says, he worried that he was going to die, that he would never again see his surviving family, including Marilyn and a brother who lives in New Jersey. "I lost a lot of people in my lifetime, I didn't want to lose any more," he says.

He was weak and dehydrated, too weak to get out of bed. "I was so dehydrated, it was pathetic," he says. Other symptoms ensued. He developed pneumonia, but not severe enough to need a ventilator. His feet became swollen, so much so that it was too painful to put them on the floor.

He never gave up: "All I know is that I wanted to get better and get out [of the hospital]," he says.

His symptoms slowly subsided. He was treated at Centra Southside and then transferred to Encompass Health Rehabilitation | **CONT'D ON P.105 >**

**'I lost a lot  
of people in  
my lifetime, I  
didn't want to  
lose any more.'**

-FRANK RIEBSCHLAGER



## MARTIALING RESOURCES

A Glen Allen resident draws on his jiujitsu training and a team of health professionals in his recovery from COVID-19

THE FIRST WAVE of the coronavirus pandemic was beginning to creep upward in March when Cherud Wilkerson fell ill.

For a week, the Glen Allen resident's temperature spiked at 103 degrees. He went to an ER, but he was otherwise asymptomatic and was told to go back

home. By the seventh day, he took a turn for the worse. He developed a cough and told his wife that he couldn't breathe. She told him that he was either going to the hospital or the undertaker.

He went to Bon Secours St. Mary's Hospital. As he was getting out of the car,

his wife, Natacha Kinsey-Wilkerson, told him, "You better not," leaving it unsaid but understood as to what he better not do.

The last thing Wilkerson remembers of his early days in the hospital was nurses telling him they would have to intubate him. He was placed on a venti-



Cherud Wilkerson, with his wife, Natacha Kinsey-Wilkerson and daughter, Natalie, 5. Wilkerson was one of the first COVID-19 patients at St. Mary's Hospital to come off a ventilator alive.

St. Mary's to come off the ventilator alive. Staff, he says, called him a miracle.

Strange, vivid visions and thoughts had engulfed him during the coma — and afterward. At one time, he thought there was a half-man/half-beast as big as a mountain that he was chasing, with an angel over Wilkerson, who felt as if he had one foot in heaven, another on earth. The beast was running away with Wilkerson's destiny in its grasp, but with help from the heavenly power, it failed.

Wilkerson wanted out of the hospital and to go back to his wife and 5-year-old daughter, Natalie. "I wasn't going to a nursing home," he says. "I thought that would be the end of me."

Still on dialysis, he got up and moved, requiring a walker initially. Wilkerson pushed himself to get better. "Every night after [rehab staff] left me, I would work out," he says.

One day, the physical therapist challenged him to pick up a glove from the floor. He easily bent down on one knee and retrieved the glove. The therapist deemed him ready for discharge.

At home, Wilkerson continued to strengthen his body and speed his recovery. A physical therapist visited him once at home, and Wilkerson showed that he could navigate the 16 steps of his residence, and that was the end of the rehab therapy.

The disease dropped Wilkerson's weight from 218 to 175 pounds. It also apparently lingered: He was still testing positive for COVID-

19 for two months following his diagnosis, though he was symptom-free. It eventually cleared. His wife also developed COVID but had a mild encounter, and their daughter has remained virus-free.

He's thankful for the care he received from the St. Mary's staff, and especially for his wife. A New Jersey native, he has no family locally, and without his wife, there would have been no one around to care for their daughter during his hospital stay.

Physically, he's still working to regain full health. The ICU time, the coma and the toll taken by the disease are traumatic, and Wilkerson says that lingers: "I have some good days and some bad days," he says.

The whole experience has been moving, emotional: You can't see family, there's no opportunity to say goodbye. "I did break down," he says, adding that it feels as if he "lived my funeral and basically woke up from the dead." As he talks about his experience on a rainy day in early August, he notes that he's got his weight back up to 198 pounds. He's still exercising and working on running, though he gets winded. "I'm feeling really good," he says. "I'm thankful, and I'm blessed."

But he also wants people to take precautions in dealing with COVID-19. "It's no joke," he says. "We have to pay attention." ■

lator. The treatment team induced a coma.

Wilkerson, compliance risk management director for Citizens Bank, says he had always enjoyed good health. A Navy veteran and a black belt in jiujitsu, he says his only chronic conditions include mild kidney disease and "a little" hypertension.

COVID-19 escalated its assault on his body. Respiratory struggles were compounded by COVID-caused kidney failure that led to Wilkerson being placed on dialysis. His pancreas malfunctioned, and he aspirated fluid, resulting in pneumonia.

He was on a ventilator for two weeks and later learned that his wife was afraid to answer the phone during his ICU stay. "It was touch-and-go," he says.

But he improved. It took several days to wean him from the coma medications. He was one of the first COVID-19 patients at

**It feels as  
if I 'lived  
my funeral  
and basically  
woke up from  
the dead.'**

- CHERUD WILKERSON

◀ TOWNSEND | CONT'D FROM P.90

various tubes plugged into her body, Townsend says. "The scariest part is that you're alone."

She lost 30 pounds and is battling to regain stamina and strength. "You don't realize how fast you lose things," she says.

She says she has few memories of what happened while she was hospitalized, but that she's had nightmares since leaving the ventilator. She says she also has dealt with brain fog.

They may be virus-free, but many people post-COVID experience a mental fog that makes it hard to deal with everyday life. Fuzzy thinking and a lack of mental acuity may impair many people's ability to return to work.

"It's really hard for them to sit in front of a computer for a prolonged time," says Jason Seltzer, a physical therapist with Sheltering Arms.

For Townsend, rehab began in the hospital with virtual sessions, then she spent 10 days at Sheltering Arms. Through early September, the rehabilitation center provided post-COVID rehab for 21 patients.

Physical therapy and occupational therapy helped Townsend regain her range of motion to cope with everyday life, and therapists worked with her on lifting weights to rebuild body strength. She's improved, she says, but more needs to be done.

On the verge of her discharge from Sheltering Arms, she was glad to be headed home and was optimistic about her outlook. "I feel good," she says. "This is the first time I felt like myself in a long time."

She's thankful to have survived and hopes her experience serves as a cautionary tale. She's also concerned about contracting COVID-19 a second time. Before, she was healthy, with no preexisting conditions. Now she has weak, scarred lungs.

Where Townsend contracted the virus is a mystery, but her husband, Hayden, and all the workers in their business also tested positive for COVID-19. They had to shut down for a while as they quarantined and did a deep clean. She was the only one to develop severe symptoms; the others were asymptomatic.

"That's been the scariest," Townsend says. "You can have it and have no idea, and get it, and don't know how." ■

MOMENT #901



*When you know*  
YOU'VE BECOME  
A LANCER

Visit Longwood University—in person or virtually—for a Lancer 101 + Accelerated Decision event and get a same-day admission decision. Register today!

[go.Longwood.edu/accelerated](http://go.Longwood.edu/accelerated)

**LONGWOOD**  
UNIVERSITY



LEARNING TODAY, LEADING TOMORROW.



\*Photos were taken pre-Covid

**THE CARMEL SCHOOL**

K-12 IN-PERSON INSTRUCTION 5 DAYS A WEEK.  
COMPREHENSIVE SAFETY MEASURES IN PLACE.

OUR NEW ADDITION IS NOW OPEN

9020 JERICHO ROAD  
RUTHER GLEN, VA 22546  
804-448-3288  
[WWW.THECARMELSCHOOL.ORG](http://WWW.THECARMELSCHOOL.ORG)



◀ RIEBSCHLAGER | CONT'D FROM P.91

Hospital in Richmond, where he received physical therapy and other rehabilitation services that allowed him to go back home.

Many people who have been hospitalized for severe COVID-19 need an intermediate step in their care before they can safely go home, says Vivian White, CEO of Encompass.

The hospital dedicated a unit to working with COVID patients early in the pandemic. The treatment is function-focused, says Adam Litvin, chief nursing officer for Encompass. "[Patients] come to our facility with the mission of going home and resuming their lives," he says.

As of early September, Encompass continues to work with people recovering from COVID-19, dealing with its aftermath of cardiac, pulmonary and neurologic conditions, White says.

The staff works with the mindset that everyone they encounter may have the virus and that everyone is at risk, unless proven otherwise. Precautions include testing all patients for the virus as they enter and keeping them in a "mini quarantine" until results come back negative. Some patients had no symptoms and didn't know that they had COVID-19 until they tested positive.

It's a virus like no other, White notes, and it leaves some people with impairments similar to those experienced after a stroke. Encompass staff has had to work with patients on basics: how to swallow food, regaining balance and walking, making word connections and cognition.

"I don't think you can underestimate the effects," White says.

RiebschLAGER is pleased with his progress and says he is blessed to have family nearby. His sister says that her older brother is now reluctant to go to other medical appointments, but that she encourages and reassures him and gets him to go.

"I was very lucky to have people to care about me," he says.

RiebschLAGER can take care of his basic needs on his own, from personal grooming to light housework. He's mobile, thanks to a walker with a built-in seat that allows him to rest as needed. "It's like my friend," he says, smiling. ■

**Riverside SCHOOL**

Virginia's most trusted school for students with dyslexia in grades K-8

COME EXPERIENCE RIVERSIDE SCHOOL!

ADMISSIONS OPEN HOUSE IS NOV. 12

► One-on-One Reading and Spelling Instruction

► Faculty Extensively Trained in the Orton-Gillingham Approach

► Life-Changing Results

f t i You Tube in

2110 McRae Road | North Chesterfield, Va. 23235  
www.riversideschool.org | (Richmond, Va. area)

**South UNIVERSITY<sup>SM</sup>**

Richmond, Virginia

Earn your RN-BSN, BSN or MSN

Discover Why South University is the Right Direction for Your Nursing Career

Get started today!

**South University Richmond**  
2151 Old Brick Road  
Glen Allen, VA 23060  
(804) 727-6800  
SouthUniversity.edu/Richmond

Programs, credential levels, technology and scheduling options vary by school and are subject to change. South University, Richmond, 2151 Old Brick Rd., Glen Allen, VA 23060. © 2020 South University. All rights reserved. South University, Richmond is certified to operate in the Commonwealth of Virginia pursuant to Title 23, Chapter 21.1, §23.2-274.4 of the Code of Virginia by the State Council of Higher Education for Virginia (James Monroe Building, 101 North 14th St; Richmond, VA 23219; 804-225-2600; www.schev.edu).