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AP PHOTO/WALI SABAWOON

A Taliban fighter stands guard at a checkpoint near the gate of Hamid Karzai international airport in Kabul, Afghanistan, on Saturday. The Taliban have sealed off Kabul's airport to most would-be evacuees to prevent large crowds from gathering after this week's deadly suicide attack.

Biden: Another attack likely, pledges more airstrikes on IS

BY ROBERT BURNS Associated Press

WASHINGTON — President Joe Biden vowed Saturday to keep up airstrikes against the Islamic extremist group whose suicide bombing at the Kabul airport killed scores of Afghans and 13 American service members.

He warned another attack was "highly likely" and the State Department called the threat "specific" and "credible."

The Pentagon said the remaining contingent of U.S. forces at the airport, now numbering fewer than 4,000, had begun their final

withdrawal ahead of Biden's deadline for ending the evacuation on Tuesday.

After getting briefed on a U.S. drone mission in eastern Afghanistan that the Pentagon said killed two members of the Islamic State group's

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» Taliban forces guard airport as most NATO troops leave Afghanistan. A3

» Biden in the 'loneliest job,' a presidency driven by crisis. A3

Louisiana braces for severe blow from Ida

BY REBECCA SANTANA and KEVIN MCGILL Associated Press

NEW ORLEANS — Forecasters warned residents along the northern Gulf of Mexico coast to rush preparations ahead of an intensifying Hurricane Ida, which is expected to bring winds as high as 130 mph, life-threatening storm surge and flooding rain when it slams ashore in Louisiana on Sunday.

The National Hurricane Center warned that super-warm Gulf waters could rapidly magnify Ida's destructive power, boosting it from a Category 2 storm to an extremely dangerous Category 4 hurricane in just

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COVID-19'S EFFECTS ON REGION

VICIOUS CYCLE



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Bristol Regional Medical Center ICU nurse Jamie Brooks checks on a patient. Signs on the sliding glass doors remind the staff of precautions.

A look inside the COVID ward at BRMC, where nurses are dealing with exhaustion, a flood of cases, high rates and low vaccinations

BY DAVID MCGEE BRISTOL HERALD COURIER

EDITOR'S NOTE

» This is the first story in a two-part series on COVID-19's effects on the region. In Monday's story, we'll examine the area's COVID-19 vaccination rate and its relationship to the current surge of cases.

BRISTOL, Tenn. — Tremors of emotion shook intensive care unit nurse Alicia Deel's voice as she recounted treating critically ill COVID-19 patients — many who never made it home.

Deel was back at work Tuesday morning in Bristol Regional Medical Center's ICU — after working 16 hours Monday because the unit is full of patients but short on staff. Bristol and other Ballad Health hospitals are treating exponentially more victims of this current surge of COVID-19 cases sparked by a highly contagious delta variant.



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BRMC nurse Alicia Deel closes her eyes and takes a deep breath as she talks about working with COVID patients.

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COVID-19 PANDEMIC LOCATION #CASES #DEATHS Worldwide 215,904,100+ 4,493,100+ United States 38,755,500+ 637,200+ Virginia 754,652 11,769 Tennessee 1,021,578 13,345 % FULLY VACCINATED IN VA.: 56.4% % FULLY VACCINATED IN TENN.: 41.9% SOURCES: Johns Hopkins, Virginia and Tennessee Departments of Health, AP

Thank you, Jack H. Linder, for subscribing to the Bristol Herald Courier. 91/68 Weather » A10



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COVID

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She's weary of an all too familiar, vicious cycle. "[Patients] come in here, you want to be helpful. Then two days later, they're on the ventilator dying. You were hopeful with them they were going to make it out of here. And we're the only one with them, and then you're calling their family, and they're dying," Deel said, closing her eyes to compose her thoughts. "You clean that room, you get another one, and you start all over again. It doesn't matter — 19, 41, 36 — and they have a 4-year-old. How am I supposed to tell them what happened?" "Yeah, we're exhausted."

Inside the COVID ICU

Deel spoke while sitting at a computer station in the center of the unit as others worked quietly nearby. There was an obvious absence of lively banter.

Just like everywhere inside Bristol Regional, everyone working in the COVID ward wore light blue paper masks over their nose and mouth plus a cap over their hair. The pace was busy but not frenetic Tuesday morning, and one patient actually had a family member visiting — a change from previous protocol, but that was halted last week due to skyrocketing cases in the community.

Looking around, the primary colors were blue and red. Blue for the protective gowns and gloves health care workers donned before entering individual patient rooms and red for "Enhanced droplet and eye protection precautions" warning signs that were seemingly affixed everywhere.

Adjacent to each room were trays loaded with the requisite personal protective equipment. Support staff moved through, methodically collecting the used items for proper disposal.

Large cooling units with massive ductwork were stationed outside patient rooms. To limit exposure, COVID patients are isolated in rooms with negative pressure, meaning that all the contaminated air is pumped out through filters and only filtered air flows into the room and contaminants don't escape when doors are briefly opened. That can cause problems for the HVAC system because it eliminates the cool air return into the rooms, which makes the spaces hotter. The portable cooling units flow cool, filtered air.

Windows in each patient's room provide the only glimpse of the outside world, although many are covered by curtains.

No cure, limited treatment

Caused by the SARS-CoV-2 virus, COVID-19 is a respiratory infection that inflames the airways. It often causes pneumonia, filling lungs with fluid and making it difficult to breathe. There is no cure, but there are treatments. The sickest patients wind up in the ICU on a ventilator. Going on the vent requires being intubated — a large tube is placed down the patient's throat and the machine then breathes for them or assists their breathing. Drugs may be used to calm the patient or to temporarily paralyze them.

There are vaccines — three currently approved for use in the U.S. — but they are useless once someone is infected with the disease. Of more than 70 people



Physical Therapist Nina Baker (right) and PT Tech Madison Cook prepare to enter a room in the COVID-19 ICU ward at Bristol Regional Medical Center. Each time they enter a room, a face mask, face shields, double gloves and gowns are required.

DAVID CRIGGER/BRISTOL HERALD COURIER



Mobile cooling units were brought into the COVID ICU ward to help control the room temperature when the rooms were converted to negative pressure rooms for COVID patients.

DAVID CRIGGER/BRISTOL HERALD COURIER

Ballad Health COVID-19 patients

	Inpatients	ICU	Ventilator	Pediatric
Aug. 27	295	74	52	8
Aug. 26	289	73	50	9
Aug. 25	281	71	49	9
Aug. 24	283	71	51	6
Aug. 23	264	68	50	7
Aug. 20	219	65	44	2
Aug. 19	219	63	44	2
Aug. 18	201	61	44	3
Aug. 17	190	58	43	2
Aug. 16	179	55	40	2
Aug. 13	160	52	33	3
Aug. 12	169	49	30	3
Aug. 11	160	44	26	4
Aug. 10	152	49	24	3
Aug. 9	144	44	22	3
Aug. 6	122	38	22	3
Aug. 5	116	34	17	3
Aug. 4	125	33	17	3
July 28	46	12	5	0

Source: Ballad Health System

"[Patients] come in here, you want to be helpful. Then two days later, they're on the ventilator dying. You were hopeful with them they were going to make it out of here. And we're the only one with them, and then you're calling their family, and they're dying. You clean that room, you get another one, and you start all over again. It doesn't matter — 19, 41, 36 — and they have a 4-year-old. How am I supposed to tell them what happened?"

— Alicia Deel, Bristol Regional Medical Center ICU nurse

being treated this week in ICUs across the Ballad hospital network, all were unvaccinated except one.

"We don't have that special drug everyone is looking for," Deel said. "All we

can do is supportive care. We can give you the ventilator, the oxygen, we can prone you, we can do all the lung exercises that we have, we can give you all the breathing treatments,

convalescent plasma, all those vitamins, but that's all we've got."

A four-year veteran of treating human trauma, Deel said treating COVID patients is different.

"Heart surgery, heart failure, you get in a car accident; we know what to do with you," she said. "We can treat you with meds and surgeries. We can help you; you have hope. All we're doing right now is treating what they throw at us and — at the end of the day — it's not enough. We don't have what we need to fix you."

"When I started nursing, a handful of my patients died in three years. Now, a handful of my patients are living," she said. "That's not what we want to do. We do it because that's what we're here for, but it's not fair to us, to them [patients], to families, to our new nurses. They're walking into this; they don't know anything different than what we are experiencing. That's not fair."

New normal

When describing younger nurses who've known nothing except the pandemic, Deel defines coworker Jaime Brooks, who has worked in the ICU for about 18 months.

"I think this is very stressful and very demanding. It's physically demanding, emotionally demanding," Brooks said of the current circumstances. "I work three days and four days with mandatory overtime — sometimes with three patients — and its caring for that patient and their family. You get really attached to their family, and you build a rapport with the families because the patients are so sick, you're talking more to the family. It's emotionally hard sometimes."

Large red signs, taped to the sliding glass doors of each patient's room around the unit remind anyone planning to enter to don the armor of personal protective equipment — gowns, gloves, face shields, masks — before undertaking myriad tasks awaiting inside.

"The acuity in this ICU has been very high with almost all the patients on ventilators," Brooks said. "A lot are on sedation, so we have to manage that. We have to manage paralytics if we paralyze the patient. [We] manage their medications; sometimes, they're on medication to keep their blood pressure up. It's a lot of care."

Patients on ventilators receive a feeding tube since they are unable to get nutri-

tion any other way. A tube is inserted through their mouth into the stomach.

"A lot of them are receiving the most amount of oxygen we can give them, and a lot of the patients are paralyzed. We have to prone them — put them on their belly [to aid breathing]. That can take up to four nurses. For 16 hours, they're proned, and then for eight hours we flip them back."

"We have to manage a lot of drugs with them because they're very critically ill," Brooks said. "They're on multiple sedatives, which can lower your blood pressure. They also get chest tubes, more likely than not, because we're putting so much oxygen and pressure into their lungs that surgery will have to come by and put multiple chest tubes in. Typically, if your lungs deflate, we would put a chest tube in to help it re-inflate. That way, you can have more ventilation."

When initially moved, or proned, intubated patients typically experience a decrease in their oxygen saturation levels due to the pneumonia in their lungs. That takes time to recover, she said.

Once a patient is taken care of and they step back into the unit, all that equipment is systematically and carefully removed and discarded because the air droplets exhaled by an infected patient contain the viral molecules. Support personnel must continually make sure the used equipment is properly disposed of.

"If they are here for a long time — and manage to make it that long — we'll typically take them out of isolation," Brooks said. "If they're still on the ventilator and very sick, a lot of them are too sick to trach [insert a tracheostomy tube in their throats]. We've had [some] COVID patients here for months."

Full house

The staff of Bristol Regional Medical Center's ICU faced a full house last week with COVID-19 patients filling all 11 beds. Seven more were being treated in a nearby progressive care unit that is essentially another ICU and there were 32 more, with less severe symptoms — for a total of 52.

It is that way across Northeast Tennessee and Southwest Virginia as the system's number of inpatients rose 540% in a month — from 46 July 28 to 295 Aug. 27. ICU counts grew over 500%, from 12 to 74 while the most seriously

ill patients — those on ventilators — shot up 940% from five on July 28 to 52 on Aug. 27.

Ballad's ICUs, like most in the Southeast, remain nearly full and, during the past two weeks, Ballad reported 372 new COVID admissions and 259 discharges.

That doesn't include more than 250 additional COVID-19 patients with less severe symptoms that Ballad is treating in their homes through its Safer at Home program using telehealth.

Bobbie Murphy, chief nursing officer at Bristol Regional Medical Center, said most who are admitted for treatment — and especially those in the ICU — are surprised at just how sick they are.

"People are surprised by how sick they feel when they come in and are in an intensive care unit with a COVID diagnosis," Murphy said. "What I hear from the patients and what they communicate to the team is they just didn't understand or imagine how miserably sick they feel. They perceived it to be you might get sick and be in the hospital for some time then get better and come home. That may be very true, but they're surprised and caught off guard by just how miserably sick they feel."

The delta variant is infecting younger people, and hospitals are seeing more people needing more care.

"In the first surge, we had the older population; the average age was in the 70s. Our [Bristol] average age now is 50, so there is a significant difference in the age of the population. And out of the total volume of admissions, we have a higher percentage — and younger — that are requiring a higher level of care than our med-surg [medical surgical] admissions," Murphy said. "That is very straining on the resources and the team. Sometimes, we'll have three ICU patients to one nurse. Typically, we only make that decision based on the acuity of the patient, but in this unit we've not been able to base that on acuity alone — but because of the number of resources we have available and number of higher level of care patients exceeding the resources we have available."

Beyond exhaustion

Nurses, respiratory therapists and support staff in Bristol's ICU are "beyond the point of exhaustion," Murphy said.

A 21-year veteran of working in trauma centers and intensive care units, Murphy described their current circumstances.

"This is the hardest I've ever seen it. Our nurses and our respiratory therapists, our support staff are tired, and they keep digging deep, and they keep coming," Murphy said. "But we have exceeded the demand of volume for available resources. It's very difficult. It's emotionally, physically, mentally exhausting for the entire team. The hospital infrastructure is not built to handle a surge of volume of high acuity patients — from an equipment perspective, certainly not from a resource perspective and a physical space perspective."

Murphy hopes the public will show some grace to exhausted health care workers, whether in the emergency room, ICU or outpatient areas. Most of all, she hopes for fewer patients saying, "I hope you never have to come through the doors of the ICU with COVID."

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