

A Dance with COVID-19

by Elliott Cruz

Why "a dance"? The inconsistent fever and the misdiagnosis of my lungs made it feel as though I was swaying, or taking a step forward and two steps back. My dance with COVID-19 was an odd and scary experience.

It started on Saturday, March 14, when I decided to visit patients because they were no longer allowed to receive any visitors. At the time, we didn't have any COVID-19 positive patients, but we had one or two pending on test results.

Surprisingly, in hindsight, we had staff who were much later identified as COVID-19 positive around the same time I became ill with the virus. Besides, the Medical Center did not mandate employees to wear masks until a week later. Whether the staff infected me, I cannot say with confidence.

That evening, March 14, I did not feel well, and when I checked my temperature I had a 100.4 fever. Since at the time, I did not know that diarrhea and loss of taste and smell were also symptoms. I did not inform my doctor. I assumed the diarrhea was something I ate (I don't have the greatest diet) and the loss of taste and smell were due to the sinus issues. All I was focused on was the sinus pains and pressure I was suffering (headaches are now listed as a COVID-19 symptom.)

Although it was not confirmed yet, on March 17, when I visited my doctor, I most likely already had COVID-19.



One of the first things my doctor checked for was pneumonia. He listened for pneumonia through his stethoscope. My doctor said with confidence and assurance that my lungs were clear. He also said that I didn't have COVID-19 because I didn't have a fever (at the time of the visit) and my lungs sounded clear. My doctor believed I had a sinus infection and prescribed antibiotics.

Reflecting back, this was when my dance with COVID-19 became intense. I was dancing back and forth with a fever that would come and go throughout the day. I wouldn't have a fever in the morning, but by evening hours I would have a high fever. I would go a whole day without a fever and the following day, I would have a fever all day. This dance became tiresome.

On March 24, I returned to visit my doctor again, in the hope to return to work. All my sinus pains and symptoms were gone, and at my doctor's office, I displayed no fever again. The dance continued. Yet, I had diarrhea, loss of taste, and loss of smell, but I didn't put the two together. At the time, it wasn't common knowledge that diarrhea, loss of taste, loss of smell were COVID-19 symptoms too. In my mind, a bad diet and antibiotics were the cause of diarrhea. The loss of taste and smell I attributed to my sinus infection. I believed since my lungs sounded clear again, my doctor would have agreed with me. This was an assumption on my part.

I was cleared by my doctor to return to work on March 25. On that day of the 25th I did not have a fever while I worked, but unfortunately that evening, the fever returned (temperature 101.9).

On the morning of March 26, I checked for fever, and I was fine: no fever. I returned to work, but I didn't have the energy to do anything. I couldn't do any administrative work or visit patients, I had no energy and I was out of breath.

It was to my fortune that my significant other (girlfriend) worked at an urgent care. She knew I wasn't feeling well (she had a suspicion that I had COVID-19), and she called me up to inform me that the urgent care had COVID-19 testing kits. She also said they were willing to take me in and test me. Since I wasn't feeling well, I left work early to be tested for COVID-19.

One may ask if you work at a medical center, why not go to the emergency department? Later I will touch on a discovery that proved my decision to be correct. At that

moment, I wanted to be near my home and family if I turned out to be positive for COVID-19. I work at a medical center in New Jersey and my family and I live in the Bronx, NYC.

Things became scary and it was obvious the dance was over. Upon arrival at the urgent care, I felt I was declining, I knew something was wrong. They didn't get the opportunity to test me for COVID-19 because I suddenly became pale, I had a fever, my blood pressure dropped to 80/40 and my oxygen level dropped to 93. I was not unconscious, but I wasn't fully present for the lack of a better description.

The doctor at the urgent care immediately flipped me upside-down and gave me a nebulizer/breathing treatment. She called the paramedics to rush me to the hospital. I thought my low blood pressure and low oxygen was scary enough. I was wrong, what followed after became surreal. As I noted, the scary portion of my experience wasn't over.

At the hospital, my temperature dropped and my blood pressure was a bit low, but better. The doctor on site decided to take a chest x-ray and what was discovered, I had pneumonia in both lungs. The doctor said, "I have seen this a thousand times and you have COVID-19: I am never wrong."

Here is the scary part: To prove that he was correct, the doctor decided to listen to my lungs and breathing. He was shocked to discover my lungs sounded clear. The doctor couldn't believe what he heard through his stethoscope since the x-ray findings were the opposite.

Due to pneumonia in both lungs, I was immediately admitted to the hospital. I was at a COVID-19 24-hour holding medical center until

they were able to find a bed in one of the hospitals in the city. At this 24-hour holding medical center, they hydrated me and tested me for COVID-19. Two days later the results were positive, I had COVID-19. I would also like to note that the COVID-19 test was extremely uncomfortable and I would not want to experience it again.

As I pause to reflect and process my experience, I wonder what could have been "if." It is scary to know or to think if the doctor at the medical center did not order an x-ray to be taken, would they have sent me home. If I had gone home with pneumonia in both lungs, would I be here today, sharing my experience with COVID-19? Would I have died as one of my coworkers did who went to the hospital in his town in New Jersey, was sent home and was found dead at his home? His cause of death was COVID-19, and perhaps a death that was avoidable if he was admitted as a patient in the hospital. Looking back, sometimes the "what if" haunts my mind especially knowing what I know now.

On the morning of March 27, I was surprised that they found a bed for me so quickly. It wasn't 24-hours yet, and they had found a location for me. I was sent to Montefiore Medical Center and placed on a unit where all the patients tested positive for COVID-19.

The first thing the doctor said after examining me was the following: "Do you have a health proxy? This can go very bad, very quickly and we need to know what to do when you can't talk."

I had been so busy with life and work that I never paused to think about the end of my

life or would I want to sign a DNI or DNR. I called my family and spoke with them about a health proxy if I were not able to communicate. My family was all in tears knowing I could possibly die. This family meeting was important because I now have a health proxy.

Although the care at Montefiore Medical Center was great, emotionally the virus drained me. I felt as though this illness would never end, any light at the end of this tunnel. At times, I would wake up disoriented and when the sun would set, I felt down. I would lose my breath talking, so I would sleep. The virus had me exhausted, and all I was able to do was lie in the bed. Lying in bed was also difficult for me because diarrhea had me running to the bathroom a few times a day. The running to the bathroom was also exhausting. This continued for a few days at the hospital. This was not including that I lost my appetite and haven't eaten in days. All I was able to tolerate was water.

It was on my fourth to the fifth day at the hospital when things turned around. Suddenly, I got my appetite back, diarrhea stopped, and I began to feel a bit better. The doctors were planning to give me the malaria medication but held back when they saw that I began to improve on my own. I was finally discharged and placed on a seven-day quarantine at home.

The seven-day quarantine is a New York requirement that I believe proved to be beneficial: especially for me. The seven-day quarantine allowed my body to recuperate and heal. Not so in the State of New Jersey.

I notified my employer that I was discharged from the hospital. I was informed

that I needed to call employee health and notify them of my discharge. The employee health nurse practitioner asked me a few questions and said that I was clear to work the next day. I informed her that New York requires a seven-day quarantine after discharge and I am a New York resident. I was told that is not how New Jersey works, but if my doctor advises a seven-day quarantine, then to follow my doctor's advice. My doctor's words to me were, "Don't you dare go back to work until I say so." He strongly agreed with the seven-day quarantine.

My dance with COVID-19 revealed a scary reality. As an employee of a New Jersey medical center and a resident of New York, the approach in dealing with COVID-19 is vastly different between the two states. In New Jersey, they seem to focus on the fever to determine if a person is better and can return to work.

There have been a few cases in New Jersey when an employee who had a prior fever and felt sick was told to return to work because of the lack of a fever. Later, the employee felt ill again and the fever returned, similar to my dance with COVID-19/inconsistent fever. Sadly, the employee tested positive for COVID-19. Another employee tested positive for COVID-19 who had pneumonia in both lungs. That employee was sent home to self-quarantine with pneumonia. There was a similar scenario with the employee who was found dead at home from COVID-19. In New York, the hospitalization and required quarantine have proven to help people in their recovery and keeping others from becoming infected with COVID-19. My decision to return to New York for my medical care was the correct decision. I am here today, because of my decision and I am back at work to counsel staff

and patients through this difficult period in human history.

My dance with COVID-19 ended with good news, but it wasn't an enjoyable dance.

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