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'This Could Have Been Prevented': A Coronavirus Patient Opens Up About Her Experience With the Dept. of Health and the Schneider Hospital

Top Stories / **Published On April 01, 2020 08:07 AM /**

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As the territory continues to wage its war against the novel coronavirus, the public has mostly heard from Bryan administration officials on the front-lines, including the Dept. of Health (D.O.H.), which provides information on tests performed, including those that return positive, negative as well as persons the department believe have recovered.

D.O.H. in recent times has said it intends to ramp up testing and that cases are expected to increase as a result. Health Commissioner Justa Encarnacion on Tuesday night told the Consortium that ramped up tests were ongoing — representing an important threshold in the territory's fight against the deadly respiratory disease, which has infected over 860,000 people as of Wednesday and killed 42,354, according to John Hopkins University. The university's data

shows 178,378 people globally have recovered.

Virgin Islanders have also heard from hospital executives, who through press releases have spoken of the medical facilities' preparedness against the pathogen, including beds to house those found to have severe cases.

But never before have we heard from a patient of the coronavirus in the U.S. Virgin Islands. On Tuesday evening, however, the Consortium had the opportunity to listen to one patient's story, and how this patient believes the Department of Health's slow response possibly led to seven more infections at the least, and how the behavior of at least one physician at the Schneider Regional Medical Center could unwittingly led to additional spread or, even worse, the death of potential coronavirus patients being fooled by prescribed drugs to suppress pain when, in fact, their condition could be getting worse.

"This Could Have Been Prevented"

Those were the words of the patient with Covid-19, speaking emotionally about her ordeal trying to get tested, and an attempt to visit the Schneider Hospital's emergency room and the hostility she faced during the process. The Consortium will not identify this person for privacy reasons.

The patient had traveled off island for a few days, "and when I came back I didn't feel any different," the patient said. "I had a little dry cough that would prompt me to think that I had the virus, but what I started doing a couple days after the trip was check my temperature just to be on the safe side."

One day while performing her own temperature test, the reading returned high. At that point, the patient reached out to the Department of Health, told the department that she had traveled, returned home and realized that after five days she still had a dry cough and that her temperature would elevate on and off. Dept. of Health representatives asked the patient where she had traveled to, and the department's response to the patient's answer was that the location wasn't high risk for the coronavirus. Even so, the department told that patient that someone would be calling her for additional information.

A health representative did call, but after the patient restated what she had said in her original call to the department, the health department rep repeated what was said before, which is the location the patient had traveled to was not high risk for the virus and therefore the department would not need to perform a test. The patient was told to continue monitoring herself.

Concerned about her health and those around her, the patient did not show up to work the day she called the health department. However, after being told that a test was not warranted and that she should simply continue monitoring herself, the patient went to work for the remainder of the week.

The following week, the patient said her sister, who is a medical professional, started feeling sick. The sister had been home for several weeks because of surgery, and had just returned to work, doing two shifts, and started feeling ill. The household where this patient and her sister reside has nine family members.

At that point, the patient, realizing that her sister had fallen ill — vomiting, inability to taste, her stomach's inability to hold food — decided to call the Dept. of Health again in an attempt to get tested. "I called and I said, 'listen, I called before and they told me that my travel wasn't to a high risk zone, but my sister is now not feeling well.' I said my parents live here, one of them has

asthma, two minor children live here, and my husband and I."

The health representative listened to the patient and said they would call back, but never did. "Whatever today's date is (March 31), I haven't gotten back a call," the patient said.

For three days following the last call to the Dept. of Health to report that a second person in the home had fallen ill, the sister continued vomiting and exhibiting the aforementioned symptoms. At that point, the sister, a medical professional, said she had no other choice but to head to the hospital.

"She called the hospital, identified herself as a [medical professional], told a doctor at the hospital that she had surgery a couple weeks back," and explained to the hospital her symptoms, the patient said. The ill medical professional also told the doctor that her sister, who had returned from a recent trip and wasn't feeling well, had attempted to get tested by the Dept. of Health, but the department said a test was not necessary. "The doctor's response was that they were getting a lot of that," the patient said.

The medical professional was placed on Intravenous therapy (IV). Doctors also performed two tests: one for the flu and another for Covid-19. The flu came back negative immediately, and three days later, the coronavirus test came back positive.

"That's when we got a call from the Dept. of Health for them to test us," the patient said. The medical professional who was hospitalized told the Dept. of Health that her sister had been attempting to get tested but was unable to because D.O.H. didn't think it was necessary.

The Dept. of Health tested the entire household, seven of which returned positive — leading to a spike in confirmed cases that brought the territory's total from [23](#) to [30](#) over the weekend. In total, eight persons in the household have tested positive. D.O.H. is now performing contact-tracing to identify persons those found to be ill have been in contact with.

"I told the Dept. of Health that this could have been prevented because I called," the patient said, noting the times she reached out via phone to D.O.H. and at first being told that she did not need a test, and the second time not receiving a return call at all.

Department of Health Commissioner Justa Encarnacion, in response to the patient's account, told the Consortium that D.O.H. has been following guidelines provided by the Centers for Disease Control and Prevention (CDC), adding that those guidelines change often.

"CDC guidelines change every week," Ms. Encarnacion said. "As the numbers increase within the United States, so does the guidelines change."

She added, "As far as with the symptoms, and who contracted the disease from whom, we are guided by CDC's guidelines, so that's really what we did, and so we always make sure that we are accessible from the hotline point of view."

"No! Do Not Have Her Come into the Emergency Room!"

Schneider Hospital CEO Dr. Luis Amaro and his top aides [on March 13](#) assured Virgin Islanders that the hospital is prepared for the coronavirus.

"Response protocols are in place. Hospital staff have undergone training, participated in mock events at both Schneider hospital on St. Thomas and the Myra Keating [facility in St. John] have

been put in place," said Dr. Amaro.

But it turns out, according to the coronavirus patient who was interviewed by the Consortium, that a Schneider Hospital physician she spoke with over the phone when attempting to seek medical help, was not only brash, but sought to prescribe medication for the patient without knowing anything about the patient's medical history.

At the time, D.O.H. had finally performed Covid-19 tests on the entire family but results had not yet returned. The patient's sister, the medical professional, had consulted with the family doctor about the patient's condition. By then, the patient had had the dry cough for weeks unabated, and the medical professional sibling yearned for answers. She did not have a stethoscope with her at the time and had borrowed one from a colleague but it hadn't arrived.

The patient's sister called the hospital around 7:00 a.m. that morning. She asked to speak to a nurse and then explained to the nurse that their family doctor had recommended that her sister visit the emergency room to get her lungs checked. The nurse placed the call on hold and a doctor took over the call. The sister then explained what she had already said to the nurse, to the doctor.

"The doctor said, 'No! Do not have her come into the emergency room, she's going to contaminate everybody else. I will call in a prescription for her at her pharmacy,'" the patient told the Consortium. At that point, both sisters were looking at each other flabbergasted. The medical professional sibling asked the doctor how could she prescribe medication if she hadn't tested the patient. According to the patient, the doctor said it was what she had been doing and it was working.

The doctor prescribed Tylenol with Codeine, Tessalon Perles and Albuterol, according to the Covid-19 patient. Asked whether an antibiotic would be prudent as well, noting the possibility of infection since the patient had been coughing and had a fluctuating fever, the doctor said no.

"My sister was so distraught she literally started to cry," the patient said.

After coming off the phone with the doctor, the sisters called their family doctor for guidance. The family doctor moved to reassure the sisters, and also called the hospital to speak with the doctor who had refused to allow the patient to visit the emergency room. The family doctor also told the doctor at the Schneider Hospital that an antibiotic (Zithromax) should be added to the prescription.

Later the same day, the borrowed stethoscope arrived, and the medical professional went on to test her sister, the patient. "She couldn't hear anything. None of my lobes, especially my lower lobes," the patient said. "She listened the next day and it was still the same."

The patient added, "The doctor said if my sister doesn't hear anything within three to four days of taking the antibiotic because it's only a five-day dose, she's going to have to go to the emergency room for a chest X-ray."

Good news: "Last night was the first night my sister was able to hear my lungs," the patient said. "And I literally was in tears just giving God the glory."

The patient believes that if the antibiotics were not added to the prescription, she would have been home taking the other medication that suppresses the cough while failing to deal with the underlying problem — which, in the case of the coronavirus, could lead to rapid deterioration. The patient also expressed concern for people who don't have private doctors to advocate on their behalf.

"If they're given cough medicine so they could stop coughing but no antibiotics to fight it, then we're leaving them home until it gets bad enough and when they [go the the hospital] they need a ventilator," the patient said.

Hospital executives could not be reached for comment. Ms. Encarnacion said D.O.H. has a great relationship with the hospitals, and that they meet daily and communicate three to four times on any given day. Discussions include coordination in ordering equipment and supplies as well as providing guidance.

Asked what are the determining factors that would call for hospitalization of a coronavirus patient, Ms. Encarnacion said, "Respiratory is one of the things you look at. Covid-19 is a flu and it has a lot of symptoms like the flu. It's a lot more contagious but the symptoms are very similar, so just like with the flu, if you know you're not breathing well then you're not doing well at all. Call 911. If you are having difficulty of course call the emergency room and go into the emergency room so you can be treated."

The patient said she has been recovering well, along with her family. In fact she was the one in the family exhibiting the most symptoms, though she expressed optimism. "With God's help I'm speaking full recovery every single minute of the day," she said.

She added, "We need to think life rather than death and give people an opportunity. I am not diminishing the fact that it got to be a scary time for all of us here, including the physicians at the hospital, and I want that to be known. But at the same time you can't prescribe something to me when you don't know anything about my history."