

Speaker 1 ([00:10](#)):

Queens and New York is the worst infected district in what is now the world's worst infected city and the doctors or nurses don't know what's hit them.

Speaker 2 ([00:19](#)):

How is it? How biblical I kid you, not people come in, I get intubated. They die. The cycle repeats. Yeah, the system's overwhelmed all over the place. My daughter's an intern in Brooklyn first year resident. She just starts the ICU today. I couldn't sleep last night. It's, it's scary.

Speaker 1 ([00:50](#)):

You know, that was this mix of emotional fear for yourself and your family and kids. And at the same time, trying to help other people. I was getting calls from even my staff from the office, getting symptoms from call with mother of one of my very good friend who was my biller, who actually got very sick. And she wanted me to decide whether she would agree for intubation or not. Then she had me connect me to the doctor to decide whether she should be intubated. And at the same time, because I was feeling the symptoms of Kobe and being fear myself, you know, and trying to encourage, or, you know, reassured, which it was sometimes impossible. And you know, there's a lot of uncertainty with this virus initially. So there was like a mixed emotions of like a fear at the same time, feeling helpless sometimes, or feeling insecure or lack of knowledge, all that together as a doctor or personal and try to reassure your staff or patients that this is going to be eventually.

Speaker 1 ([01:46](#)):

Okay. I mean, now looking back and thank God the numbers are better, but initially it was actually very, very uncertain times for doctors and personally as well. In my case, we built our office just a few days before I started feeling symptoms. And the reason is because I worked as a cardiology work with a lot of elderly and they're vulnerable to have severity of the disease. So we had a meeting and decided to close the first day when there was the first in New York city. And we heard that, that thing was March 17. We had a meeting and said, you know, it's better to close the office. That was on a Wednesday. A few days later, I was already, we decided to go to long Island, kind of away from the city, me and my family, except start having symptoms. Initially I didn't realize it could be from Colgate.

Speaker 1 ([02:33](#)):

And later on, I started specking it more. And then I had to have a, this swapped as few days later. It, well, the symptoms initially were kind of nonspecific. I had like some skin changes and old school leaks burning sensation that I felt in my back. This actually something that I could not explain this burning sensation was like, if I had like a sunburn, I thought initially it was like from some like cheese, some allergy, but my friend was actually in the same house was feeling the same symptoms. So it was like, we start getting suspicious. And a day later, the sense of smells went away. Of course, we're learning about COVID. I was feeling kind of tired and chills. I didn't feel fever initially, but I was feeling extremely exhausted and fatigue. That's when we went to this drive to prove deaths look like the movie outbreak.

Speaker 1 ([03:24](#)):

And it was in Jones beach, long Island. And there was like very strict measurements to try to prevent you spreading of the virus. Actually, it was with my kids. I was with two friends of mine that were staying in the same house and we all three adults had the swap test. I didn't ask the kids. I mean, they were fine. A few days later we got the results and we all positive and I have a year old twins and I take care of them.

And I was very concerned that I could not actually have some measurements to isolate myself from them. My first concern was, you know, my kids, is that going to it's like, how am I handling it? Am I going to get worse? It's going to be bad. We were like hearing all the stories about people die in and all that fear came into a force.

Speaker 1 ([04:06](#)):

Some concern that deals may get worse. So, I mean, I had an oximeter with me, at least I can just follow my oxygen to see if my oxygen level drops. I know I need to go to the hospital, but there was this fear, like, am I going to go to the hospital where I could actually eventually be more exposed? Am I going to have to leave the kids away, going to the hospital? I may not see the kids if symptoms progress. So all kinds of those thoughts came into my mind. I mean more personal, but you know, I'm sure. I mean, I'll chill after hearing from my patients. We all were in the same boat. My name is summer cottage, assistant professor at Mount Sinai medical center and a president of cardiology program at uptown Manhattan.

Speaker 3 ([04:50](#)):

The American heart association is proud to be a relentless force on a mission for longer healthier lives. In our pursuit of that mission. We're having some amazing conversations along the way. These are the voices of the relentless COVID-19 has had a devastating impact on New York city and its residents on the front lines of this pandemic have been physicians whose personal and professional lives have been affected by this virus like dr. Larry Phillips, the current board president for the American heart association in New York city and dr. Samer [inaudible] immigrant cardiologists at Mount Sinai hospital and founder of a clinic in Washington Heights that primarily serves Spanish monolingual locations. His experience is very personal, having tested positive for the virus in March. As you heard earlier, his diagnosis gave him a unique perspective that helped him improve how he serves his patients and community. I'm your host DIA Smith Taylor. So both of you have been on the front lines of this pandemic, dr. Phillips and New York city was the epicenter of the Corona virus in early 2020. So does dr. Cody a story that we just heard sound familiar to you? If so, can you describe what that was like in relation to COVID-19? What was the road like in New York city during that time?

Speaker 4 ([06:12](#)):

I'm Larry Phillips, I'm the director of nuclear cardiology and outpatient cardiology at NYU Langan health and the current president of the New York city chapter of the American heart association. His story is very similar to many stories. We've all heard looking back to January, we were hearing what was going on in other countries. And we just knew it was a matter of time before we were seeing the cases in the United States. We would wait every day to see which hospital had the first case, then the next case. And then it was just like a tsunami of cases, the emergency rooms, we're seeing a ton of patients every single day by the hour. And there were two groups of patients, the ones that had the slow, insidious onset of symptoms, where they would have a slow progression from month to the next early on, we would hear about a couple of people who had lost sense of smell or taste, I would say, wow, that's interesting.

Speaker 4 ([07:01](#)):

Before we realized that that was really path into Monica of COVID. And then there were the other groups that would have at this huge amplification of symptoms where their breathing, their fevers would get so bad that they'd have to come to the emergency room right away. But we were seeing it throughout the day. It seemed like every patient we spoke to had COVID and now as the months have

gone on, and the numbers in New York have reduced when I speak to patients every day, who tell me their story of COVID, who I never knew that they had it. So I think that the numbers that we talk about are vastly under representing the number of people that truly experienced COVID symptoms over these last couple of months.

Speaker 3 ([07:37](#)):

Describe for me what that time was like in the hospitals or in your offices, especially early on, were you overwhelmed? And when exactly did it really get bad in New York, and please both of you can chime in.

Speaker 4 ([07:48](#)):

I think at the beginning it was a waiting game in January. We knew that there would be cases. We just didn't know how many. And the first case is that it came in, it was trying to learn it. There was this overarching fear of the contagious nature of that. We weren't sure how to approach it in the most safe way. A lot of us having conversations with our families about being on the front lines in the hospitals, what does that mean to our interactions with them? And then it just ramped up and it became the full day, all day discussion about COVID are outpatient offices. We markedly slowed down. We didn't close the offices. We kept them open for emergencies, but on a very much a reduced schedule. And first staffing, because one of the first things we did is try and get as many staff offsite as possible. But a lot of our care became inpatient. It was controlled as much as it could be. We were looking to increase volume across all hospitals at the capacity, knowing that we were going to have many patients that were critically ill at all, hospitals are increasing that capacity. We had the non-hospital facilities being built. And I think all of that together was important for medical community,

Speaker 5 ([08:56](#)):

Where I felt that there was a lot of discussion amongst hospitals, the teams talking about what they were experiencing, how they were coping and how they were really ramping up the resources. So that as a healthcare community, we could take on this large number of patients that were coming in with really sick with COVID that's Phillips that we knew it was going to happen in New York. I mean, we're both in a very high densely populated area. And once I heard it first case in Seattle, I was like, this summit of time is going to happen in New York later on, we realized that we could get more severe disease with the underlying conditions, which all our patients have. So that actually added an interest in social and health disparity situation to COVID and created actually the emergency even higher. And what I think has been unique over the last couple months has been intersection medicine and our personal lives and society.

Speaker 5 ([09:53](#)):

It would have hard six months ago to have talked about the idea that Manhattan would shut down, that public schools would close that every restaurant would close that you'd be trying to figure out how yourself your colleagues and staff were going to take care of their families at the same time as getting to work. That intersection has really been one of the biggest challenges on top of a healthcare emergency. And so I really commend to all the doctors, all the nurses, all of the environmental teams, the security teams who have all come together, knowing that they have to find alternative care for their families. As they're coming to the front lines to take care of patients who are really sick and dealing with the idea that not knowing a lot, especially early on for the disease, what would be coming home with them and what risk they would be putting their families at. It's such respect for all the people that took these risks to help other people.

Speaker 3 ([10:49](#)):

Would you say that this is the first time that as physicians you've been both the doctor and the patient, or at least been in the same situations as your patients? I would imagine that there had to be a lot of conflict there. I mean, how do you treat patients during this time?

Speaker 5 ([11:05](#)):

Yeah. I never stopped treating my patients, even we know when I had COVID feeling sick, I was doing telemedicine. I was calling my patients and there were a lot of sick patients. My population is in Washington Heights. The other part of Manhattan was extremely high. This one 80 per 100,000 people in Washington Heights. So I was hearing a lot of cases along my patients died, trying to treat the patients and actually try to determine whether they go to the ER or not to be exposed or not. So, because is it good to go to the ER, is it good to only, that's just empirically give him some treatment initially you have to go away your gut feeling. I mean, let me just give you this medication and let's wait and see. We was very emotional. I would say very emotional for patients and for doctors, I found combination of fast and slow.

Speaker 5 ([11:52](#)):

The fast being that the volume of patients was larger than I had ever seen before. You know, with every hospital essentially doubling the number of beds and capacity, but the slow had to do with how we approached it. I spent a lot of time, every time I put on my personal protective equipment, my mask, my shield, my gown, more meticulous than I think I ever was in my career of making sure that I did it the right way. I put it on the exact right way that we were taught that it took it off the right way. There was no rushing when it came to that part. And that was a way that I was able to feel that I was protecting myself and my family. The frequency of hand-washing even just from touching a doorknob, the attention that we were paying to it, I think made a big difference and also was able personally to keep me at a Zen state, as I went through the days and seeing everybody doing the same thing, we saw an environment where everybody was being meticulous to that. And because of that had added some comfort and allowed that to be a barrier for the patients too.

Speaker 3 ([12:57](#)):

Both of you can answer this. How many patients would you say you've actually treated with COVID-19 throughout this entire process? So far

Speaker 5 ([13:05](#)):

Initially I was doing telemedicine because obviously my office was closed and I was a patient as well. The numbers were not evident initially, but later on, I would say out of like 20 patients for telemedicine in a day, probably eight, maybe they have some symptoms that would go with, and some of them that were busted, some of them, I send them to have the test during the peak. We're probably seeing hundreds of patients from the telemedicine patients, patients calling with questions or symptoms to try and avoid being in the hospital for the COVID symptoms, since the peak, still seeing patients every day, who had, COVID seeing patients in the office now, because we have screening processes in place to decrease the risk of having COVID positive patients in the office. I'm not seeing active COVID. Uh, but I am seeing every day, half a dozen patients who had COVID over the last couple of months with many patients having residual symptoms, even months later, what I'm seeing right now is that I've seen a lot of, uh, IgG, positive patients.

Speaker 5 ([14:08](#)):

I mean, it's like they haven't divided is, and they either develop symptoms or they never develop it. And they have positive antibodies, meaning that they had the disease. And I've seen actually, since epicenter has moved from New York to Latin America, I being actually very busy with patients and the other part of the world. Yeah. I'm from Venezuela. Now. I have my brother-in-law admitted to the hospital with Colby and in Venezuela, my mom is sick, did the symptoms and my aunt. So right now it's like going back and feeling exactly what I felt initially in March and now with family or relatives and some friends and the other part of the world. So it's still, this is ongoing. It's not ending. And I'm just waiting now for another search and hopefully it doesn't happen in New York. We have to be prepared. You are the residual

Speaker 3 ([14:52](#)):

After effects of COVID-19. So we know about some of the symptoms, but what about afterwards? What are you seeing as lingering issues?

Speaker 5 ([15:02](#)):

Personally? I feel like I don't have the capacity that I had before. I mean, I was more athletic. I was felt that my lung capacity is not the same and that I have heard from a lot of my patients as well. And a lot of my colleagues that they had COVID and the lung capacity is not exactly the same as before. So time will tell I'm more research we need to do about it. I've seen a lot of patients with lingering symptoms. It's hard to determine whether it's really that they were very similar. I just had this friend who has, it's like the same burning sensation that we felt initially. He felt that again, he lost sense of smell again, but I mean, I'm not sure if it's like some flare stop, you know, immune reaction of the virus. There's a lot to learn still from this virus, but there's still a lot of patients have after effects from Colby, including me, profound fatigue.

Speaker 5 ([15:52](#)):

People have complained over time, residual chest pain, shortened suppress. I think one of the key things in New York now as the number of active cases gone down is that because so many people had COVID at the peak and it's so many more than the reported numbers we have to in the medical community, not assume that every symptom somebody has his post COVID, but I mean by that is many patients were avoiding coming to the hospital for non-covered symptoms at the peak. And they're slowly feeling comfortable coming back. We need to make sure that we're evaluating all of the medical problems and not just COVID.

Speaker 3 ([16:32](#)):

I think it's fair to say that COVID-19 has changed the world, but it certainly has also had a major impact on physicians, especially in New York, because you've been at the epicenter of it all. You know, we also heard a lot about the mental and emotional impact it was having. I mean, to the point where some doctors, because of feeling helpless or other reasons committed suicide, can you talk to me about the mental and emotional strain that this whole situation has had on you and your colleagues?

Speaker 5 ([17:03](#)):

The mental and emotional effect of COVID has impacted everybody, including doctors, as you said, there are cases of depression and even suicide from healthcare workers. I relate in a way, once you felt that you had to go with initially, you feel like, uh, like, how am I going to like treat your patients at the same

time to your family? Am I going to expose my family to the virus? So all those kinds of emotions happen in a setting that we are in a lockdown, not going out and not able to see your friends, not able to see your family, all that adds up to the mental health of healthcare workers, plus the work fatigue, because you know, you are working harder. They ended up in a situation like this one. So this in my case has brought me close to my, because I felt like, you know, I had been working so hard to help my patients, but sometimes I feel like my kids are at home and, you know, well taken care of.

Speaker 5 ([17:58](#)):

And now with this tele medicine and feeling like I may not be present for them in the future, I feel like I want to be even closer to them. So I think doctors are not going back to work the same way as they used to work before. I think that a medicine is going to be here to stay, because at least you interact more with your family and learn to actually choose your patients via telemedicine. And that probably will be somewhat helpful for your mental health patients are still very fearful about the virus, but right now they're feel like they're more outgoing maybe because of quarantine fatigue. But I feel like more protective when they use the mask, at least in New York. I mean, all the part of the country is different story. I think by in New York city, I feel my patients are taking very good precautions. And at the same times they feel less fearful lately since the numbers are down. So that's actually good. But mentally, you know, you have to be prepared for situations like this.

Speaker 4 ([18:58](#)):

Yeah. I think that the mental strain is unlike anything I've seen before in my career. I think many people have seen their careers. And I think that everybody's dealing with the exhaustion in different ways. One thing we've done is we've been very conscious about opening up discussion amongst each other, amongst the, the physicians, amongst the staff, uh, really looking out for each other and a different way than we ever did before. All of us have stories of friends and family that we've lost from COVID. You know, I have several colleagues from my institution from others lives very close with who've died from COVID and it makes it very personal and it makes it because it's still a pandemic hard to mourn the way that we would want to, to all be together, to celebrate their lives and hope that we'll be able to have that opportunity at a later time.

Speaker 4 ([19:49](#)):

But I think the key is to be there for each other, to take a step back, take the extra minute, to talk to our friends, our colleagues, making sure that they're handling it for me. My support is my life, my kids, my parents, my brothers, making sure to check in with them frequently. They're checking out with me frequently. And by us doing that, I think it makes a big difference and get us through. What's not going to be a sprint. I think at first, I think overall, the feeling in New York is apprehension. We're definitely not anywhere back to pre COVID normal. The streets are not over-packed. The restaurants still only have outdoor dining. It's not normal life. And I think that that's okay right now. And I think that we don't want to push back to normal because that will result in spikes. We need to continue to be vigilant, continue to wear our masks, protects ourselves and others around us. And as a community and a society work together,

Speaker 5 ([20:48](#)):

Then we're going to be able to be successful. So, yeah. So how do we feel in your city when you see this increase in numbers? The rest of the nation? I agree what Phyllis said. We feel really that we're not back to normal. It does for sure. And, um, we feel that since we experience this, um, epicenter here in New

York and we saw so many people die, patients, relatives, friends, we are more actually nervous about what's going to happen. And we don't feel like despite of the current in fatigue, I would say the patients are still taking more precautions than other part of the nation. And that I feel actually scared of how an older part of the country, they are like opening up, uh, in a way that they feel like, okay, whatever's going to happen, happens. And you know, but, uh, I think the precautions that were taken here in New York are more protective than other part of the countries. And we should continue doing that.

Speaker 3 ([21:44](#)):

Obviously we're talking about stories of a relentless city. What makes New York relentless in his response to this epidemic? And what do you think New York and new Yorkers can teach the rest of the country, if not the world,

Speaker 5 ([21:59](#)):

What the New York city experience show the rest of the country and the rest of the world is that you need to plan for what happens when the number of patients becomes very high. When the staff, the doctors, the nurses, everybody is getting sick too. That just increase beds is not enough. You need to be planning for the staffing for the patients in those beds, all the staffing. You need to be thinking about the supplies and making sure that you have a good supply before your community gets head. What I learned is shutting down is very important. I think every step of the way at the beginning, when we would hear of a change from our normal society, I was a little shocked. I said, really, we're going to not travel the country. Okay. I'm not sure what that means, but a lot of decisions that were right decisions to make at that time at first blush don't seem right.

Speaker 5 ([22:53](#)):

And so what other communities should realize is that there's no reason that their community will not have a covert spike and to plan accordingly and let it be that we over-prepare, and don't have to deal with it as much as we've been dealing with it already. I mean, New York make mistakes. I mean, also at the beginning of the past Damia, I will say there was lack of testing and not as available as they are now. And also the epidemiological trace, I mean, tracing patients or relatives that were exposed to virus. It wasn't like the way it's been done right now. So we, we learned from our mistakes in New York and that thing that we actually identified or our mistakes. And I think that has helped to actually fix them and try to contain the numbers. And I think that's the reason the epidemic is being, you know, the numbers are, we contained here in New York, so we need to continue being vigilant in terms

Speaker 4 ([23:46](#)):

Of like, okay, testing is priority, you know, education of the community. And as well as epidemiological Tracy, this is something that we should actually also transmit to the rest of the country. You know, once you do that, that's a way to at least contain or decrease the number of cases I'd like to second, the comment about testing testing is one of the key things. And one of the most important things that we as society can do frequent testing availability of testing. We have to strive to be able to have testing across the country with the same response time that we have in New York now, where frequently we get the results that same day, it's key for the patients. It's key for the tracing. It's key for the mental health of society. To know that if they have symptoms, they can find out if it is a covert infection.

Speaker 4 ([24:39](#)):

It's even the patients who have less severe symptoms, if they want to be checked, should be checked because that's how we give reassurance that we're having control of our environment. So that's a lesson that everybody should be taking. We need to, to ramp up the testing and the availability we need to move away from these backlogs. We're hearing about, about a week plus to get a test results. At that point, it's really useless for many of the reasons that we want to have it. So New York is doing very well at testing now, but we need the rest of the country to follow suit and to learn from the lessons of where we did not succeed at first, but also to mimic the successes that we've had.

Speaker 3 ([25:17](#)):

You said earlier, that you feel like the resurgence of COVID-19 is inevitable. So I'm wondering, in addition to testing, how can physicians at the aha as an example, help to minimize the effects of the next wave of this?

Speaker 4 ([25:33](#)):

So the American heart association has been doing a lot to help community with the COVID infections. I think it comes in several spheres. So first and education with the number of respiratory cases and the number, the need for intensive cares. And for ventilators, there's a subgroup of people who feel very comfortable with ventilator management and have been doing it all along, but we needed to have a rapid uptick in the number of physicians, nurses, and staff who felt comfortable and knowledge. And some of the aha initiatives for education has been important that way from a community standpoint, with the quarantines and stay home orders, making sure that we had activities geared towards families, such as physical activity programs at home and videos of that sort have been very important, has taken the lead, making sure that with children at a school, our food resources, especially for those who are getting all their food at at school, that's been very important. And finally leading the way in a research support. One of the most amazing things about COVID has been this evolution that we've had in knowledge from not knowing anything about a disease state, to learning all

Speaker 5 ([26:44](#)):

These different manifestations of it and different treatments. You know, the treatment in March is different than the treatment of April, which is different than the treatment in July. And what that comes from is brilliant. Researchers looking and analyzing and learning and translating that into patient care. And the American heart association has been very important in supporting that research. And we need to continue to do that. Education is the key and, uh, American heart association is taking a lead on that webinars like this one and several others that you guys have been presenting it integration towards the healthcare workers, as well as dedication towards the community. And especially now knowing that if you're obese, if you have high blood pressure, or if you are diabetic, you could have more severe disease and transmit that to the community. And you know, this disparity, the problems that we had from before know has been a great job, uh, giving the message to the community, to get in the community, to take care of themselves and their mental health sleeping well, exercise, all those things are very important that, you know, to try to keep with immunity, of course, the research that you guys are promoting and then, you know, grants that you guys are given, uh, being amazing.

Speaker 5 ([27:58](#)):

And, um, I think, uh, I have to con congratulate him for all this work that you guys have doing

Speaker 3 ([28:04](#)):



Finally. And in closing, what message do you have for patients and doctors moving forward?

Speaker 5 ([28:09](#)):

Listen to the doctors, listen with the authorities are saying to try to decrease the number of cases in terms of a good eating habits, make sure that you go to the doctor when there is a need to go to the doctor, but do not avoid going because what's happening right now is patients are scared to go into the hospitals or going to the emergency facilities. I will say like, do not be scared of going. You could be exposed more industry than in the hospital or the ER, the measurements of protections are fixed really good, especially since the experience that we have gotten extremely good in hospitals and ER facilities or medical offices. So to not actually hesitate to go when there is a need for, because that would prevent you from diseases that are still happening and probably increasing such as stroke heart attack, listen to your bodies, don't ignore your symptoms for the healthcare professionals.

Speaker 5 ([29:05](#)):

Thank you for everything that everybody has been doing for a while at 7:00 PM every night in New York city, people would come out and cheer for the frontline. People felt great North for that. And it's not just one group of healthcare workers. It's all of them. It's all of the people that were coming into what could be termed like a war zone with patients, uh, higher numbers than they'd ever seen before and were new. They were putting their lives at risk, a risk of developing infections and frisk for their families, but came to work to help people. And so a you to

Speaker 6 ([29:42](#)):

All the people have done that to continue to do that, that are role models to the rest of us.

Speaker 3 ([29:47](#)):

Great gentlemen, thanks so much. This has been a robust conversation and I believe that it will be encouraging and helpful to so many people and to our audience. Thank you for joining us. Stay safe and stay tuned for our next episode where you'll hear health testimonials from one of the biggest gospel artists in the world, along with two powerhouse women who are using their skills and resources to combat health disparities in New York city. Again, I'm DIA Smith Taylor, thanks for joining us and keep listening. Your next episode is on the way.

Speaker 6 ([30:17](#)):

Stay tuned for more stories of the relentless.