



Photos by Juan Figueroa/Staff Photographer

A COVID-19 patient at Parkland last week used an extracorporeal membrane oxygenation (ECMO) machine, which pulls blood outside of the body to oxygenate and ventilate it.

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Nursing staff 'slowly bleeding away'

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Yet too often, she must deliver a message to her supervisory nurses that goes like this: "I know you're staffed to run 36 beds, but I'm going to push you to run 44 tonight."

I've committed these past 18 months to tell the stories of local hospital nurses because they face a singular plight in this pandemic. Unlike so many of us, they can't lock down in their homes when COVID gets bad. Instead, they have stood at the front line, the bedside workers who handle the most delicate and intimate details of patient care.

The same horrors

Parkland nurses have told me they thought nothing could be worse than last year. Now they are getting ready to do it all over again — and knowing in advance what they are getting into makes it exponentially harder.

"Do we have the mental capacity to be able to take care of these patients?" charge nurse Perla Sanchez-Perez asked herself a few days ago. "Can we go through another two months, six months, a year of taking care of COVID patients and reliving the same thing over and over?"

Sanchez-Perez is one of the first Parkland nurses I interviewed after the pandemic began. To keep her family safe from what was a still-mysterious deadly virus, she slept in her family's garage — converted into a makeshift bedroom — and went months without hugging her 2-year-old daughter.

She works in the ICU piece of Parkland's COVID operation where nearly all her patients are on ventilators. Even with what's now known about the virus, their prognosis is often grim.

Month after month, Sanchez-Perez spent her 12-hour overnight shifts watching men and women die. "Three, four nights in a row, many weeks we were doing nothing but taking care of patients in their last moments," she said.

She can't shake the memories, especially in those hours when family members, either at the bedside or through Zoom, said their farewells.

"Hearing their cries for 12 hours, night after night, I know what that's like now," she said. "To have a 3- or 5-year-old say goodbye to their mom on Zoom."

Sanchez-Perez fought back her own tears and went about her work as best she could.

When at last the pandemic seemed to retreat in recent months, she and her colleagues told each other, "Whew, I don't think I could ever do this again."

Finally, she said, they could begin to process what they had gone through. "Many of us have sought therapy to fix that trauma we've endured," Sanchez-Perez said. "We're not broken, but there's something that's not clicking, some little PTSD."

Then the vaccination rate slowed dramatically and the delta variant flattened what hope the nurses had gathered.

Sanchez-Perez told me of an incident a couple of weeks ago as she prepared to help intubate a COVID patient.

"Everything seemed to stop for a moment," she said. "I felt like a vast majority of the pa-



COVID protocol signs hang outside patient rooms at Parkland. Like hospitals everywhere, Parkland faces an unprecedented pandemic and unprecedented nursing shortages.

tients that I had seen intubated just zoomed before me, and I was reliving that all over again."

She took a deep breath and said to herself, "Yes, we're doing this again."

"Some people might call it scared or worry, but it's all over the place," Sanchez-Perez said. "Now we know what that monster looks like and we have to go face him again."

Corey Manges, director of

nursing for medicine services, also used the term "monster" when we talked about the psychological toll COVID has taken on the Parkland caregivers he oversees.

Nurses are wired to compartmentalize — to look only at the challenge at hand, not how it affects them, Manges said. With this latest surge, "we're reliving that and you can only compartmentalize for so long before it starts playing on

your physical and mental well-being."

Manges said what's most critical is finding ways to support the core team because nurses who have been in this fight the longest have invaluable experience. "Sending fresh troops to attack an entrenched machine gun nest, that's sending them through a band saw," he said.

Since December, nurse Kelly Stevens has served as the manager of the unit that has housed all but the most critically ill COVID patients.

Stevens and associate manager Fara Ajani recalled the all-too-brief reprieve this year that allowed nurses the luxury of removing their masks in some situations.

"It was the first time we had seen our own employees' faces," Stevens said.

"We didn't recognize them and they didn't recognize us," Ajani added. "For so long, it was just eyes."

That was just six weeks ago but it feels like another lifetime.

Now a sense of falling short constantly tugs at Stevens.

When he can't get his nurses the help they need, he feels he is failing. "Then I'm failing my family because I'm trying to work so hard," he said.

Stevens' 5-year-old starts kindergarten in a week, and Tuesday he met his dad at the door with the question of, "Hey, Dad, are the bad germs back?"

"I had to explain to him, 'Yes, they are. That's why you have to wear your mask even if your friends aren't.'"

Then Stevens told me what he didn't tell his son: "Those germs never went away, but now they are back with a vengeance and we're dealing with the monster again."

'I'm leaving'

In the face of that, he's doing his best — even as short-staffed as his unit can be — to manage his fellow nurses' stress and burnout.

Sometimes that means just listening when someone comes to him to say, "I'm done with nursing and I'm leaving ... I'm not even the same person to my family."

Other times it means telling nurses who had already clocked 60 hours that they can't pick up another shift. "I have to protect them," Stevens said, "even when they knew we were short and we needed help."

When I asked Stevens and Ajani why anyone would consider adding even more to a 60-hour workload, they looked at me like I had two heads.

"It's hard for any of us to watch the staff suffer," Stevens quietly responded.

Some days the best the nurses at Parkland — like nurses at every hospital across North Texas — can do is simply hang on for the sake of their platoon.

But the human spirit, even that of these courageous women and men, can adapt and endure for only so long.

The nurses at Parkland don't want our pity, our sympathy, or even our thanks. They just want us all to get the vaccine — and find ways to encourage others to do the same.

To think that this suffering could be abated if people would do just that much.

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Patient care assistants Sameriyah Baker (from left) and Ethel Dillard and patient care technician Mulenga Phiri put on personal protective equipment before entering a COVID-19 patient's room on the 13th floor at Parkland Memorial.