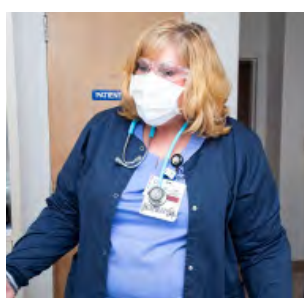
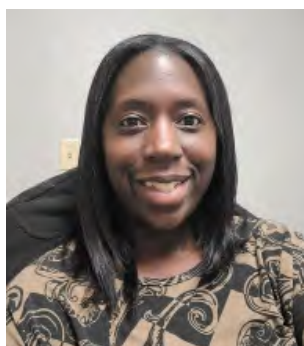


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# Hudson Valley Health

## On the Frontline

Hudson Valley healthcare workers  
tell their stories, in their own words



**H**OW DO WE reckon the toll of Covid-19? When reaching for comparisons, we tend to look to historical cataclysms: More U.S. deaths each day than 9/11 (true for several days in December and most of January); more U.S. dead than the combined combat losses of World War I, World War II, and Vietnam. These events give some sense of the scale, and yet as analogs, leave something to be desired. Deaths by disease happen out of public view; in a culture of spectacle, they risk being forgotten.

In this issue of *Hudson Valley Health*, we aim to pull back the curtain and give present and future readers a sense for what it's been like to be on the frontlines of the pandemic. We hope in the coming months, as the most at-risk Americans are vaccinated, some sense of normalcy will be restored. In the coming years, young people not yet born or too young to remember may wonder what the pandemic was like. While anyone who lived through it can share memories of face masks, empty grocery store shelves, and social isolation, only a small slice of the population saw the ravages of Covid-19 up close.

Healthcare workers not only risked their own lives to treat the millions stricken with Covid-19, working long hours and often covering for sickened colleagues, hearing every day about another doctor

in Italy or nurse in New York City who died after catching the virus at work; they also spent much of the time isolated from their families, not wanting to get them sick too. Considering how little was known about the virus when it first hit, their willingness to face its onslaught is truly heroic.

Judging by those we spoke with, healthcare workers do feel appreciated. The lawn signs, free meals, and evening rounds of applause all had their desired effect. But while they do feel the love, they are also deeply frustrated that so many Americans could thank them for their service and then go over to a friend's house for an indoor get-together, the type of activity that was most responsible for the virus's spread after large public indoor events ceased entirely last spring. Though frustrated by this, they also understand; it's human to want to be together.

We interviewed nearly two dozen healthcare workers from around the region throughout January and February of this year. We asked them all similar questions, including how and when they first heard about the novel coronavirus, what they expected it would be then, what the darkest moment was, what most people don't know about Covid-19, and whether we're ready for the next pandemic. To avoid repetition in the article, we left out the questions and condensed the responses so they read as an unbroken narrative.

by Cloey Callahan

### Krista Usko

*Usko is an Intensive Care Unit nurse at Vassar Brothers Medical Center. She graduated from nursing school in 2006. She worked at Kingston Hospital before moving to Vassar in 2016. She is from Kerhonkson.*



I THOUGHT THIS WOULD BE CONTAINED and I never thought it would hit us like it did. I thought it would be a short-lived virus with a few patients here and there and we would get through it like we always have. Once I realized it was bad I felt like we were going to handle it, save people and get through this.

In May, it was horrendous. We were constantly opening up new units – full. There were no nurses and we were having to train nurses on how to use ventilators

because there weren't enough ICU nurses. We were going from our usual one to two patients in ICU to three or more. At that point I realized, oh shit, we are getting in over our heads here. As nurses we never really think of ourselves. We only think of how we are going to help everyone else. Gowning up and getting dressed up in what I call our hazmat uniforms – our PPE – and having people guide you

through getting the equipment to go in these Covid-positive wards where our ICU patients were, your heart kind of sank into your stomach. You think this might be me, I might get it and I might die. But then, we're okay. We got this. We go in and we do it.

In the ICU there are Covid patients and then other patients. It almost makes it harder. You have to make sure you clean yourself enough to not contaminate the next patient who isn't there for Covid. The Covid ICU and the regular ICU are

two different worlds. In the Covid ICU it's ward-style nursing. We go in there and there are lines of stretchers and beds of patients that are positive. Instead of individual rooms it was bed after bed after bed, only separated by curtains.

It was hard in many ways. Some patients that we could talk to, it was hard to reassure them because they're looking at other patients on life support across the way from them and they look horrible and are dying... other patients who are not on life support yet are kind of seeing what their fate is going towards. It was emotional to watch them see that and know this might be them.

We were able to Zoom with families. We'd Zoom about every day. Even if the patients were comatose we'd set up the camera so the family could sing to them, talk to them, say prayers. That made us feel better that at least the family could see them. We all have PTSD. For myself, every time I hear a Zoom going off and I hear people talking it just makes the hairs on the back of my neck stand up. I feel like I'm in the Covid ICU and they are saying



bye to their family members any time someone talks about a Zoom meeting.

More recently we had someone get out of the Covid ICU and go to the floor to eventually go home. In the unit it was a standing ovation with all of us clapping for him because he was with us for about three weeks. As he's leaving he put his hands up and we are all clapping. We all started crying. We felt like we got one good and he's going to make it and go home to his kids. That was amazing. There have been other people from the first wave that we thought were going to die. They pull through and they are home with their families. We get pictures and videos of them and it's so great. We saw them when we thought they were about dead. Now they're home with their family and it's amazing. There

is no way to explain seeing what we see and then getting someone home.

The darkest moments are seeing people dying alone, without their families. I say they died alone but they were with us. At that moment, we would set up a Zoom, hold their hands and we were their family at that point. Everyone always says they died alone, but they had us. We were there and did everything we could to make sure they never felt alone during the time they were dying. There's a lot of caregiver guilt that you can't save everyone.

Unless it affects you personally, some people don't believe in the virus. I wish people would know it's not okay to go to parties, weddings and other events people have been going to. I'd have a 96-year-old grandpa come in who just went to a wed-

ding and now grandpa is on life support and we're doing everything we can but he's not going to make it. All because someone had to have a wedding. People aren't realizing this is real.

We're forever changed. A lot of people I work with are thinking of different career choices but they feel guilty for not wanting to do this anymore. We are burnt out. We are so exhausted. When this first started we only had one doctor come into the ICU and the rest would see their patients via Zoom. Administration would not step foot into a Covid ICU. It was ridiculous how many people would not go into a Covid ICU and we were all by ourselves in there, holding it together. They don't know what we went through, at all. My manager and assistant manager

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Left to Right: Joseph Belluck, Jordan Fox, Kristina Georgiou

know because they've come in there and asked us if we're okay. We always say yes, we're okay but deep down, none of us are okay and none of us will be okay. We're always going to be affected long-term from this and the things we have seen and done.

### Teri Osterhout-Paton

*Osterhout-Paton manages the respiratory department and is a respiratory therapist at HealthAlliance Hospital. She's been in the respiratory field for 25 years and has worked at HealthAlliance since 2017.*



IT WAS VERY OVERWHELMING IN THE beginning because so much was not known or understood when we first started hearing about it. I honestly didn't think we were going to have to worry about it coming here. That was in December, January that they were really talking about it. It started growing bigger and bigger and the fear of it coming here – yes. I remember in February thinking it's coming and we wouldn't have any escape from this. I was nervous, but I work in the health field. I take care of sick people, that is what I do. I don't think I ever thought, oh, I can't do this. People die, it happens. It doesn't stop me from doing my job. That's why I became a respiratory therapist. I wanted to take care of people. Is it scarier? Yes, because I could potentially get sick. It's unnerving but it doesn't negate the fact this is what I want to be, this is what I want to do. I want to take care of people.

We're working with very, very high-intensity patients. They have very high needs and they're utilizing a lot of time from one person because they're so high need and their care is very intense. That can be overwhelming. You're in a room with PPE on – you almost feel like you can't breathe. You're covered in head gear, face shield, gowns. It's hard but everyone works as a team. You have to be a team player in this. I might go in a room and a nurse might say can you do this for me while you're in there. Of course I can. I don't want to have both of us go in at the same time when I can do that. If we can help each other out, everyone has been doing that. We want to stay safe just as much as these patients are getting healthy. It's very humbling to be able to do what we do every day. The support from the community has been tremendous. We had meals quite regularly during the first

round. I remember walking out of work one day and there was a crew doing road work and one of them came up to me and said thank you for your service. You cannot imagine how overwhelming this can be, how stressful it is to be responsible for people's lives this way.

You also are the patient's family. For a very long time they couldn't come in and see them. You're being their caregiver but also the person to talk to, if they can even talk. I can't imagine not being able to see my family for the period of time when you're feeling so terrible in a hospital setting. That to me is the worst.

Everyone works very hard to do what they do. It's what we do as respiratory therapists, nurses, doctors, techs – even housekeeping. I watch people who have been going through the hallways, wiping down door handles and railings to keep the hospital clean, especially during the spring. They were going above and beyond and making sure to wipe things down to take care of the staff. I thank every one of them.

It's amazing there is still so much unknown. We're still working with so many people getting sick. When you have holidays, then you plan for another pile of Covid patients in a couple of weeks because they get together. They don't stop to think to stay alert and be diligent. Even though it's hard not to see family and friends, it's for their safety and protection.

It's really scary to have someone come in walking and talking and then in a couple of days potentially unable to breathe on their own anymore. It's happened multiple times, in multiple places – not just here, any hospital. They're on the highest amount of support we can give them and it's just so overwhelming and scary. We're proning people – putting them on their stomachs to allow them the best opportunity to get their oxygen into their lungs. When they're laying on their back, they're not able to lift their chest to get that deep breath in. We put them on their bellies to help their oxygen. Even people at home who get Covid, the doctors will tell them to lay on their stomach or side. We'll try doing that when they have IVs and poles and tubes everywhere. It's something you would

think should take a couple of minutes but it takes upwards of 30 to 40 minutes just to turn them over. Then helping get the oxygen into their lungs. It was way more intense in the spring just because it was so new and everything was being tried. Now we've learned a little. The big thing is to keep moving. As bad as you feel, get up and move around. If you're not feeling well and you stop – it's not good. You have to get up no matter what and move around and do things, even if it's just five minutes. The more you move, the better the outcome. We're seeing much better outcomes now than we did. We've had the time to learn and are treating things slightly differently. But it's still so sick. It's scary. It doesn't matter – age, sex. You see them all. There is no discrimination with this. Everyone is affected.

In respiratory, you're playing search and find and making sure you're keeping up on respiratory supplies. We've managed to do that. But you get to the point where you're like I can't find anymore or I have no more to give. Nationally they're limiting how much you can purchase. If you say you need a filter, you're only allowed two boxes a month because that's your normal usage. In the spring we were running low, running low – we never ran out, but we were running low. That is so gut-clenching. You're like, I have to be able to take care of these people and be able to do. We have to do a daily count of the ventilators because they are being used so much.

One of the most hopeful is whenever a Covid patient goes home. It's an amazing journey. Some are on all kinds of medications and a ventilator for weeks, and to see them turn around and get better is wonderful. There is hope. They fought this and they got through, and they fought hard.

After your shift you're exhausted, your head hurts, your face hurts from wearing the PPE but you wouldn't think of going without it. You walk out the door and take your first breath without a mask on and it's a relief and destresser. You go

home, relax, and turn around and do it all again. I'm able to get up and go back and do this again. I know there is going to be an end to this, we just have to be patient and take care of the people who are here while they're here.

### Vincent Ingenio

*Ingenio is an Emergency Department Nurse at Northern Dutchess Hos-*



DION OGUST



pital. He resides in New Paltz. He's been a civilian healthcare worker for 14 years and before that he served in the military as a medic at Walter Reed National Military Medical Center.

BEING IN THE HEALTHCARE FIELD, especially in the emergency room, knowing you're on the frontline, I started to pay attention to what was going on back in December when it started to emerge in China. I'll even admit myself, from what I was able to gather in the beginning, I thought it seemed like it was not much worse than the flu and I didn't understand what the big concern was. We didn't have enough exposure to direct cases yet. That was my initial response. At the end of that weekend in March, I started to investigate as much as I could from different angles as to what was going on. Once I realized we don't know what this is and that it could be really deadly, I had to make a decision at that point. Just like what I did when I went into the military, I had to sit there and go – I'm a frontline worker, I'm facing an unknown disease that could kill me by taking care of the public. I had to sit for a day and make a decision, am I going to do this or not. I didn't want to be going to work hesitating. You can't do

your job that way. Either you're going to do it or you're not going to do it.

I went ahead, shaved my head and said you know what, I'm going to treat this like I'm going into war, I'm going into battle. I'm still shaving my head at this point. Once we finally get free of this, I'll let my hair grow back. I basically made a decision to serve once again in my life at my own risk. I felt like that's what needed to be done. For me personally I don't have children, so I felt like if anyone is going to do this I should step up and do this. Everyone did it as well. In the military, you get taught, especially as a medic, to just do your job no matter what's going on around you. When I had to make the decision to follow through with this, it was a similar thing. If I could have painted war paint on my face as a symbol of understanding this is war – you could lose your life by saving other people's lives, and you're fighting an unknown enemy that doesn't have your best interest in mind, it has its own interest in mind.

It took this with the same attitude. It's not as dangerous or gruesome as war of course, but there certainly is that aspect knowing you're risking your life, you're fighting an enemy that is against you or for themselves, and death is part of the process and seeing people in tragedy and horror. It's so sad here in the hospitals, especially with keeping visitors out.

I've been tracking people's awareness about it and how they've been doing in general and how they're dealing with the virus. I predicted everything that has happened – a lot of people who were in the healthcare field predicted the same thing. Back in March, I knew as soon as we headed into the warmer weather, the virus wasn't going to be as strong, plus everyone would be outdoors and everything. I knew people would develop a false sense of security and sure enough that's what happened. I knew as soon as fall hit, we'd all go back inside, the virus would become stronger and it would get a lot worse again and we'd have a bad second wave. Plus, the



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holidays coming and people getting tired of playing the game. It's bad now. It's bad all over the entire country. The healthcare system is, at my opinion, at a breaking point. The healthcare providers are at a breaking point. I hear my coworkers say all the time, I don't know how long I can do this for or I can't do this anymore. Our hospital isn't even one of the ones that's really getting hit hard. There are hospitals in the area getting hit much harder than we are. I'm worn out, but I can't imagine being in a big city. We've been following all the rules and not being able to keep up with the patients coming in. I've been



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trying to tell myself before I go to work, look it's going to suck today, so don't expect it to be any other way and then you won't be disappointed. That's how I mentally prepare myself for the day.

Two days ago [January 21] we probably had one of the worst days so far that I've had as far as being overrun with patients. Going into this week, based on the numbers and when the holidays were and how long it takes to show itself and for symptoms to get bad, I expected it to be the worst week. Sure enough, the day before yesterday was the worst day I experienced so far.

What was predicted is coming through and getting to the point where you have to make decisions of leaving people who need care, but there is no option to care for them whether it's because there's no space or staff available. It was magnified more than I've ever seen it before.

I think the biggest misconception is that some people still think it's like the flu. It's considerably worse than the flu and the strangeness of how it affects people is unique among other things. It's real and can kill people at a much greater rate. I think we can also squash all the microchip-in-the-vaccine theories. When I got my vaccine I posted on Facebook and joked 'now I'm fully microchipped.'

People are still missing the ease of being able to carry it so easily to someone else and affect them so badly and you don't even know. It's a big misunderstanding. People don't get the whole point of the lockdown isn't for your safety, it's for the other person's safety.

I think in ways we will be ready for another pandemic. We're learning and we don't want to have to go through this again. The people who stay in healthcare will be ready and will be smarter. I hope on the state and federal level they are going to readjust to be more prepared than they were when this first hit. I don't know if people themselves will be prepared. There's a rebellious nature towards the pandemic now and the experience they're having with it. There's people that don't

understand because maybe they don't know someone who has had it. Hopefully the Covid pandemic will start to ease off because now everyone will know someone who has had the virus. I really don't know. If we don't learn from this lesson, I don't know what to say.

When I made the decision back in March to risk my life and go into battle, I made that decision for the people. Now, knowing the second wave was coming and the second wave was by fault of the people, it's made it much harder to go to work. This is not just because it happened. The second time around is our fault.

I don't want to forget those people who are also within the hospitals – the cleaners. These people that clean the rooms, we work hand in hand in the emergency department. As an emergency room nurse, I knew what I was getting into to an extent. You know there is a certain amount of risk involved. But the folks that come and clean the rooms, get gowned up, every day in and out, I look at them – a lot of them are in their 60s. This is just a job they found themselves stuck doing and they're making minimal money doing it. You can see they're so tired and they're risking their lives cleaning just as much as we are because they're getting exposed. In so many ways they are the unsung heroes that no one ever thinks or hears about. I'm thinking about them and I want this virus to be over for them, and all of the other essential workers like grocery store workers. It's the folks who did not sign on for this and are having to carry it on their shoulders anyways – they're the unsung heroes.

### Verenice Castellanos

*Castellanos is a registered nurse at the MidHudson Regional Hospital in Poughkeepsie and works in the progressive care unit. She was born in Mexico and moved to New*

*Paltz when she was a child, and lives there today. She graduated from Mount Saint Mary College in 2018.*

THIS IS MY FIRST JOB AFTER GRADUATING. It was very nerve-wracking when the pandemic hit because I was relatively new and still learning. I only had a year in when Covid came. It was a big hit and I just had to learn as I went through the pandemic. It was a quick-learning process for sure, but I learned so much and I'm still continuing to learn. I didn't think the virus would last, I thought it would be temporary. Now a year has gone by, which went by super fast. At first we heard about it being overseas and then we got our first case here at the hospital's intensive care unit and I was like oh - this is real. It's here now and we have to confront it. I think we did a good job as a team in caring for these patients, even though we didn't have much knowledge and we were still learning. We took a good approach.

I work with Covid patients but also float around the hospital to meet other needs. On our floor is the intensive care unit and whenever we have a patient that needs incubation, we would bring them over and we work closely with the ICU nurses. The most obvious change was going from not wearing a mask with patients to wearing all of the PPE. It was frightening because we were working with

patients who have the virus, but at the same time we provided them comfort and support in the room of isolation. These patients were in the room and they were going through a lot of emotional distress. We were the person at bedside with them providing comfort and trying to keep them calm since their families couldn't visit them.

It made me feel good that I was doing what I went to school for, which was to be a nurse. There were times where I was scared of bringing the virus home to my family. That was my biggest fear. But, I was safely caring for these patients wearing all PPE. I never thought of backing out of the nursing career. Instead, I felt like I love doing this and making a patient feel better and doing the best I can to get them out of the hospital. It was scary, but I pushed through and worked with the team of fellow nurses to get through the hardest time.



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Right now, it's calming down a little bit. But it's still there. We have to support each other to get through it. I was expecting the second wave. We were more mentally prepared because of the previous experience from the first wave. We knew it was coming and we had more time to mentally prepare. With the first wave, we didn't know what the virus was going to bring to us, work wise and mentally. The second wave, we had experience and knew how to approach Covid patients better.

The darkest moments were admitting a patient that was talking and breathing fine and then one day to another they worsened drastically and the next step was intubation. That was the hardest part of this whole thing. It was a feeling of helplessness because you couldn't do anything else for them – you exceeded all of the options. These patients struggled a lot to breathe. Young people too. There were also the moments where a patient came in gasping for air and we did everything and then from one day to another they got better. There was the good and the bad side. All the patients that were discharged from the hospital gave me hope that it was possible to battle Covid and we could get through this.

We never expected this. Nursing is not just caring of the patient and medication as most people think. This was totally different and changed how you work as a nurse and provided a different view and changed how you handled different situations.

It's possible for anyone to get Covid and we should all work together to prevent the transmission and unite as a country and follow the protocols of wearing a mask and social distance when possible. This is real. All of the healthcare workers know what these patients went through unfortunately. We're not lying about it.

This is happening. I'm thankful for the support my hospital gave us, especially the supervisor on my floor. She was really supportive and helped everyone get through this pandemic. We are still working through it and I hope everyone eventually gets a Covid vaccine and follows protocol so we can push through and see the light at the end of the tunnel.

#### David Williams

*Williams is a physician assistant in Ellenville Regional Hospital's emergency department. He's worked there*

*for 14 years and has been practicing for 31 years. He's also an instructor, teaching medical students. During the pandemic, he volunteered at Kingston Hospital as well. He resides in Albany.*

I WAS HEARING ABOUT PARTS OF THE pandemic and what was happening in Italy – I think that was January and how

they started wearing masks before we even heard about wearing masks. I said oh no this is going to happen here. I told my kids a global infection was going on. The administration being in denial was a big thing as far as mask-wearing and things. That was the hardest thing for

me I think – wearing masks. I'm so used to being with patients, shaking hands. I always tell people too, when you walk into a room, the first thing you do to greet people in the United States is shake their hands.

LAUREN THOMAS

I did that for 31 years. It's a way to destress people in the ER. It's not their best time physically and mentally. Then all of a sudden I couldn't do that anymore. I hug my patients a lot of the time – you see the same patients and you know their families, they know you. They'll call me if they have a question, which is a part of



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the great thing about being a small hospital. You can get that feeling that the patients and community knows you. In like a day, I lost that. I was kind of depressed about it. The mask-wearing and not shaking hands, it just wasn't me. That was the first thing that affected me. My interaction with patients totally changed. I'm getting back. I still don't shake their hands, but the other day a patient put her arms out for a hug and I hugged her with our masks on.

I remember coming home from working and having to change my clothes in the garage and having to shower. That was hard. And my kids weren't going to school. All of these things you don't even think about that are part of daily life. You realize what's really essential in life. When only essential workers could work it's like well who's essential in this world? Getting your Starbucks latte in the morning is not an essential thing to do when you expose yourself to all of those people.

I thought maybe we'd be done with it after the low numbers over the summer, but they kept talking about the second wave and I was listening to my mentors and they were right. I think universal face mask-wearing would've been a big help. The second wave for us was worse. In New York City, it doesn't seem as bad. I don't think anything could replace their first wave, that was terrible.

The hospital didn't get hit that bad in the first wave but [was] hit pretty hard with the second wave. That's the one thing about being a small hospital, we didn't see as much as in the city where they had lines of people waiting outside because they were so sick. Thank goodness, I would've been devastated.

The pandemic makes my job a lot harder. It's not fun. You get up from one patient to another and they ask you are you clean now? I washed my hands five times and have my mask on. They're worried about it too. The pandemic has made me respect

my job more. It's a dangerous profession and there's viruses and bacteria lurking everywhere. You have to be careful.

A lot of people lost their jobs because we lost the volume. People were on furlough. People were afraid to get to the emergency room. I'm trying to get the word out – if you're sick, come to the emergency room. It's not dangerous. People die at home because they don't come to the hospital and we saw them too late. It's gotten better. From a patient standpoint, it was a great unknown about coming to the hospital.

The real sick ones we treat in the ER and then we send out. I spend time at the Kingston Hospital doing rounds seeing my patients and I was like oh man, they're getting sick. One patient was in his early 20s and he had several risk factors and – when you see them in the ER and leave, it's like okay. But when you follow them, day by day and talk to the ICU director, it's hard. They ask me if they'll be okay and their heart rate is going 140 and their pulse oxygen is 50 percent and are on maximum oxygen, I'm like, I don't know. I don't know. That's the scariest thing. Some people have no symptoms, other people are so sick they're dying. What's it killed? 400,000 people in the United States?

The darkest moments are when you have these young people who didn't think they could get so sick and they look at you and there's just nothing you can do. That's another thing – early on we had no idea how to treat this. It's a totally new disease. The most hopeful thing is having the vaccine come out. More and more people are

wearing masks. The masks are the only thing we have. Researchers, scientists, and virologists on the back-end but are the real heroes here working on the vaccines and trying to keep us safe. We'll see.

### Lee Isabell

*Isabell has been working in the healthcare field since 2003. He has been a part of Nuvance Health in Kingston as an internal medicine physician and also works at Northern Dutchess Hospital.*



I BECAME AWARE OF THE CORONAVIRUS in early 2020 and had the impression that it would not progress like it did. It wasn't until early March where reality hit that this was a serious virus. I think some patients may have had the symptoms even before March. When things started to shut down and we couldn't test patients in the beginning, we were learning more about the virus and how it was evolving. Patients described symptoms and that's when we learned more about the loss of taste and smell or gastrointestinal symptoms. In the beginning they said if a patient had gastrointestinal symptoms, it was unlikely they had Covid. It evolved and changed.

I remember in 48 hours everything evolved and converted to telemed and virtual visits. We didn't want to take risks seeing patients. We were concerned about the staff. My fear was not that I would get sick but that I'd bring it home to my family. The first week the system was overwhelmed and we had technical issues. Over time, it became smoother. We have the main telemed and could use our own cellphones as a backup. Patients had to be comfortable in doing it also. In the beginning, some had hesitancy because it was new or [they] thought they couldn't do it. But now, they have adapted. There are some limitations of certain things because you aren't really examining the patients or listening to their lungs or heart. When you have a virtual visit, you can look at them to see if they appear to be distressed. Some doctors were hesitant doing telemed. You can get eye strain and computer fatigue.

I did inpatient care at Northern Dutchess Hospital and there was concern about not having enough personal protective equipment to protect us and the patients. Another big thing was that routine patients were delaying their care

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– hypertension, diabetes, heart disease. Covid was at the forefront and patients were late, waiting until the last minute. They went to the hospital when they were very sick or some died at home waiting too long, unrelated from Covid.

As time went on, we converted to half in-office and half telemed at Nuvance Health, where patients would do a Covid screening. If they had symptoms or a fever, we would do telemed. In-office, we followed all of the protocols with facial masks, sanitizing each room after each patient and more, which helped make patients feel more safe. We see more patients in office now, but we will still do virtual visits. Covid-19 changed telemedicine and I don't think it will ever go away.

Now, we can test a lot more people for Covid-19. We used to only be able to test the high risk. That's no longer a problem. The issue now is vaccinating patients. We're at the mercy of the state and federal government. There is a demand but the supply is not there. It's decided by the state on who gets doses. We serve a lot of the community and underrepresented, but we have not been chosen while other community centers have. Maybe that will change over time.

Also, during all of this, Reverend Jesse Bottoms of the Beulah Baptist Church,

asked me to give an educational talk to increase the community's awareness of Covid-19 and the importance of the vaccine. A lot of black and brown people were hesitant regarding the vaccine because of a lot of myths and past things that have happened. A lot of people in the black community were concerned it was made too fast or other myths around a microchip to monitor you. I gave a talk to explain that the Pfizer and Moderna vaccines were approved and some people told me the lecture helped change their minds.

### Kim Decker

*Decker is an environmental service worker/housekeeper in the emergency room at Northern Dutchess Hospital where she has worked for over eight years. She works the evening shift between 3 and 11 p.m. She has also been a hairdresser with her own business for more than 30 years. She is from Columbia County.*

BEFORE THE PANDEMIC it was just a normal rou-

tine – clean offices, vacuum ... anything that you would do to clean your own house but kicked up a notch. It wasn't as crazy busy. With the pandemic, it's more sterilization, more high disinfectant cleaning. You have to be careful and make sure you wash your hands and put on the PPE before you go into the room. In the beginning, it was very scary. I mean very, very scary. No one knew

what to do because it hit so fast and so hard. You just figured it out. Once we got a basic rhythm and routine for what we had to do, things got more comfortable.

In the beginning, I was very scared and overwhelmed. I had been off for six weeks in February to care for my mom, who has now passed away (not from Covid). I went back to work in the beginning of March, which was when all hell broke loose. I walked into this and it was total bedlam because things were really ramping up. We were cleaning, but we didn't really know the



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protocols. We were waiting an hour and a half to two hours before entering a room to clean it. Then they were backing up on rooms and it was overwhelming, plus I was still trying to get over the loss of my mom.

We have to go into the rooms after a Covid patient is in there and sterilize and bleach it. You go in with your PPE and N-95 mask and you just start cleaning everything – the bed, the wires, under the bed, just everything in the room. And then we have a UV light that is a tall standing light with four bulbs and we bring that in after it's bleached down. We turn that on, close the room off, and let it run for 5 or 10 minutes, depending on the size of the room. It basically burns the air. After the light is finished, you smell burnt air. When you leave the room, you have to

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properly take off your PPE and wash your hands. It's quite a process. I'd crank out six to ten rooms a night that are just Covid rooms, plus all the other regular rooms in between and other common areas – all in an eight-hour shift.

I got very overwhelmed in the beginning. One night in particular, I was really overwhelmed to the point where I cried and I went to my supervisor and said I needed a break. He said okay and switched areas with me to give me a breather. It was two hours that I had a break and I went back at it, and I felt better after having a chance to breathe. He mentioned it to my manager and she became indignant and said if I couldn't handle it I should move to another area. I didn't want anyone to take the emergency room away from me because I love the ER. I love the people that work in there because they appreciate me. Every time I walk through the door, they are so excited I am there. I know what has to be done. I do my job and I do it with pride. They really appreciate and acknowledge me and know I do a good job. My department managers don't appreciate me. I think the people in the emergency room appreciated me because they saw every day what I was doing on the floor. After my manager suggested moving me, it gave me a boost and I took it from there. There was no way I was going to leave the emergency room.

My theory is every room should be cleaned as if your own family member, or yourself, might be the next person in that room. Would you want to go in a room knowing it is half done?

People who don't deal with Covid every day or don't have a clue – this is serious stuff. If more people saw it or were on the frontlines like myself and everyone else I work with, then they might open their eyes just a little bit more. To see people that are sick ... if we would have gotten a grip on this in the beginning, we wouldn't be where we are now. I really believe that and I blame a lot of it on our government.

I'm not a nurse or doctor, I'm only a housekeeper, but I feel I am very important. If it wasn't for me, or the other housekeepers, they'd be up crick.

## Bekoe Ohene-Agyei

*Ohene-Agyei is a physician's assistant working closely with patients dealing with Covid-19 at HealthAlliance in Kingston. He's been working in the healthcare field for over 20 years. He lives in Kingston.*



IN APRIL, WE RECEIVED patients from the city because of overcrowding. One patient came in in very bad shape but ended up doing well here. I don't think a single one of them passed away. It was a worry that we would become overwhelmed. We knew the city was overcrowded. When some of the patients started to arrive from the city, there was a worry. Our Broadway campus was kept open just in case we had to transfer patients there, but it never actually happened. We were lucky that we never got to that point, thank God.

The not so good moments were in the beginning when we had to make calls to the family and update them on a daily basis on how their loved ones are doing. The most difficult part is making the call saying they didn't make it. It was painful when their loved ones couldn't see them because of the restrictions. Overall, most of the patients did do well.

The fear was always there for myself. We were short-staffed, so we kept working. HealthAlliance provided us with everything we needed. We heard stories about other places that didn't have the proper personal protective equipment, but we never had that experience. We were told from the very beginning to use a double face mask and it was something we did every single day for every patient we saw, whether they were diagnosed with Covid or not. Very few employees tested positive. Most of the fear with the virus was gone and it was because of the support from the hospital.

We're not surprised by the recent second wave because we were warned that it was coming. With the holidays and knowing that the public was not adhering to the rules with wearing face masks and social distancing, we were expecting it. The

hospital's infectious control department warned us and we were ready. When it happened, we were prepared. We had a whole floor ready just for Covid patients, which we didn't have before. This was because we were expecting that it was going to be a huge wave.

I have hope with the Covid-19 vaccine. A few weeks ago with the big snow storm on that Monday, I was at a vaccination center as a provider. They booked 135 patients that day. Because of the snow storm, we expected maybe five or 10 people would show up. But no, there were only five cancellations. Seeing all of these elderly patients from the community get through the snowstorm to get their vaccination, it gave me hope that this is going to work. I think people's attitudes are changing. When they started to roll out the vaccine, there were staff members who were still reluctant in getting it, but most of the people I know that initially wanted to wait or didn't want to get it, have all gotten it. That misconception is gone. From my experience, I think the public, medical staff and hospital staff have been taking it very seriously now. I'm hopeful.

It's good healthcare at the forefront and I think the public has come to realize the importance of healthcare and what we do. At the end of the summer, the Kingston Fire Department had a parade through the city in honor of the hospital staff and they cycled around the hospital. I've always had a lot of respect for our nurses. A lot of times when we talk about front-line workers, we talk about doctors and physician's assistants. We leave behind professionals that are at the bedside every day, feeding the Covid patients and taking care of them. The doctors are there for five to fifteen minutes. The nurses and the nurses' aides are in there multiple times at the bedside. I think at some point we have to have special recognition for that staff. They are wonderful.

## Howard Adams

*Adams was born and raised in the Hudson Valley. He served in the Air Force for six years and afterward got a degree in nursing and paramedics. He is now a clinical bedside nurse in the emergency department at the Northern Dutchess Hospital.*

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es from any source. This just happens to be a viral source.

Every day I treat Covid patients, all the time, every shift. Sadly, most of the people that come back in because they need oxygen are over 65 with comorbid factors. Since we started in February, except for a minor window in the summer, we had no visitors at the bedside with very few exceptions. This has absolutely put a burden on the families, the hospital staff and the nursing staff and of course a burden on the patient. Our workaround is we look to get a direct point of contact [to call and update by phone] for every patient that comes in. Then, between the bedside nurse and the provider, the patient can communicate [with their loved ones]. It's a huge burden. The other big burden for both patients and staff is that you're always in personal protective equipment when you're in the hospital. Minimally, everyone has a mask on. If you're positive for Covid, now the medical staff is in an N-95 mask, a face shield, a gown and gloves. If you multiply that by the number of patients you see in a 12-hour shift, you're basically changing your outfits probably 20, 30, 40 times a day. We use plastic gowns so you're constantly going from a comfortable state, to sweating, to drying off, to being comfortable. The cycle just continues. It kind of wears on you a little bit.

From the patient's perspective, they're behind a closed door, for the right reasons, and can make verbal contact. I might see a patient four or five or six times during your stay. Prior to Covid, I'd be in there every 15-20 minutes, saying hi and seeing if you need anything. We're doing that remotely now, but it's the physical bedside contact that has decreased sadly



Howard Adams.

for all the right reasons.

The mental strain on staff, patients and families is the biggest issue now. We've streamlined what works and what doesn't work. In the beginning we didn't know if steroids were a good thing or bad thing, we didn't know if antivirals were a good thing or bad thing.

Seeing anyone improve that was positive for Covid, especially with a lot of comorbid factors, [and] go home was really hopeful. It's unbelievable joy for everyone who has helped that patient. They probably were there for a week or more starting in the emergency room. The sad part is we still see quite a few people where we hold hands and they're dying. We do our best and try to get a family member at the bedside, but it's not like what we've had prior. Before, we'd do anything we had to do for someone who was dying – get as many family members that made sense in a room with a patient to allow for a proper process for someone who is in the process of dying. Now we have to limit it to one or two people, simply because we don't want to spread the virus. We can't go through our normal grieving process.

You see something that is tragic, either as a fireman or in the military or as an emergency department nurse, but it's a short time duration and you work through your own grieving process for that. This just continues, and continues until at some point it abates.

It makes me absolutely nutty that people think they're not going to get it. They're not following very basic science recommendations. I ask my patients, how do you think you acquired the virus, and it basically boils down to what we know we need to prevent. People are still going on vacation, traveling on aircraft – for enjoyment, not for business. They're not wearing their face masks and not social distancing

to the best of their ability. The other side, I understand human nature. We all want to be around human beings. It makes me nutty that we could have prevented some of this. I have to reel myself back in and say I can't fix that. I can go ahead and promote it. A lot of times what we see in the emergency room is the after effect of that. The people that allowed this to occur, we re-educate them. We tell them they have to stay home and how family can't see them until it's no longer contagious.

I think we'll be ready for the next pandemic when the people who thought this wasn't real come to the realization that it is real and people do die from it. The government needs to revamp and bring back online things that happen behind the scenes that we don't want to talk about. The stockpiles of personal protective equipment need to be ramped up and maintained. It has to happen so when the next pandemic comes it can be deployed. We need to not bring our guard down when the next pandemic comes – and there will be one – we listen to science and get on it quickly. We need to push the government to ramp up personal protective

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equipment production and medications and ventilators. We need to be vigilant to that.

### **Claudia Halstead**

*Halstead has been a physician's assistant for 22 years. She moved to the Hudson Valley in 2018 from Delaware. She briefly worked at the emergency room at Northern Dutchess Hospital and now works between three Nuvance urgent cares, mainly at the urgent care in Kingston, where she helps administer Covid-19 testing.*

IN THE BEGINNING, INTELLECTUALLY you know you're in for the long haul. Emotionally you think okay it will be intense for five or six months. I've studied medicine, I've studied viruses – I knew what a novel virus means and that we were really in for it. You can't mirror the intellectual part of it with the reality. It really took some time.

When the PCR [test] became available in our clinics where they could do the interior nasal approach instead of going way back into the nasopharynx, that's when we started conducting the tests. It was pretty intense. As summer went on, the testing was 25 or 30 people, but as the fall came along and the flu season set in, our days became longer and longer and more people were coming in. People began to have Covid fatigue in the fall. The person that is most dangerous are the people you know. When your grandchild runs in to give you a hug, that's a whole different situation. You'd come up to work and you'd see people there since 6 a.m. and it wrapped around the building. It was really tough. We had days where we'd see anywhere between 80 to 105 people alone. That's a hard day.

We have the protective gear. If the



DION OGUST

We've sectioned it off where people who aren't sick, they are in non-Covid rooms. For the testing we set it up so they come in, get their swab, and go straight out the back.

This is what we're trained to do and supposed to be doing. That's why we're here. That's why I went into medicine – to help people and be there for them. I have the luxury that I am a really healthy person so I wasn't particularly worried as long as I followed the guidelines. Everyone's different in our clinic. Every person has their own level of comfort and it depends on their health and how protected they feel. It's been a battle. It's hard.

The darkest moment is when you're exhausted and you've done that four days in a row and you've seen 105 people, and you look up, and they're still out the door. It feels like – why are Americans dealing with this? Why are we in this situation? Why isn't there more help as a country? It's very frustrating. And then to see the conflict between people's beliefs for political reasons and science, it's demoralizing. There's never been a really solid, broken down explanation of how viruses work and how you can get it. Even though there are so many really good websites to go to, people heavily rely on social media to be getting their information. That's the wrong place to be getting your information. It's been a mixed up, very confusing virus. It makes people mad too. They feel insulted it isn't behaving like a normal virus and there is no reliable testing for some people. Then

person is asymptomatic then you wore the N-95 and a face mask cover. If they're obviously sick and have a fever, then you put on the gear. Then we have to close the room for a period of time.

there's a misconception where people ask for certain medicine that they heard would be helpful. We have to come out and say I'm sorry, that's not science. The fact that science was dismissed is mind-blowing.

The thing I enjoy the most about this is getting everyone's story. I can sit down with them and explain how the virus works, what to expect and let them know what trouble looks like as far as symptoms. I can give them encouragement and explain in basic, almost cartoon, form how this is transmitted and see people's eyes light up. So many people are grateful. You go through a day and you see huge numbers, but most people say thank you. People are great. Even though I walk away exhausted, I also walk away feeling that it was great.

I feel disappointed that we don't have better access for people. It's widened the difference between people who have and who don't. You don't have enough people to help everybody. It felt like when I went on mission trips to third-world countries, people just coming but we have limited resources. It's still happening. It's happening with immunizations. That's disappointing that we don't have a system that is working in every way. It's doing the best it can, but it's really shown our weaknesses.

If we had more leadership from the time we'd be more prepared for another pandemic. I don't know how we're going to crawl out of this economically. It's hit so many, so hard. In that aspect, I really worry. Limited beds, limited resources, limited healthcare providers. There are people who keep serving and keep doing this and then there are people who don't care or don't think this virus can affect them. The dichotomy between the two – they say healthcare workers are heroes, then you turn around and see big parties at the neighborhood next to you. Really? That's how you treat your heroes? We have to keep treating you and keep seeing you. We are trying really hard. Patients deserve answers and a better system. They deserve to be well cared for and treated like an individual. It's nice when they get that and say thank you. When they don't, they're not wrong. Just hang in there. We continue to keep trying.

### **Courtney Vedder**

*Vedder is an Intensive Care Unit Nurse at HealthAlliance Hospital in Kingston. She was born and raised in the Kingston area. In 2020 she started in the ICU – three weeks before the hospital's first Covid patient.*

IN EARLY MARCH WE STARTED SEEING patients who had flu-like symp-



LAUREN ASSELMAYER

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toms but were negative for the flu. We'd keep them in isolation anyway, so it was great that we were protected in that sense. But it was really scary as the news started reporting. We wondered if the flu patients were actually coronavirus patients. It was really scary to be working in healthcare and not know if we were encountering this deadly disease and if we were protected enough. At the time we didn't know if the personal protective equipment was enough. I have young kids at home and a husband who is a police officer and is in the community as well. What are we bringing home to our family and loved ones?

A month in I realized how serious it was. April was extremely bad for patients who were infected with the coronavirus. We saw a lot of deaths. We had other units, such as the operating room, close. All staff, recovery room nurses and other units, including cardiac, coming and helping in the ICU. In the ICU, where a busy day is six to eight patients, now we have 16 to 18 patients who are all isolated, on ventilators. It was really overwhelming. It was scary because there is no rhyme or reason to the virus. We had older patients who were on ventilators for weeks and were discharged to rehab and patients who were younger that passed away. It's scary to not know what the predisposition is for people who will succumb to it.

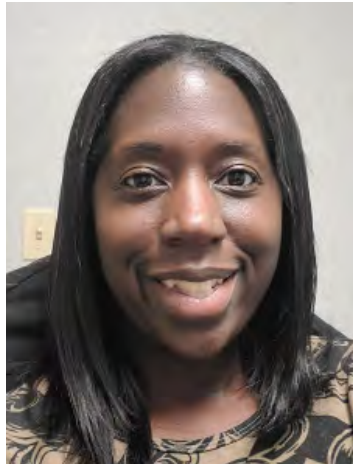
In the ICU, we each have two patients. Every single patient who is admitted is tested for the flu and Covid. Every patient initially is in isolation. If they're in the ICU and off of isolation, we can open the doors and wear slightly less PPE. The only difference is wearing the gown. It's a lot more work to get into the rooms. Most of them are intubated and on ventilators. If not, they're on another form of intensive oxygen.

Being a part of the community for such a long time, I'm not only living there but working there. I've come to know a lot of the community members. It's really hard when they are sick enough to be with me in the ICU. On the other hand, it's uplifting when some of them do well and can leave the floor. They are able to speak in full sentences without being out of breath. I'm hopeful they can discharge and go home to their families. It has been extremely hard having to limit visitors, even though I know it's completely necessary. Especially when they're not doing well and are in the dying process. Having to FaceTime the family members – using my personal phone at times and putting it in a plastic bag and bringing it in a room and holding it while a family member is on a ventilator because their family

is in another state and they can't cross statelines because of the restrictions. It's been hard. Not only physically, because you have to wear all the PPE and maybe you're in the room for an hour or two hours at a time while the person is passing because you don't want them to die alone. Then having to watch the reactions on the phone of their loved ones and not being able to wipe your tears because you have all this PPE on – it's hard. It's really hard watching someone die in a really isolated way. We try to make an effort in the ICU and clarify their wishes because we want to do what they want done. If a patient's not doing well and we think they're going to end up intubated, we always try to get the family on the phone so they can at least have the chance to hear them or see them one more time because sometimes they don't come off the ventilator.

I never thought about a leave of absence. It's always been scary and in the back of my mind. If I get a sniffle, I'm like do I have it? I've been really grateful that I'm healthy and young. That's what I keep my mindset on. The hospital has been really good at providing PPE. There has never been a day where I had to reuse a mask or I couldn't find eyewear or gowns. I try to be smart. I bundle my entrance into the room and maybe spend more time in there but then not go in as much. I love taking care of people and my job. I would never want to leave, especially right now knowing that there are other staff members who are older or have other pre-existing conditions.

I've seen a lot of unity in healthcare over the past year. I feel a really strong bond with the community through all of this. If it wasn't for them, especially in the beginning, I don't think a lot of us would have the emotional strength to continue working and fight through. We were provided meals, received letters, cards, phone calls. All sorts of messages that really got us through. Everyone is supportive and helping each other out and I love seeing that. There is always something positive that comes out of something negative. With each disaster in our nation we learn from the previous one and apply it to the next. I think we can get through anything. If something else happens, we would come together and work through it. I mean, we



came up with a vaccine in less than a year that is 95 percent effective against this virus.

### Latisha Brown

*Brown works at the Institute for Family Health in Ellenville as a care coordination supervisor. She's worked there for six years and maintains a care team, working directly with patients, and also does supervisor work. She is from Ellenville and has been working through*

*telemedicine since March 2020.*

WE HAD TO SWITCH TO TELEMEDICINE very quickly. Being a care navigator means you can go with the flow and easily adapt. I went from being embedded in a clinic where you can help people walking through the door to being home with my laptop and cellphone trying to get them to push buttons and use their video camera. By mid to late April, I was able to switch my care team to telemedicine successfully.

There is a very clear line with telemedicine. I have my more tech-savvy patients who are in love with telemedicine because they don't have to come to a practice, sit in a waiting room and be around a lot of people. It's from the comfort of your own home. They're fans of it. They check into our virtual waiting room and they will text me letting me know they're on. Unfortunately, I also have – especially

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my older population of patients – people who really struggle with the technology and nature of it. These are more of you “old-school patients” who like coming to the practice and talking to the doctor and getting their support here and then going home. To this day, it’s exactly how my care team is split. I still have patients who are eager for in-person support and then there are those who love chatting with their doctors through a screen. I’m still remote. I can go into the office for admin support, but we are not seeing patients in-person.

We’re big on providing facts, updates and the latest research. That is the same information I give them. I tell my patients they can discuss anything with me. I want them to ask me the most outlandish possible question they can. In the beginning of this pandemic, I had a few patients who compared it to the flu. Now, they’re less vocal about their flu virus facts. In providing patients with facts, and facts only, it’s a way to get them to take it more seriously.



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To be a care management patient, you have to have patients who have issues already. All of my patients are considered high-risk patients and shouldn't have been exposed to Covid. For the patients who got it and survived thankfully, they are the ones who take it the most serious. I had one patient who thought it was going to be like the flu. They tested positive and the feedback after was it's definitely more serious than the flu. With support and information, we were able to get the majority of our patients to understand the seriousness of the situation.

If I don't have an answer to a question, Ulster County, through Project Resilience, has set up this phenomenal center with so much information available for patients. I've been able to direct them to their personal doctor and Ulster County. If you test positive, I want you to feel supported and make sure you have all of the resources you need at the tip of your finger. That's essentially what I do as a care navigator. Being a care navigator through this pandemic has been overwhelming in the least. Losing so many resources and having so many things shut down on you – it's a trauma and many people are experiencing this pandemic as a full-blown trauma. It takes an extra set of compassion to navigate through this new world. Let's be real

– we don't know what normal is going to look like for a very long time. One of the most amazing things to come out of this is Project Resilience in general. It's provided my patients so much support, even

food support. Having volunteers deliver some of my patients' food was great. The level of support has helped me as a care navigator support them and has helped assist me in my job.



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## Matt Stupple

*Stupple is the Emergency Department Medical Director at Ellenville Regional Hospital. He is from Stone Ridge.*



DION OGUST

MY WIFE IS A PHYSICIAN as well and we never actually considered taking time off. I guess we both felt like we signed up for this when we decided to become physicians. Now is certainly not the time to jump ship. I won't say I wasn't scared and frightened and sometimes wished I had a different profession. This seemed to be an opportunity to earn respect. All staff are clearly putting themselves at risk and are earning this kind of respect. This respect is earned and this gave a clear opportunity to show this is not a selfish, money-making endeavor I'm a part of. This is about helping people and this is a very clear way of showing that. I actually kind of like that. It's a clear opportunity to show yes, this is why we decided to do this.

As cases began to fall, I became confident that what we were doing, in terms of mask-wearing and social distancing, was actually working. I felt that people in the Mid-Hudson Valley seemed to get it. The proximity to New York City had kind of chastened us who weren't hit as hard but still were able to take lessons. I did fear a second wave in the fall. I was hopeful that people would be a bit more conscientious and cautious than they're being. I'm not necessarily surprised that it's worse than the first. I'm surprised at the degree to which a lot of people have significant fatigue of this and are no longer taking it as seriously. In the spring there was a lot of fear, which is never good, but the amount of patients was extremely low – for all patients, not just Covid patients. It was only people who were severely sick who should have in truth come earlier. The outpouring of support for healthcare workers was amazing. I live in a rural area in Stone Ridge but at 7 o'clock our neighbors rang bells for months. In the hospital, local businesses were sending in dinners, which went on for more than a month.

Now, things are very different. The emergency department is still not up to the level of patients it would see this time last year. It's about 80 percent of that. But it's a mix

of people. In one room there are people very sick with Covid, and in the other room people with completely unrelated cases. It makes it tricky. You are getting in and out of personal protective gear. You go from heavily protected to moderately protected. There's a lot more people around.

Before it was easy to keep a lot of people segregated, now there's people all over.

I treat patients with Covid daily. It runs the spectrum. A few cases there have been people so weak. I'm much less concerned for myself when treating patients with Covid, I don't think my pulse goes up at all when I go in a person with Covid's room. April and May I was pretty concerned. In April, there was this poor lady. You end up in an isolated room so the nurses only go in and out only if you have to. This lady was so terribly, terribly weak but she was trying to go to the bathroom. She stood up on the edge of the bed, but she couldn't really stand at all. I could see through the window, this lady is going to fall. I quickly threw on my stuff and ran in the room and held her. I was sitting in the room with this poor, frail lady draped over me as I'm helping her. It was staggering how amazingly weak she was and how there was really no one there to help her.

Usually when people are terribly sick, they have their families there. Now we don't. Their families are remote and I spend a lot of time walking in and out of the emergency department and parking lot to update families as to what's going on. Families seem to become infected in groups. Last month, I had a lady in her mid to late 40s who was sick enough to be hospitalized and emotionally distraught. In the same week, her mother and uncle passed away. One of our staff's family members came in critically ill and had to be placed on a ventilator. It touches very close to home.

I remain very hopeful about the vaccine. I'm hopeful that the vaccinations, particularly people who live in nursing

homes and group homes, will help. I feel defeated that people don't always wear masks. If people haven't gotten the message by now, there's nothing I can say or do that is going to help. I can tell you this – it certainly works. I have, since March or April, whenever I walk through the emergency department I have an N-95 mask, a procedural mask over it and eye protection. I have seen and taken care of hundreds of people with coronavirus and, knock on wood, have not caught it myself.

I remain somewhat hopeful that we have learned lessons and the response to a future pandemic will be much more aggressive at the outset. I do think hospitals will have supplies and personal protective equipment in the future. I think there is a lot more that needs to be done. I hope people in possession of authority and power remember this and go on with it. I think if a fraction of the resources that are devoted to national defense were devoted to defense for public health crises like this, we would have been in a lot better situation. Perhaps that motivation is there now.



## Keisha Daley-Benjamin

*Daley-Benjamin is a physical therapist assistant at Ellenville Regional Hospital, where she has worked for eight years. She's faced unexpected experiences from the pandemic – like being furloughed due to the lack of non-Covid related patients.*

BEFORE THE PANDEMIC hit, we did a lot out in the community. We visited the middle school to introduce the community to our resources to get them on a track of wellness.

Our day-to-day we treated all kinds of orthopedic issues. When Covid hit, we were caught off guard and weren't expecting to close. We had to limit the influx of patients coming in, and then we were closed down completely and furloughed for around six weeks. From my perspective, as one of 24 workers in the rehab department, it caught us off guard. It meant I was home with my children who weren't at school either. We wanted to make sure everyone stayed healthy and limit our exposure to the public.

In the middle of that, my husband, Nicos Benjamin, was diagnosed with end-stage liver cancer. My world was turned upside down in just minutes. While I was furloughed, I had to rush my husband to



Mount Sinai Hospital, which is where they did MRIs and CT scans and discovered a 14-centimeter mass on his liver that was also resting on his lung and compromising a small portion of his stomach. On top of that, he contracted walking pneumonia. It went from having my career and profession, to not working or knowing when we'd be back, to staying in Manhattan for almost two months so they could figure out how to treat my husband. With Covid, they had limited visiting hours and we couldn't stay there for long periods of time but we wanted to be closer to him.

It was a rough year for me, and from my perspective, it changed many, many lives—including mine and my families. In some ways it separated us physically, but it brought us together as well. I can say my co-workers from Ellenville Regional Hospital are amazing—from every department including radiology, emergency, billing, nursing, our rehab team. In the middle of everyone going through what they had to go through with Covid, they stopped to call and to reach out to me and my family to see how we are doing and sent us prayers, posters with handwritten signatures and love. The outpouring of love was tremendous and overwhelmingly—I have no words for it. It touched my and my family's hearts. Even before Covid hit, Ellenville Regional Hospital has been like a family away from home. We'd have barbecues at my boss's house and co-worker's house. Our children know each other and grew up with one another. It's a very tight-knit community here.

After I was furloughed, I had to take additional time off to help my husband. I returned back to work September 8. I've been back ever since. Back at work, with the physical therapy center reopened, we have been observing social distancing. The hospital has closed off some of the entrances so there is less traffic through the hospital so we can keep patients and staff safe. We have our own temperature checkers at the physical therapy entrance and ask everyone to wash their hands. Once they do that, we can provide therapy. Each therapist ensures they do that. With our equipment, we wipe it down right after it is touched. Our hospital is being cleaned all day long after each patient. It's definitely been a change and it's different. But our patients and staff come first. They're safe and get to see their therapist that they've seen in previous years. There's an extra effort by us to make sure everyone is safe and that's what makes people keep coming back. Ellenville Regional Hospital is a diamond in the rough because we give 110 percent to take care of our patients and make sure they're safe.

My husband is doing much better. There are some areas where his cancer has grown, but we are believing God to help that shrink too. We live by faith not by sight.

### Kristina Ursitti

*Ursitti is the medical director at Ellenville Family Health Center. She is the president of the medical executive committee at Ellenville Regional Hospital. She has been at Ellenville Family Health Center for 10 years.*



I STARTED HEARING TRICKLES ABOUT the coronavirus in January and February. I was starting to get worried at the end of February. I had a trip planned in mid-March but obviously my plans got cancelled and there was no traveling by that time. It was a shock with how quickly things evolved. I was hopeful it would be over by the summer. Everyone thought it would be like the flu—as soon as the sun comes out, it's going to be fine. It was very wishful thinking.

In the beginning, everyone was very concerned that it was going to spread and spread fast and we were all worried about how we would contain it and keep everyone safe. I think it was great seeing everyone work together and come up with ideas and innovative thinking in order to not get overwhelmed or burnt out.

I am going to give birth in two weeks and got pregnant during this whole thing. That's been number one on my mind, myself being in a higher risk category and not knowing how it really affects pregnant people or the fetus. There is a lot of anxiety. Knowing that we were fortunate to have enough personal protective equipment to always be prepared—I did end up getting Covid about a month ago. I was eight months pregnant. It was very mild, thank God, and everything is fine. But it is a real fear for our own safety working in healthcare. It's a possibility. The whole experience was not fun, but it's part of the risk you take when you're in a certain career path. I was able to take care of patients before and after. There's a lot more people who got a lot sicker than I did. When I was ill myself, that was probably one of the darkest moments of the pandemic. It was obviously a very scary, anxiety-producing two weeks. You don't know what happened or what could happen. Knowing all of the possibilities was definitely scary. Being pregnant through the whole thing was scary.

Telemedicine has been a big innovation in the last however many months that

people are still trying to help their patients and make sure everyone is safe. It's something we haven't really seen before. We're doing a fair amount of telemedicine still. It works well for some things. We have video visits so we can see each other. We talk through the link that is all HIPAA and confidential. For people who can't figure that out or maybe elderly or not so computer savvy, we will do telephone calls. For some people it works great. For other things, obviously I'd rather see you in person.

There's pluses and minuses to everything. Teaching patients and providers how to use the technology does take away from the medicine a little bit, but once you start getting in the flow of things, it works well and we are doing the best we can. I hope it continues. We have a lot of patients, especially in this area, that have transportation issues. Sometimes their healthcare gets overlooked because they don't come in as often as they should because they don't have transportation. In that way, the telemedicine is great.

The hospitals and health centers have been really helping each other. We have times where one hospital might be overwhelmed, we'll take some patients from there and try to decompress one hospital and help each other out. It's been good to see. We're not out of the woods with Covid. I think this paves the way for the future on how to handle things as far as

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pandemics are concerned. I hope policies get put in place where if it does happen again we are more educated and have better experience.

### Carrie Mosley

*Mosley is the director of nursing at New Paltz's Woodland Pond, a senior living facility. She's been working in healthcare for over 13 years with a focus in long-term care. She has also spent some time in acute nursing care with a specialty in emergency nursing.*



IT WAS MARCH 2 WHEN WE HAD A CODE delta meeting. Any time there is any type of emergency we have what we call code delta, where we have all of the departments heads together to talk about the emergency. I remember all sitting in that meeting and talking about the coronavirus and shutting down all of the visitation and group and communal activity. It was about a week later that the Department of Health came out with the same guidelines. That was my first recollection at work of what we are now facing. It happened very quickly. We tried to stay abreast of all the changes and new guidance – which has been changing nightly, sometimes by the hour – to try and always be proactive about preventing the coronavirus from affecting not just our residents but staff as well. The staff is where we are at the most risk for residents in catching the virus. They have to go out in the community.

I never thought this would go on for so long. I remember saying, to be morale boosting, to staff and residents that it would be a few weeks. Then it turned into months. It was April or May when we looked at each other and said this isn't going anywhere anytime soon. We were in this for the long haul. We underestimated the pandemic for sure.

In the beginning when we didn't know as much, there were so many terrified residents and staff. Everyone has different abilities to cope with things. I remember staff being too afraid to work and saying I can't do this. Other staff would say I know and I'm scared and how do I keep my family safe but I'm here for the residents and each other. It's been a whole lot of that versus the staff who it was too much for. Everyone has not just the worry at work of not bringing it in but also bringing it home. There's so many personal risks as well as working in a healthcare environment and having so many depend on you.

It's been a lot of very scary moments in the beginning. Everyone needed PPE and there wasn't enough to go around and we had to make use of what we had and make decisions of how long people should be using masks. There were a lot of difficult decisions that changed by the moment.

We've been very fortunate. The residents that have had coronavirus did not have any symptoms. We had no Covid hospitalizations or deaths. That goes for our staff also. We are holding onto every positive. We had around 20 to 30 staff members test positive, mostly because they are coming in and out of the communities where we had hot spots. They have to go to grocery stores and gas stations. For residents, within the health center, we had probably about 15 or 16 residents. Our first positive resident was October 25. We had a long run where we were able to keep it out of the building. We haven't had any in the past 30 days.

We are getting ready to reopen for visitation. It's something we are very excited about. It's been really hard for our residents with social isolation and not seeing families. We have residents at the end of life. The Department of Health has very clear guidance on when visitation is allowed. When there is a compassionate care situation there are allowances made so we have been able to do that. We screened visitors who came in for end-of-life situations and then actually have them wear PPE. We have private rooms in our health center so there is no fear of having someone else exposed. They'd stay in that room and wouldn't go anywhere else in the facility. Now we have the ability to do rapid antigen tests for visitors going on to the compassionate care floor. It gives us an extra measure of safety for those who are working and all other residents in the facility.

Emotionally this will make such a difference for our residents. We've done a lot of daily virtual visits. It's just not the same as having your loved one. Especially with an older population that has hearing, visual or cognitive impairments. It makes the virtual visits even more challenging. We did window visits in the past where we have a closed window in between the two and they each have a phone so at least

you can see your loved one in person. But with the new visitation it will make a huge impact. We were able to do it for a brief time over the summer and it had such a huge impact. The residents were smiles ear to ear and tears of joy. It's a huge morale boost. We are here at the end and the one-on-one time with their loved one will get them through until things can get back to "normal" again. We are really excited about this.

One of the most positive things out of all of this is seeing the staff and residents of this community have held together and supported each other through the ups and downs. It's made us all grow in ways we never knew we could because that's what you do in an emergency situation – you make the best out of it. It only made us grow closer as a community and family.

### Emily Swinden

*Swinden was born and raised in Stone Ridge. She is employed at Ellenville Regional Hospital as the nurse manager of quality clinical education, IT application, infection control and employee health. She's been a registered nurse and working at Ellenville Regional Hospital for five years and she's been working in healthcare for seven years.*



EVERY DAY IT WAS SOMETHING NEW, something different. At first I thought it was just going to be a problem in the other countries – densely populated, maybe not as advanced in medicine. I didn't anticipate it to be anything super crazy. As soon as the travel restrictions started it hit me how serious it was. When the European countries started to shut down – we usually follow six weeks behind them as far as where they are with Covid now. It was late January, beginning of February that we knew it was going to turn into something huge. We weren't sure how long it would last. Maybe a couple of months. Maybe something we just had to get through. We didn't know how long people would stay sick for, what the symptomatology was going to be – everything was changing. We weren't sure what the signs and symptoms were because everyone was presenting differently.

I was absolutely scared the hospitals would become overwhelmed in the area. Ellenville is a 25-bed critical access hospital, so if we filled up, we would fill up fast. There's really nothing around us for at least 40 minutes. There's Kingston Hospital and they had as many beds as they could staff. There's Vassar and Garnet



Health. We were limited in the hospitals around us period. I was worried that once the hospitals down in the city would fill up that we would fill up as well, and that's exactly what we've been seeing.

We are a sub-acute rehab so we don't get the acutely ill Covid patients, the ones that are super critical because we don't have the facilities for that or an ICU. We can take them up until they need to be ventilated. Once they need to be ventilated we send them out to nearby hospitals. We have patients come back for sub-acute post-rehab. We have a lot of patients on the floor currently who are being treated for post-hospitalization from Covid. I can say working with the nurses and taking care of the patients is a tough job. They're spending a lot of time in the room and they are just exhausted. I feel terrible for them. It's gown-up, gown-down and they're so hot. There are a ton of boxes they need to check before and after they enter the room. It's crazy.

I actually was very pregnant and [had] just had my son in April. I took four weeks of maternity leave and started right back up as part-time for a few weeks. I was working right up until the day I delivered and I was on site. It was something!

During the summer, everyone could be outside and do things. We're not on top of each other, there's not as many holidays and we didn't see as much. We anticipated that a second wave was going to take place in winter because everyone is inside, people got complacent and didn't want to follow the regulations. They thought because of the summer it was going away and people put their guard down. Everyone is just tired. It's something different for everybody. It's a matter of keeping it going and that's the only way we can prevent it from continuing it on.

Some of the darkest moments of the pandemic... definitely the uncertainty of the unknown. We didn't know what to expect. We had to make so many changes in the hospital to just make sure the staff stays healthy. Now, if the staff gets exposed they're out for ten days. If we have an exposure at work, it could knock out our whole staff – we're small. That's one of the scariest things. But, one of the highlights has been seeing all of these individuals that we've received as patients be able to go home. There's all these deaths, but being able to see individuals go home has been the highlight.

Everyone seems to think it won't happen to me. People try to keep living their lives – no mask, still gathering. The only person you can hold accountable at this point is yourself. You have to protect yourself and be aware that some people

just don't care about you. They'll go about living their life and they aren't conscious about what they're doing and they can get you sick. It's about keeping yourself safe and others safe. If you're not going to do it for yourself, do it for others around you.

We're more aware at the hospital. There hasn't been something like this in forever. I know my administration team is more aware of the need to act and be prepared for things instead of waiting and trying to play catchup once it gets here. We've taken a more be-super-prepared-than-potentially-be-under-prepared approach.

I knew becoming a nurse I was going to make a difference. But now, being a nurse and being in this situation, I never knew how big of a difference I could make. As we move forward with the vaccinations, it's been such an empowering experience to know I'm a part of something so big that's going to be so historical.

I'm really proud and so grateful to be part of such an amazing hospital system. We're one small hospital but all the nurses and staff that work together, it's been an amazing experience. As scary as the pandemic is, it's been such an amazing experience to see everyone rally together and work towards one common goal, regardless of what your position is.

### Kim Robinson

*Robinson is a part-time staff nurse at HealthAlliance in Kingston, where she's been for 32 years, and works at Ellenville Regional Hospital, where she's been for 10 years. She currently works in the Emergency Room at Ellenville Regional Hospital.*

IN THE BEGINNING OF MARCH WE HAD people who we thought had the flu – it probably was not the flu. People were very sick but we diagnosed it as the flu. The symptoms were subjective but there was nothing bacterial going on. I figured it would come over here because of international traveling. I didn't anticipate it to – I thought they'd get a handle on it a lot quicker. It's so contagious the way it spreads. I realized it was so serious in March when New York City exploded. Upstate New York was deserted and it was quiet and people were staying home. Up here by us, the spring was not nearly as bad as what it is now. Our numbers have skyrocketed. The numbers are really high, but we're also testing a lot more. With the holiday season and our numbers climbing, I knew it was going to be a devastating holiday season. I have a couple of unfortunate friends who are very ill with the virus. It's sad, you don't know how it'll affect you and why it affects one person so differently than someone else.

The hospitals were prepared early last March and listened to science and knew there would be a second wave. Everyone was prepared then and because it wasn't as bad in the spring, personally I didn't anticipate it to be this bad.

I thought by summertime once the weather changed and it was hot, it would go. Kind of like the regular flu and things would improve quickly with mask-wearing. Little did we know...

I never thought about taking time off work. Since being a healthcare worker for so many years, my immune system is pretty good even with the flu, which people can get really sick from. With the proper personal protective equipment in place, I've been okay.

It's sad you can't really go near your family. I have grandchildren and they don't really want you – nobody wants to be around a healthcare worker.

In the beginning I treated patients with shortness of breath. People are feeling shortness of breath and they say they're not feeling a lot of air. I see the effects it has on the body. It's not just one system, it's multiple parts of the body. It's obscure stuff. Unless people have a personal experience with it, they're naive and unfortunately there are still people out there not wearing a mask. It's not about you. It's about everybody else. Don't be selfish and silly, but there are those out there. People think they're not going to get it. They're not knowledgeable enough about it or see skewed numbers. I don't know if people know who to believe unless they have a personal friend or someone they see that is ill with this virus [and] will get [the] knowledge on how bad it can potentially be. I think people have taken healthcare workers a smidge for granted, thinking they're always going to be there. Unfortunately we have lost friends for caring for sick people and that's sad. We lost a tech and a nurse. It's very sad. Every day you think God forbid you could bring it to your family. In this profession, you have to like what you do or it doesn't work. It is stressful across the board. You see people at the worst and their best.

I don't think we're prepared for another pandemic. I hope we're prepared and I hope we don't have to see this again in our lifetime. Everything is Covid – there are still other illnesses going on that took a backseat because of this. I think the science is opening everyone's eyes.

The most hopeful part of the pandemic is that the vaccine is out. I'm fully vaccinated and hopefully it will pick up a little bit. But everyone's done right now. It's been ten months. Ten months is a long time to be on lockdown.

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