It’s a Sunday evening in late April. The 26th, to be exact. Dr. Federico Herrera, a pediatrician with Esperanza Health Centers, lies on the sofa absent-mindedly watching television.

This is a rare indulgence for him – and not only because he has hardly a spare moment these days after working long hours in Esperanza’s coronavirus testing tents, facing a seemingly endless stream of cars. “We have three little kids, so my wife and I have lost all rights to the television,” he says with a boyish grin.

Tonight the little ones are in bed, so he and his wife have the TV to themselves. As a contestant on The Wall flubs a question, Herrera feels a sudden chill. Yet there’s no draft in the room. He turns to
DAY 82
MAY 26, 2020

Total # of SARS-COV-2, NAA Ordered to Date
4,329

# Tested Negative to Date
2,161

# of Confirmed Cases to Date
2,168

Honey, are you cold?
No, are you?

“That’s the moment I knew I had it,” he says. “I just thought, oh my…”

It would be difficult to imagine anyone more meticulous about protecting himself from coronavirus than Herrera. And for the past month or so, he’s had good reason to be extra cautious. Like several other medical staff at Esperanza, his work days have been devoted solely to testing patients for COVID-19. Most of those patients live in the neighborhoods around Esperanza’s clinics where infection rates are highest in the city.

“So it’s a ritual to get ready for the day,” he explains. “I’m there with Armando Ambriz, my medical assistant, and we’re putting on all the protective equipment, watching each other very carefully. We’ve already washed our hands thoroughly. And put alcohol on our hands. Now the gown goes on. Then the facemask. But uh oh, Armando says I messed up. He saw me touch my laptop with my bare hand and then touch the gown. So the gown comes off. Start over. Wash my hands. Alcohol. New gown. And sterilize the computer.”

By the time they’ve both put on gowns, face masks, face shields, and gloves – and neither has caught the other touching something they shouldn’t have – they’re ready for the first car of the day. In a typical shift, Herrera will swab upward of 60 patients. But it’s more than just swabbing. “We’re doing a full medical encounter when we do a test,” he explains. “We take all the vitals, do a thorough history and exam with them, pay attention to the whole patient. I’ve heard so many pneumonias in people’s lungs that we would have
missed if we were just swab-and-go, swab-and-go. Taking that extra time can really make a big difference in a patient’s outcome.”

It can also increase a medical provider’s risk of getting infected. “When I do the physical exam, I have to reach inside the car. And of course patients’ masks aren’t perfectly efficient. There are going to be places where their breath leaks out. And I’m in there with my stethoscope, listening to their lungs from the front, then from the back. I need to sterilize that stethoscope before I put it back around my neck. One time I forgot, put it around my neck without cleaning it. So I had to immediately leave the tent, get rid of my gown, wash the back of my neck really good, put on a new gown, put on new gloves.”

Herrera also makes a point of spending additional time with patients showing the most worrisome signs. He recalls a man roughly his own age who pulled into the tent in a Ford Escape, slumped back against the seat’s headrest, unable to finish a sentence without gasping for air. “Armando had already taken his blood oxygen level while he was in line,” Herrera recalls, “so I knew it was low. He looked bad. When you’ve done this for a while, you can tell within five seconds when it’s serious. So I said to him, ‘Why don’t you just pull your car right over there, just relax for a minute, and then I’ll come over.’ I wanted to see if maybe he’d improve if he pulled out of the line. Maybe he’s really anxious or something, and he just needs a minute to get himself together.”

Herrera tended to the next car coming through his tent, then walked over to the Escape. He saw no sign of improvement in the driver. “So I said to him, ‘Your oxygen level is a little low, and by itself that’s not necessarily a bad thing. But I’m also seeing that you’re having some difficulty breathing, and I think it would be a good idea for you to go to the hospital. Saint Anthony is right across the street.’ And that’s when he broke down in tears, like a little kid. So I put my hand on his shoulder. ‘You’re going to be fine. I couldn’t sleep tonight if I didn’t do everything to make sure you’re going to be OK.’ And he went to Saint Anthony.”

Herrera’s intensely personal approach to doctoring has made him understandably popular with the children he’s cared for over the years. It might also have increased his chances of exposure to coronavirus. Still, it’s not likely he’ll change his style any time soon. “With each patient that drives up, with each patient I treat in the clinic, I ask myself, ‘If this man were my brother or my father or my uncle or my kid, what would I do?’ I’m a human being before I’m a doctor.”

When the day’s shift is over, he and Ambriz spend 20 to 30 minutes cleaning and disinfecting their work area. “Computer, table, chairs we were sitting on, printer, everything we could possibly have touched,” he explains. “When the next team arrives to take over, they’ll clean it all again before they start.” Then they carefully peel off all of their personal protective equipment and leave it in an office in the clinic that only testing teams can enter.
Herrera says he feels most confident about his own safety on his busiest days. “When I’m just going going going, I feel like I’ve got everything under control. I’m doing it over and over, so I’m on top of it. But when I’m not so busy, that’s when I’m worried something is going to go wrong.”

While *The Wall* continues on the TV, Herrera gets up off the sofa. “I’m going to be sleeping down here tonight,” he tells his wife.

“Do you think you...have it?”

“I don’t know. I’m really not feeling myself.”

Herrera and his wife have not kissed each other in over a month, a decision they made when he began working in the testing tents. Herrera has not kissed his children during that time, either. But after feeling one chill tonight, everything is different. His wife heads upstairs to the bedroom while Herrera calls Esperanza’s Chief Medical Officer, Dr. Andrew Van Wieren, let him know he’s a bit under the weather.

The next morning, Herrera wakes on the sofa feeling flushed. He takes his temperature: 101. He grabs his cell phone and calls his wife upstairs in the bedroom. “Honey, don’t come down until I leave the house.” He thinks through the previous day. *What did I touch?* He goes around the first floor, cleaning everything he can think of, including the sofa. Then he calls a colleague at Esperanza, asking her to be ready with a coronavirus test kit for him. He’ll be driving over shortly.

When he pulls into the parking lot of Esperanza’s California Avenue clinic, Maria Favela, Regional Director of Clinical Services, is standing curbside in facemask and gloves. Herrera rolls down the driver’s side window just enough for Favela to fit a swab and a vial of transport medium through. Herrera inserts the swab into his nose, then through the hole in the vial. He snaps off the stick end of the swab, letting his sample fall completely into the vial. He wipes his hands with alcohol, wipes the vial with alcohol, then hands it back to Favela. “Be careful with this,” he tells her.

He drives back home and enters through the basement door. He’ll live down here for a while. “I’m really lucky,” he says. “I’m privileged to have a house with a basement, and a basement with a bedroom and bathroom. A lot of people don’t have that.”

Two days later he’ll learn his test came back positive.

“I’m not that worried for myself,” he says. “I mean, I know a lot about COVID, so I
Dr. Herrera at our Little Village clinic before the outbreak of the COVID-19 pandemic.
know I’m not really at risk for serious complications. But then again, if you know too much, it can be detrimental sometimes. You start thinking through all the possibilities of things that can go wrong.” He spends most of his time in the basement thinking about his family rather than himself. “I keep asking myself, ‘What did I do with them during the 48 hours before I got sick?’ I’m expecting to see when and who is going to get sick first.”

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Then he remembers the mate.

“I’m Argentinian, I always drink mate,” he says with a touch of regret in his voice. “It’s our social drink, a drink that we share. And I remember, that morning before I felt sick, my two-year-old pursed his lips like this because he wanted a sip from my straw. I remember precisely. I let him drink from my straw.”

Five days after Herrera descended to the basement, his two-year-old develops a cough. In the morning, it’s raspy. “I had brought home a COVID testing kit from work a few weeks before,” he says. “Don’t ask me why. I’m a little OCD, I guess. So I swab my son and drive the sample over to Esperanza for testing.” Later in the evening, his son’s cough has deepened into something resembling a bark. “I’m a pediatrician, I know that cough. It means he has croup.”

His son also has a fever. Herrera is now convinced his son has COVID-19. The standard treatment for croup is a dose of steroids, which can suppress a patient’s immune response – the last thing you want when your body is battling coronavirus. He consults with another of Esperanza’s pediatricians for guidance. “I have to put my dad hat away and put my doctor hat on,” he explains, his voice constricted. He decides to prescribe his son a standard steroid dose, which he feeds to the young boy by grinding up a pill and putting it in yogurt.

Then he goes back to the basement. And waits. Two days later, nothing has changed, except confirmation that his son’s test results are positive. “This is the most anxiety I’ve experienced this whole time,” he says. “These last 48 hours.”

On day three, the boy’s fever breaks. On day five, he’s back to his old self. But Herrera knows his son isn’t out of the woods yet. “There’s another two weeks when things can still go bad,” he explains.

Herrera gets tested for coronavirus five more times, hoping for two negative results in a row to show he’s cleared the infection. He gets positive, positive, negative, positive, positive. His son develops no further complications. Then Herrera’s sixth and seventh tests both come back negative. He lets Dr. Van Wieren know he’s ready
to come back to the testing tents.

It’s a Tuesday in late May. The 26th, to be exact. “My first day back,” Herrera says. “It’s like when you’re seven or eight years old and you’re coming back to school after you haven’t seen your friends all summer. It was a flashback to those days. I couldn’t wait to get back, and doing what I do best. OK, I was maybe a little wobbly with the first couple of patients, like getting back on a bike. But then I was off.”

He returns from his ordeal with new insights into his role in the testing tents. “It gives me a much better perspective,” he says with some measure of exuberance. “So when people say they have a symptom, a feeling they can’t describe, I’ll say, ‘I had that, does it feel like this?’ And they’ll say ‘Oh yeah!’ I can tell them I suffered what they are suffering, I know what you are going through. Their whole demeanor changes. They can really hear what I’m saying.

“I’ve seen COVID from both sides. As a doctor and a patient.”

Not long after returning to work, Herrera donates plasma to the fight against COVID-19. “My plasma has antibodies to coronavirus,” he explains, “and we know this can help people who are fighting the disease, if they get it at the right time. In fact, I know two people with COVID who were really trending down very badly. They got plasma, and things turned around in two days.” When the required eight weeks have passed to make him eligible to donate again, he’ll roll up his sleeve.

Herrera thinks it’s likely everyone in his family got his virus, although only he and his son were tested. Today, they’re all fine. Still, it took Herrera a solid month after his recovery to get a good night’s sleep. “I was always getting up, several times, going to check on my kids.”

Now he sleeps through the night.