

A profile photograph of Carmen Vergara, a woman with long dark hair, looking towards the left. The background is a blurred view of a building with large windows. The image is overlaid with semi-transparent red and orange geometric shapes.

CARMEN VERGARA

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Monday, March 9, 2020 is an unseasonably warm day in Chicago, laden with unceasing drizzle as the city struggles to emerge from winter. Carmen Vergara, Chief Operations Officer at Esperanza Health Centers, is driving back from the Container Store. Beside her, a small plastic bag holding the weapons she's just purchased to launch Esperanza's assault against an emerging global pandemic: a half dozen plastic egg timers.

COVID-19 is just beginning to dominate news headlines and Facebook feeds everywhere. February's reassurances that "ordinary Americans" face a vanishingly small risk of infection are giving way to more dire projections. Still, many are struggling to see a genuine

DAY 1

MARCH 9, 2020

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

0

Tested Negative to Date

0

Confirmed Cases to Date

0

threat. Only 650 cases are known across the entire nation; ten times more flu cases were diagnosed in the previous three weeks alone. Of the 26 deaths linked to coronavirus, most are isolated to Washington state and a Seattle nursing home. In Illinois, just 11 cases have been identified, all associated with overseas travel. None has been fatal.

Meanwhile, winter sports leagues are still playing. The United Center reassures sports fans the arena is “cleaned and sanitized before and after every event.” The President announces he will continue to hold rallies despite the CDC’s lukewarm cautions against large crowds. When Italy institutes its first population lockdown – some 16 million people in Lombardy and neighboring provinces – CNN wonders if such actions are “draconian.”

And yet earlier that day, with little fanfare, Illinois Governor J. B. Pritzker declares a state of emergency. With a master’s degree in public health, as well as a degree in nursing, Vergara recognizes a public health crisis coalescing before her eyes.

Which brings us to the digital timers. “The idea is to give staff an easy way to remember to wipe down our check-in kiosks every hour,” she explains. “And doorknobs. High touch areas where the virus could lurk. This is where we start.”

Vergara had been feeling a gnawing sense of dread all weekend. For several weeks, she’d been inundated with calls and emails, fielding nervous inquiries from staff and colleagues about how Esperanza will best prepare for the oncoming pandemic, if indeed it turns out to be one. But last Friday’s call from Chicago Department of Public Health officials made her feel in her gut the potential scale



of the looming disaster. They asked how Esperanza is “mobilizing.” They wanted to know how recently Esperanza reviewed its emergency operations plans. And when staff convene that Monday morning to discuss a COVID-19 task force, it’s quickly apparent there are far more questions than answers.

What are the most likely routes of transmission? Does the virus spread easily through respiratory droplets? Does wearing an N95 facemask eliminate that risk? What about a surgical mask? How long does the virus survive on open surfaces? Is airborne transmission possible? What protective measures are most effective? Who’s at the most risk for serious complications from coronavirus? How many patients in the waiting room is too many?

“Clear answers aren’t anywhere,” Vergara says. “Not the CDC, not WHO, not the Department of Health. And for the first time I think, *This is going to be bad.*”

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Never before has Esperanza seen a crisis like this unfold. Throughout the 16 years since the community health center was founded by a group of residents looking to bring better care to their Little Village neighborhood, Esperanza’s medical providers have been more accustomed to treating their largely Latino patients for ailments like hypertension and diabetes, not a novel and inscrutable virus that attacks the body with a confounding array of symptoms.

Vergara joined Esperanza in 2011. Born and raised in the heart of Chicago’s Southwest side, she went from Quality Coordinator to COO in six short years. It wasn’t long ago she oversaw the opening of Esperanza’s flagship clinic in Brighton Park, which opened in the spring of 2019 and is by far the largest of its four Southwest side sites. She knows how to handle a big project. But for her, COVID-19 is more than a public health crisis. It’s an operations nightmare, the likes of which she’s never seen.

Her next few days become a dizzying blur of staff meetings, expert consultations, online research, and fitful sleep. *Exactly how much personal protective equipment have we got on hand? If we need more – no, not “if,” we’re going to need more, a lot more – where can we get it quickly? What about the construction company that built our new clinic last year, can we get N95s from them? And hospitals around here, do they have enough? Should we give them some of ours?*

Calls to Esperanza begin pouring in. “People are really afraid,” she explains. “They don’t know what to do, how to be safe, and trying to get that information in Spanish is next to impossible.” But having patients walk into the clinic looking for information is becoming increasingly dangerous. On a typical day, the Espe-

ranza waiting room is bustling with patients and staff, always a good number of children playing rambunctiously or reading quietly. It's a friendly, inviting space, with the kind of atmosphere Esperanza has worked hard to create in its clinics. But now the specter of COVID-19 hangs everywhere, and that vibrant scene has become something else – a cause for dread and alarm.

Vergara dispatches a registered nurse to the front desk of each of Esperanza's four clinics, to triage anyone who comes in with symptoms that resemble COVID-19. She knows this is a temporary fix. "This can't work forever," she says. "This probably can't even work for a week."

Meanwhile new questions arise every day. *How will they take every employee's temperature at least twice a day, as health experts recommend? If staff start falling ill, who's going to cover? How can they control an outbreak if an employee unwittingly brings the virus to work?*

And so the conversation turns to the question no one at Esperanza looks forward to answering: *Will they need to cancel thousands of patients' appointments for the foreseeable future?* If there is to be any chance of curtailing the virus's spread, people can't gather anywhere, including at the doctor's office. Yet many of Esperanza's patients can't afford to have their appointments cancelled, especially now. A large percentage have serious, chronic conditions which, if left untreated or poorly managed, will likely heighten their risk of dire consequences from COVID-19.

A cruel irony becomes apparent: drastically reducing the number of patients allowed in the clinic may slow the spread of coronavirus for some, but it will put others directly in the epidemic's crosshairs.



Then patient numbers start dropping significantly. In all likelihood, people are staying away from the clinics for fear of catching coronavirus. This brings a flurry of activity among Esperanza's leadership, focused on a truly daunting task: creating a telehealth system capable of handling remote visits for 27,000 patients – something no health center has ever done. "If patients aren't coming to the clinic," Vergara says, "then we'll have to go to them." If they can pull this off, it will be a milestone moment for Esperanza as it fights the pandemic and struggles for its own financial survival.

But another, even greater challenge is already bearing down: COVID-19 testing. "Except for hospitals, no one on the Southwest side is doing it," Vergara explains. And if Esperanza wants to offer testing community-wide, it can't be done inside

the clinics. “We’d have to set aside exam rooms only for coronavirus testing,” she explains. “And federal guidelines would require us to fully disinfect the room after each patient is tested, and then leave the room empty for two hours before the next patient can be brought in. So we could test, what, 15 people a day at most?”

They’ll have to do testing outside in a tent. In the winter. Testing supplies are limited, and the feds are recommending only people with certain symptoms or risk histories be tested. So they don’t want to have people just walking up to the tents without screening beforehand. She’ll need help figuring out a way to triage hundreds, maybe thousands of people a week to determine who should be directed to testing.

But even the most sophisticated tents and the most robust triaging system is no guarantee the testing scheme will work. “Are any medical providers going to be willing to be in that tent all day, potentially exposing themselves to the virus again and again?” she wonders. “There is so much uncertainty about transmission. Who’s going to be willing to do that?”

Then the governor announces that schools across the state will be closed for at least the rest of the month. To her ever-growing list of urgent tasks, she adds “Create on-site daycare for Esperanza staff.”

“Design a daycare plan? *Really?*” she says with a desperate laugh. “Not exactly what my master’s in public health prepared me to do.”

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March 19. It’s now ten days since Vergara brought the bag of egg timers to her office. Nurses are staffing a new COVID-19 triage hotline, assessing callers’ symptoms and directing them to testing tents set up four days ago at two of Esperanza’s clinics. Sometimes the wind threatens to blow the tents over. That’s when people get tested in their cars.

Telehealth sessions began yesterday. So far 43 of Esperanza’s 27,000 patients have had virtual sessions.

Vergara spent two full days designing a daycare operation and vetting it with childcare experts. Then she scrapped the whole thing when the lion’s share of Esperanza’s employees were assigned to work from home. Now she’ll turn her attention to the myriad internal policies that need to be overhauled so that staff will have the support they’ll need to work through the pandemic.

"I'm just running on adrenaline," Vergara says. "I'm not even processing. I'm just hunkering down every day with the Chief Medical Officer, putting together whatever guidelines we can find, and making decisions based on that."

"I go to bed every night with a knot in my stomach, not knowing if..." She thinks for a moment before continuing. "I have to rely on my experience and training, then hope I'm doing the right thing."



FRONT LINES

COMMUNITY HEALTH AT THE FOREFRONT OF THE
COVID-19 PANDEMIC

www.esperanzachicago.org