

# The COVID-19 War Diaries

**MH** menshealth.com/health/a32023994/coronavirus-covid-19-new-york-city-er-doctor-cleavon-gilman

By Ben Paynter

April 14, 2020

*The emergency department looked like a war zone. Each bay easily had 30 patients—all sick, warranting admission, coughing with masks on. We would get a respiratory distress patient in the trauma bay, spend 30 minutes stabilizing the patient, and then ultimately intubate. Janitors couldn't even finish cleaning the trauma bay before—"Doc, we have a 50-year-old in respiratory distress sitting 90 percent on 15L non-rebreather." To which, I replied, "We can't put the patient on bipap because we could all get infected. We're going to have to tube em." Anesthesia STAT.*

*How many ventilators are in New York City? How many hospital beds are there in New York City? Because if we are admitting 80 to 100 patients a day, then it's not going to be long before beds run out. Everyone has COVID-19. I don't even have time to process death on shift. For a second I felt the tears come, but then I thought about something else and took a deep breath.*

*No vacations, see the next patient.*



Dr. Gilman graduated from the University of California at San Francisco School of Medicine in June 2016.

@cleavon\_md

Cleavon Gilman, M.D., 40, lives with his fiancée, two nieces, and future mother-in-law in Washington Heights, on the northern tip of Manhattan, and when he posted the above entry on March 24 to his online journal, the city's battle against COVID-19 looked bleak. Tens of thousands of cases and hundreds of deaths had already been reported. A city that is world-renowned for quality health care had become a global epicenter for the outbreak. For the general public, the only real countermeasure was self-isolation, the only means to "flattening the curve" an immediate, collective effort of social distancing.

Dr. Gilman and other health experts are afraid that hasn't happened quickly enough—that many people are still playing fast and loose with their advice, even as New York continues to see a deadly surge in patients. Part of the problem is what he calls the "Trojan horse" effect: If you contract COVID-19, you might not feel sick for up to two weeks, but during that time you're still highly contagious, passing the pathogen along to others and creating a deadly cycle.

Behind hospital doors, people have been dying, and more doctors and nurses have been falling sick. In roughly six weeks, the city has gone from seeing its first reported case of coronavirus to crossing over what New York mayor Bill de Blasio has called the "demarcation line"—the point at which doctors' access to protective gear like masks and gowns and lifesaving ventilators has been projected to start running out.

To convey the severity of this challenge, Dr. Gilman has been documenting his daily struggles online, excerpts of which appear below and which he agreed to discuss exclusively with *Men's Health*. His sense of urgency grows shift by shift, as more people line the halls on gurneys and the number of dead increases. It is up to him, and the other doctors, nurses, and first responders on the front lines of this war, to beat back the virus and bear witness. This is his story.

---

### March 20 Journal Entry

---

### **(Reported Cases in NYC: 17,781; Reported Deaths: 117.)**

---

*Another night, another intubation for respiratory distress. This time it was an older woman with COVID and multifocal pneumonia. We only have so many isolation rooms to place patients in order to protect us for high risk procedures such as intubation, where aerosolization of the virus occurs. The fewest people needed are in the room, usually a senior resident (me), a brave nurse, and a brave respiratory tech to hook the patient up to the ventilator afterwards. Others look on through the glass doors, while we perform critical care.*

*Once the patient goes up to the ICU, the room is decontaminated by our environmental services team (unsung heroes). The camaraderie in the emergency room is akin to my experience in Iraq as a medic. We laugh, tell jokes, and vent about lack of personal protective equipment.*



Inside isolation rooms like these, Dr. Gilman renders care to deteriorating coronavirus patients.

@cleavon\_MD

At the start of his journal, Dr. Gilman has written an excerpt from the Hippocratic oath. One of the lines includes: "I do not treat a fever chart, a cancerous growth, but a sick human being." Growing up as a poor multiracial kid in Lakewood, New Jersey, he understands well what it feels like to be dehumanized. His father abandoned his mother, whose family also ostracized her for having black children. While his mother struggled to make ends meet, his stepfather faced his own issue with drugs, and Dr. Gilman developed a stutter that led to classmates teasing him. He skipped class, teachers held him back, and he had trouble finding any work at all after graduation.



While serving in Iraq as member of the Shock Stabilization Team for Alpha Surgical Company, Dr. Gilman also provided medical coverage to an Explosive Ordnance Disposal (EOD) team and civilian Iraqis.

@cleavon\_md

“I think life is really about taking signs and just interpreting them,” he says. “At one point, I had to sell my car and was walking home, and a police officer pulled me over and asked why I had my old license plates in my hand. While I was sitting on the concrete, I saw a billboard that said, ‘Join the Navy and See the World.’ So then the next day I went to the recruiting office. I joined in August 1999.” He served five and half years in the Navy and then the U.S. Marine Corps.

That included six months attached to Alpha Surgical Company at Camp Al Asad in Iraq, where, he says, “I was essentially a combat medic. I worked in shock-stabilization platoon—it’s a field hospital where battlefield casualties were flown in and we would stabilize them and in 24 hours they would be flown out [for more care].” Everyone realized there was a chance they could be next. “Some of my colleagues have never seen anything like this before,” Dr. Gilman says. “They’ve never had their life in danger. Some are breaking down after shift. I do check in with everyone. If I feel a person is having a hardship, I’ll pull him and ask him to go get some fresh air to take a break.”

To keep his immune system strong and stay mentally prepared for each day, Dr. Gilman hasn’t had a drop of alcohol in weeks. He writes in his journal that he runs at least four times a week, during which he’ll try to picture his lungs purging themselves of any potential

infection. In a way, his time in Iraq prepared him to deal with this grim reality. In another dispatch, he recalls how difficult it was to hear a medivac chopper arriving and know there were casualties already aboard—people he couldn't save.



At home, Dr. Gilman carefully packs up his work clothes to avoid potential contamination.  
@cleavon\_md

---

**March 22 Journal Entry**

---

**(Reported Cases in NYC: 22,672; Reported Deaths: 198.)**

---

*Sick patients lie on stretchers hooked up to cardiac monitors that beep endlessly throughout the night. At one point I just stood at the nursing station and looked around. I guess this is what the pandemic will look like. There were at least 80 positive coronavirus patients in all 4 bays that required admission. Their age ranged from 20-90s, but each age group was represented equally.*

*I've never seen so many people with pneumonias with rapid progressions. I try to discharge the younger patients with pneumonias, but when I walk them and check vital signs, their oxygen drops down to 85% and heartrate increases to the 140s. Imagine running full speed on a treadmill at an incline of 8 then stopping immediately and trying to speak to someone. That is what respiratory distress from coronavirus does to you. Patients cannot breathe at a rate of 40 times per minute for too long before they tire out.*

Dr. Gilman is six-foot-four and 240 pounds. He's tall and strong, and he radiates positivity and vitality. Yet each patient can't help but serve as a reminder of what might happen if he becomes infected. Reports from several state news agencies suggest that at least 20 percent of health-care workers in many places are now affected. New York City's public and private institutions haven't disclosed a formal figure for how many workers might be sick, but the worst seems yet to come. About this time, Mayor de Blasio released his estimate that the city's emergency responders will need at least another 3 million N95 masks to keep pace with the onslaught of patients about to hit, plus more surgical masks, more gowns, and hundreds more ventilators.

"I've done so many high-risk intubations, been in isolation rooms and seen hundreds of patients with coronavirus," Dr. Gilman adds in his journal on March 22, the same day that New York state officials ordered nonessential businesses to close and residents to maintain social distance. Only later would it become clear that reported cases and deaths were being vastly undercounted. "I thought I felt a scratch in my throat yesterday, but that passed. I even checked my temperature first thing on shift and it was normal. Did I infect myself while doing compressions on the patient that was pronounced dead?" He reportedly now bags and boxes up his scrubs and work sneakers before entering his house. "Imagine the guilt I would feel if I infected my family."

---

### **March 23 Journal Entry**

---

### **(Reported Cases in NYC: 25,960; Reported Deaths: 278.)**

---

*During my off-time, I follow up on patients that I've admitted from the previous days to see how they are doing. Were they discharged? Did they decompensate? Or did they pass away? I was taking care of a young woman the other day, otherwise healthy who was stricken by a pneumonia.... This healthy woman is now in critical condition. It's great that she came to the emergency room when she developed shortness of breath while walking. It's*

*shocking how quickly these patients decompensate over 24 hours. You can even see the changes in their chest x-rays showing patchy opacities everywhere! It's as if they are drowning.*

According to a World Health Organization report, it took a little more than two months for the sick tally to reach 100,000 cases worldwide. In less than two weeks, another 100,000 cases were reported. Now it has been just four days, and another wave of 100,000 people have fallen ill. The following day, March 24, Dr. Gilman ends his journal entry with the simple declaration: “No vacations, see the next patient.”

That line is both a mantra and a lyric from a song called “Rise Up Now!” about the dangers of doctor burnout. He wrote it himself and performed it at a National Academy of Medicine event a couple years ago after it won an award in an art contest to encourage clinical well-being. Dr. Gilman has been rapping since age 12, when he discovered that the flow helped with his speech impediment. Under the emcee handle CleavonMD, he's produced more than 30 tracks covering complex medical and social issues.

This content is imported from YouTube. You may be able to find the same content in another format, or you may be able to find more information, at their web site.

That includes the Coronavirus Song, which he released as his own PSA in mid-March and has well over 40,000 views on YouTube. “It's a pandemic / You can get it / If you can't breathe, then that means you should get tested / ... So, very simple stuff, right?” he says.

As he explains it (and can't help but rap a little more in doing so), the entire song is built to be catchy but convey crucial information. “I wanted to just hammer that point across in the song and the hook and then tell people a few things that they need to know: This is not your common cold / Affects adults, not just the old.”

To listeners who tune in today, though, the opening verse may seem haunting: *We are in the dark / Because we're weeks behind the start / Trying to screen for a cause with a fever and a cough.*

It goes on: *Most of the nation is still / Not affected by chills / But viral shedding while infected is making others ill.*

On March 25, Dr. Gilman reluctantly took a day off to rest and recharge. Just 24 hours later, the U.S. hit an extreme benchmark as the confirmed infection rate crested 81,000 people, with more than 1,000 deaths, granting this country the dubious distinction of being the most contagious place on the planet.

---

## March 26 Instagram Video Post

---

**(Reported Cases in NYC: 39,226; Reported Deaths: 653.)**

---

7:30 A.M. (looking calm): "I'm getting ready to go into my 12-hour shift."

12:30 P.M. (more tense and concerned): "It's insane," he says, looking more flustered. "The hospital where I'm at is doing a great job. We have great support here."

6:30 P.M. (now haggard): "We really need to, as a country, think about goals of care discussions. Do you really want this person to be on a ventilator for a long time? Do you really want us to be doing compressions on their chest and cracking their ribs and causing more damage and more pain?"

Well after dark (more gathered now): This virus is very insidious. In some people it doesn't even present with any symptoms at all and then they pass it [on].... And I'm seeing people ... who are kind of just chilling and not taking the virus very seriously. It's only a matter of time before it hits your community. It's not a matter of if, it's only a matter of when."

The frequency of death and apparent fragility of life right now again remind him of his time in Iraq, when he was in charge of respectfully transporting often still-warm bodies to a makeshift morgue. By day's end, New York City will have more than 30,000 cases and more than 500 deaths, many belatedly confirmed, as even the mundane task of such reporting becomes difficult.

"When a patient passes away or expires, we have to report the death to the medical examiner's office," Dr. Gilman says. "And so you have to call this number to press these buttons. And then a person at the medical examiner's office picks up the phone and she says, 'Hold please.' And I try to sneak in, 'Please let me tell you something real quick,' but I can never sneak it in that quickly. And then you're just on hold. And I can't be on hold for half an hour when I have critical patients who need my attention."

For Dr. Gilman, that's doubly frustrating, because he desperately wants to make sure that statistics about the lethality of the virus are being accurately reported. If he can't get through, how many other doctors are still on hold, unable to share what's happening in their ERs? Just how much of what's happening around the country is too overwhelming to be accurately reported?

---

## March 27 Journal Entry

---

**(Reported Cases in NYC: 43,916; Reported Deaths: 837.)**

---

*This content is imported from Facebook. You may be able to find the same content in another format, or you may be able to find more information, at their web site.*



*Yesterday, my day began with a cardiac arrest from coronavirus. After I pronounced the patient dead, I talked to his daughter.*

*“Hi, I’m Dr. Gilman. I’m sorry to tell you that your father passed away – (I paused because I got déjà vu). Please give us 30 minutes to prepare the body.”*

*I met her and her brother in the waiting room. This was the second time she found one of her parents dead. What could I say to that? I’m so sorry this must be so difficult for you. I made it a priority to be in the moment. To slow down and listen.*

*“It was the coronavirus, wasn’t it?” she said.*

*“It probably was—the virus is everywhere and it’s making people really sick, really fast,” I said.*

*“How did this happen? He was fine yesterday. He lives on his own and takes care of himself,” she said.*

*Later that day she got closure that her father indeed had died from coronavirus.*

While President Trump signs a \$2 trillion relief package to support the faltering economy and help workers who are being asked to stay home, people’s loved ones who are already sick have to face the question of how to see visitors or say goodbye. Based on reports coming out of Italy, those that survive may still need up to three weeks of hospitalization before they can be released.

One of Dr. Gilman’s main goals is to preserve a sense of humanity amid this chaos. “We do not prevent patients from seeing their loved ones,” he says. “If a patient is about to pass away, on comfort care or palliative care, typically we try to get that patient out of the emergency room.” Patients are wheeled to a more private room. “We get a chaplain for them, and everyone is able to say their final goodbyes.”

Dr. Gilman now has three days off to rest and recover. He’s still feeling healthy, but not everyone working alongside him is so lucky. “At the moment, we have eight residents who are quarantined for at least two weeks from the coronavirus,” he reports in his journal. “Many of them recently developed fevers and chills, which correlates to the lag time between infection and onset of symptoms.”

This content is imported from Facebook. You may be able to find the same content in another format, or you may be able to find more information, at their web site.

---

### **March 30 Journal Entry**

---

**(Reported Cases in NYC: 55,909; Reported Deaths: 1,603.)**

---

*Normally, my shift is greeted with:  
Get me a sandwich  
Who is my doctor?  
I need a urinal  
When am I getting out of the emergency room?*

*But today, the patients were too sick to speak. They lied in the gurney looking up at the ceiling staring into space. Whenever I walk into my shift, I make an assessment of the patients. I walk past rooms and look for abnormal vital signs. Everyone had abnormal vital signs today. Many hypoxic to the 80s. Many were DNR/DNI and now on comfort care.*

*I got a call from a family member, who was concerned about her 92-year-old father who is being admitted for coronavirus. She was a police officer on home quarantine sick from the coronavirus.*

*“Cough, Cough,” she tried to speak. “How is my father doing?”*

*I found her father nestled between two other patients. “I’m talking to your daughter on the phone right now she’s checking in on you,” I yelled, because it was so loud in the emergency department. He looked great, so great I was wondered why he was being admitted at all – then I saw that he was on oxygen.*

*Today I felt like a wave was drowning us. A large number of nurses had called out of the emergency department and we were understaffed. My skeleton crew of nurses were doing their best, but it was not enough. We are only as strong as our weakest link.*

*I don’t know what else to say. There were a lot of patients who were very sick. The ER is backed up. Are all the hospital beds filled? We were doing so well, what happened?*

Just before his shift, Dr. Gilman appeared on an [Instagram Live feed](#) with Beto O’Rourke, once again imploring people to just stay inside. O’Rourke apparently reached out because someone directed him to Dr. Gilman’s public journal. “Stay apart and stop this from spreading,” Dr. Gilman told the audience of roughly 400 viewers tuning in. The number of cases and deaths being reported within New York City and throughout the United States was continuing to climb sharply. (At press time, close to 20 percent of the confirmed cases and 30 percent of the deceased are New Yorkers.)

“If the whole country did its part, the virus would die out in a matter of four weeks or so,” Dr. Gilman told O’Rourke. “If everyone isn’t on the same page, we’re going to be beginning all over again, but I’m very hopeful.” Hours later, his tone had changed. “I’m walking home from work, and I’m exhausted,” he said in a voice memo he sent to *Men’s Health*.



The USNS Comfort arrives in New York City on March 30 to provide a safer space for patients not infected with the virus.

@cleavon\_md

A day later, he was back at work and once again chronicling what was happening at the hospital. Over the following two weeks the number of cases in the city nearly doubled to 106,000, while the death toll nearly quadrupled, surpassing 6,000 people. When a woman called to check on her ailing father, it brought back a memory of Dr. Gilman's own. The patient had the same last name as his own late stepfather—a "happy, warmhearted man," as he later wrote—who contracted AIDS from heroin use and died of an overdose while his stepson was away in boot camp.

Dr. Gilman continued to check up on the woman's father throughout his shift, as he tries to do with everyone, no matter who comes through the doors. We are all more than a fever chart. We are sick human beings.