

## **INT 284**

### **COVID Memories Interview with Julie Byrnes**

**Interviewed by Barbara Niss**

**September 1, 2020**

COVID MEMORIES: My name is Barbara Niss. I'm the Director of Archives and Records Management at The Mount Sinai Health System. Today is September 1, 2020 and I'm speaking to Julie Byrnes. Just a quick disclaimer, we have to, you know, do a HIPAA thing. So if you tell me your personal health information it will no longer be protected because you told me. And also we ask that you please don't disclose any personal health information about any of our patients as well, of course.

That having been said, if you could just introduce yourself and tell us what your role is at Mount Sinai and then we'll go from there.

JULIE BYRNES: Okay, yeah. My name is Julie Byrnes. I'm a first, I'm a second year student at Mount Sinai. I just became a second year student. I'm actually an MD/MPH student, so, both in the graduate school and the medical school.

CM: All right. When did you come to Sinai?

JB: Last year, but I'm a Flex Med student, so I have been connected for a while.

CM: Okay, great. Alright, so why don't you tell us a little bit about what your life was like pre-COVID. And then, you know, tell us how that all changed.

JB: Yeah. Um, so, for me, there's so many things, you know, in terms of being a student and being at Sinai and experiencing all that. But really, on a personal level, I used to take care of my adopted mother. She was 91 last year. And I had been taking care of her for a while, throughout school, like going - she lives in Queens - and just coordinating her care on every level.

So when COVID started, I had such anxiety related to her. Yeah, because I had already had a hard time balancing school with, with my needing to be there for her and, my even just my, you know, emotional concern for her. And then when that hit, it really escalated very quickly. And it was just very quickly that feeling of not being able to do anything, even while being a part of one of the biggest hospital systems, New York's biggest private hospital system. Yeah, that feeling of helplessness even being in that was really, it was really something.

CM: Do you live at Sinai in Aron Hall somewhere or do you live out in Queens?

JB: So, I lived in Aron Hall when it all started. And thankfully, because I have a disability accommodation, I actually got moved out before the worst of it all happened because I didn't have any, Aron Hall is my only home, like I don't have other housing. So it was very good to be

able to get out of there, because it felt pretty unsafe during the peak of it, because you live with five other people that you don't necessarily know.

CM: Right, in the suites. Yeah. So, but so -

JB: I would go to Queens every week. But then when the pandemic started I actually stopped because I didn't, I wanted to minimize risk to her. So, obviously, now, I don't know how I feel about that, because this is ongoing. So I kind of wish I had taken advantage of, you know, her being there as much as possible, but...

CM: Well, you make the decisions with the information you have at the moment, you know, you do the best you can. And I mean, and that's something we've heard over and over, is that no one had information. Everyone was acting the best they could. I mean, this is from senior doctors on down -

JB: Yeah.

CM: - to workers. You did what you could do, based on what you knew. So how did it work out for you?

JB: Um, how did it work out?

CM: Yeah. What happened?

JB: So what happened... Well, so around, I guess, yeah, middle April, Marcella was her name, is her name, she, my adopted mother, got a clot in her leg. And so really, she needed to come to the hospital or she would have died from clotting out and so she came. And it's just, part of why it's so important for me to share this is the perspective of also being a medical student at the place where she was transferred to because I don't know that it made it easier or harder, I think it's both, but it just definitely was unlike anything I'd ever experienced. And obviously, you know, just this is something none of us have experienced so she had to go to the Sinai. Thankfully I had gotten her linked to Sinai before all of this because she's in Queens and otherwise would have been transferred to the hospitals there, which were so overcrowded. And so it was a long process. They actually had to operate on her leg, because it didn't go well. And she was doing okay and then contracted COVID at the hospital and very quickly deteriorated there.

But the experience of navigating the uncertainty on the ground in terms of who should, who should be able to be in contact with patients. Because at that time, it was actually towards the end of the peak quarantine level in terms of not letting any family members come see even dying family members. And so, but because I was a med student, I was afforded certain privileges. And so, but it was still this horrible thing of literally being with the person that I love most in the world and not and, I mean like everyone being forced to leave and not being able to be there.

And there was actually a specific moment, because the nurses taking care of her were really wonderful for the most part, but there was one time where, in following protocol - so I don't even really fault the person - I was with Marcella and she was doing really poorly, like we were at that point deciding whether to transfer to palliative care. A nurse took me aside and essentially was like, 'I know that you are medical student and you can't be here.' Saying that she was following protocol and if she didn't report it to her boss that she would get in trouble. And essentially, it just amounted to me not being with Marcella the last moments that she was conscious, because it ended up working out because we ended up transferring her to palliative care because of that, and then they have visiting hours for Sinai specific faculty and students.

But still it... As I'm, as a public health student, it was just, again, I can't fault the individual for that, it just leaves me so at a loss as to what we're doing and what we're valuing and all the people that have died alone. It's just, it really breaks me and in her case, I'm literally thankful every day that I got to be there with her because it was the most painful thing and that I will never forget. I mean it. I got to tell her I love her, and it was something that I know most people didn't get to do at the time.

CM: Mm, mm. So just so I'm clear on the details. So she was transferred to the main Mount Sinai Hospital.

JB: Right, because I live there.

CM: And because you could. That's good, because certainly Mount Sinai Queens was overwhelmed.

JB: Yeah.

CM: They were and Mount Sinai Brooklyn was overwhelmed even before that. So yes, coming here from Queens was best, and where you were.

JB: Yeah, and that was through having gotten her connected already, so I am very grateful for that.

CM: So you spent, you know, pretty much all your time, or as much as you could, being an advocate for her, as well as, you know, a comfort, I'm sure.

JB: Yeah, yeah. I mean, I had to stop doing school during that and so I've just caught up after she passed away very slowly. Yeah, I mean, I know I keep saying it, but it was unlike anything I've experienced in terms of the chaos in the world. And then no one having any sense of what the best thing is, because everyone's just trying to do the best they can. And again, having some agency, because being within medical school and some understanding because of that, almost made it even more horrifying, you know. But again, very grateful to get to be there with her.

CM: Yeah, absolutely. So, how was the Med Ed team, you know, in working with you and helping you as a student, weather all this and try to juggle your schoolwork?

- JB: They were actually really wonderful. That is something that I've always been so impressed since beginning at Sinai. I think that I do communicate with them pretty openly, so I think that helps. But they, especially my advisor, Dr. Gault, she really helped me coordinate Marcella's care and just served as an amazing sounding board, being able to talk it through because, obviously, I don't have much experience with that. So they were really, and they helped me just know, that yeah, I wasn't going to flunk out of school because of this.
- CM: Right. So were you able to complete your courses over the summer?
- JB: I was. I still have one left because it was different with the MD and the MPH coursework. The MPH coursework actually ended up being more difficult to complete because there's not the same centralized Med Ed situation. But, yeah, it all worked out. I can't believe it. Honestly, before all that I thought that whenever she would pass, I would need to take time off. But I think, again, I'm sorry to keep saying this, but the gratitude that I have for the time that we had together at the end really, really, really helps in terms of just staying grounded.
- CM: Well, you know, it's very clearly a basic human need, and it was wonderful that you could have that because, as you note, so many people were not able to do that and it's, I think people maybe underestimated how important it was. I don't know if doctors did because over and over we have heard that in our interviews that, you know, that that was that the hardest thing for them. To not be, you know, to see them not be able to have their family. So, um, so I guess they knew, but I guess, you know, as a society, we never thought about it -
- JB: Mm, mm.
- CM: - didn't understand so... So are you starting up second year now?
- JB: I am, I am starting. Yeah, it's, it's the second week now. I'm honestly, I'm definitely struggling because I am still in mourning, but it just is what it is. And I'm trying to, again, stay grounded and just be helpful in this situation. I'm grateful to be in school now. It kind of helps in a way to feel like you're learning the useful information to hopefully help prevent this from ever getting so bad again.
- CM: Yes. And, and you will because of this come at it with a different attitude. You will have had an experience and not everyone certainly your age can have or will have had and that will allow you to bring something to being a doctor and in public health. There is such a need for public health workers, I think, is really pointed that out.
- JB: Oh, yeah, oh my god. I mean, I will say that it was because I had just finished then Environmental Health and we learned about public health messaging. I mean, everything we learned was so related because also, I had taken Epi [Epidemiology] before that. But everything we learned as the right thing to do was the opposite of what the country did in terms of, you know, consistent messaging and keeping people informed. It was really rough, rough to know how important it is and then to just, yes, see on a mass level. But then, and I really, and I don't

mean to, like, prop up Sinai, because they definitely, there are criticisms, but I do think on that level, they kept people pretty informed on the, in a very good way. I think they did the public health messaging well. I think locally, people, places and institutions had to make up for the lack of federal oversight on that.

CM: Right, and even, even if everyone was doing exactly the right thing there were so many levels of government to that we read messages from. And that, in and of itself is confounding, you know.

JB: Exactly.

CM: I mean this has had a real impact on people working in public health and they've had such a loss of staff across the country. Do you think that's what you'll do for your career is go into public health?

JB: Definitely, I mean the ideal. I know I want to do psychiatry, in terms of medicine. It would be, you know, combining them, which thankfully with psych is very, I don't know if common, but very doable. Before Sinai I worked at Riker's Island for H & H Correctional Health Services and my bosses there were both doctors, one a psychiatrist who was head of mental health for correctional officers, and both were just such role models in terms of the medicine and being the best advocate for their patients, but also trying to work on changing the policy that would hopefully, long term, make the changes more lasting. So, I'd say, it's the goal.

CM: That's great that you come in knowing what it is you want. That really allows you the freedom to, I think, get more out of school because you can tailor your coursework. I think it's great.

JB: Thank you.

CM: So, what's the toughest part of your day now? Is it still, it's still obviously getting over your loss.

JB: Yeah. And, I mean, I think just because this is over the feeling that this is still happening to other families. And that is, on a day to day basis, very scary. Because specifically, and I think for me the main reason I wanted to do the interview is to speak to the confusing nature of the kind of inhumanity of how we had to deal with patients and their families. And so, imagining that continuing, it's, it's just, it's so damaging on a long term level for people. So, that scares me and it haunts me and I try not to.... I try to, you know, move my mind past that, but it's, yeah, it's scary.

Those are human things. Yeah. Like you said, I think we kind of didn't really appreciate how important they were at the time because we couldn't, because we were in, you know, just crisis mode.

CM: Absolutely. You know, I will say something about that. Because, obviously, people in labor and delivery also could not have visitors at one point and as an historian it made me, it's kind of

ironic, because up through the 1950s, I mean, men were barred. I mean, they didn't. It was arm that men, of course you wouldn't go in there. Oh my god, you know,

JB: [chuckles]

CM: It kind of, you know, shows how much has changed over the last 70 years or whatever that we went from one norm to a whole other norm.

JB: Yeah. No, definitely the ends, the birth and the death. The fact that it was at those extremes is so interesting. But that is, I hadn't thought about that. I mean, I think less with on the dying end, but definitely on the delivery sense. Very Interesting.

CM: Yeah, I mean, and obviously they would, you know, once the birth was accomplished and the mother was, you know, all neat and dumped back in her room. That, of course, the father would come, which is also very important, but it was just, caught my eye.

I think long ago it was much more known, you know, and about having... Hospitals used to have such limited visiting hours that it really was, again, a more recent thing that this kind of unlimited, you know, able to have people there all the time, kind of thing happened since.

JB: That's so interesting because, yeah, not to go too off topic but in the public health program I am in I just took a medical anthropology class, which I loved. I think in obviously many other places, the norm would be the family be involved throughout. So it's interesting to have gone to the extreme of so minimal visiting hours and kind of it being such an isolated thing. And then, as we've gotten a taste of the more family oriented, it's hard to pull back, because I do think that is a pretty human need.

CM: It's interesting to watch how things wax and wane. We actually have stories from some of our house staff from like the 30s and 40s and, you know, and they still had open wards and apparently we would get what they called 'gypsies,' you know, families in. They would come in and cook and they'd bring in food. Once they tried to make a little fire and cook something there in the ward. So, a very different kind of an experience. That is so off the track, but interesting.

JB: But all again, it's just the human part of it. But yeah, on a day to day level that's definitely what I struggle with. Because I don't think we've come to any, I mean it hasn't ended. And this has been such a mess. I don't know that if it got that bad again that we have learned so much that that wouldn't happen again.

CM: Yeah, it's, I mean, we've learned so much so quickly, but who's to say, you know, it's still incredibly contagious and now they're talking about reinfection and so maybe again, they would institute that same rule. But I think there'd be a lot more pushback. And I think already they've turned the corner on putting everyone on a ventilator, you know, that is –

JB: Yeah.

CM: - so much better than it had been initially so there's hope you know that it would not get that bad, based on the knowledge they have today. And which Sinai has done, you know, added quite a lot to. So, it's something to be proud of, as well.

JB: It is. It was interesting throughout to hear that contribution Sinai was making. I will say, I don't know if I may, I hope this is okay to share, but just that, definitely the experience has made going back to Sinai very difficult in terms of.... So, this semester is remote, which is definitely a bummer in certain respects and harder to learn the clinical things in person. But I've been very scared of going back to the building because of, you know, my mother having passed away there. It just feels like such a different place now. It went from an educational setting to one of the worst places in terms of...

CM: Right, right. But you obviously have a great deal of strength. You've made it this far and time will have passed before you have to, you know, go ahead and transition to that. And so hopefully that will make it all doable for you. I have great faith that that you will get there.

JB: Oh, well, thank you. I appreciate it.

CM: No problem at all. Okay. All right, then. Unless there's anything else in particular you want to talk about?

JB: Um, no. I mean, just thank you for doing this. I hope, you know, it wasn't over-sharing. It's just the human aspect I really, I felt like it was important to have on record during this insane time. It's historic. Because, you know the pain and everything that I went through with her, I would like for it to be productive in some way.

CM: You are clearly a future psychiatrist.

JB: [laughter] Thank you! I will take that as a compliment.

CM: No, it is, it is! You are just so in touch with you and what's going on. And so willing to have it out there and whatever. Hey, Mount Sinai is big on psychiatrists, just look at our leadership.

JB: Yeah I know, right. Yeah. Thank you.

CM: All right then. Well, thanks so much for talking, it was, it was nice to talk to you. I really enjoyed it.

JB: Thank you.

CM: And it was a great viewpoint for me to hear. So thank you so much for participating and good luck with classes and transition and your grief.

JB: Thank you so much. It was really, really lovely to speak to you too, genuinely. So thank you for doing this.

CM: My pleasure. You take care.

JB: You, too. Bye.

CM: Bye, bye.