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Fighting for every life in Iowa



Dr. Tamim Mahayani, ICU medical director at Mary Greeley Medical Center in Ames, talks with COVID-19 patient Thong Sengphirom after her transfer to the ICU on Dec. 8.

For nearly a year, Iowa's doctors and nurses have fought to save every COVID-19 patient. They fear surge, but charge forward.

AMES, IOWA

Julie Scebold said a prayer as she tried to find calm at the bottom of her coffee cup.

Her nurses had just lost their seventh COVID-19 patient in about as many days. He was a 30-something with a young family. So much potential, she thought, so much left undone.

Dr. Tamim Mahayni, the ICU's medical director, was on shift, guiding the patient's family through their final decisions. At 36, Mahayni is basically the patient's age, a harsh reminder that the corona virus is an indiscriminate killer. No one, no matter how healthy, is entirely resistant.

The man died on the first Sunday in December at the tail end of Mary Greeley Medical Center's late

fall surge, a crushing wave of patients that started around Thanksgiving. Mahayni was on then, too, working the holiday. As most Americans sat down to dinner, he texted a friend, "Seven of the eight patients I saw yesterday are dead or on comfort care." A majority of those passed from COVID-19 complications.

And now possible Christmas and New Year's waves stared down the staff.

In the pandemic's early days, Scebold, the nurse manager, put an optimistic spin on everything. They had supplies and training, she told her nurses, and they'd built a strong network of support. "You got this!" she'd say, believing any negativity would breed more. But as the patient numbers grew, putting on a happy face became increasingly exhausting.

What you're asking your nurses to do is scary, a friend told her. Acknowledge their fear.

So, Scebold gathered her nurses in the break room, thank you cards from families of the dead peppering the walls and donated snacks strewn on the counter.

"Rough weekend," she said, holding the still silence that followed as some nurses nodded and others looked down, playing with the papers in front of them. "I wasn't working this weekend — I didn't take care of anyone — and it bothered me.

"But there's 12 patients here today, and we have a job to do."

For nearly a year, Iowa's



ICU nurse manager Julie Scebold speaks with her staff as they sit separated by plastic dividers in the ICU break room at Mary Greeley Medical Center in Ames, Iowa, Monday, Dec. 7, 2020.

nurses and doctors have been on the front lines of the war on COVID-19. They've been asked to work longer, to balance changing guidelines, to switch responsibilities, and to put themselves in harm's way over and over again.

Most cruelly, the pandemic has forced these first responders to become last responders, holding phones and hands, offering goodbyes and prayers as patients pass through that final veil without loved ones by their sides. Despite these strains — both physical and emotional — Iowa's doctors and nurses pick up the burden each day and charge forward, helping more patients, saving more lives, just doing more.

But the coronavirus's constant drumbeat has worn out this ICU staff. Even as Mary Greeley continues to provide needed protections and supports, the deaths weigh. The final two months of the year

saw as many COVID-19 deaths as the first six months combined, said Dr. Dan Fulton, the hospital's infectious disease specialist. One doctor recently confided that he filled out more death certificates in a week than he usually fills out in a year. Many others have broken down in Fulton's office.

While debates over openings and stimulus checks and "return to normal" plans rage in statehouses and on social media, the ICU staff is left to ride the COVID-19 curve. They know all too well that the number of positive cases today will bear them patients in two weeks and deaths by Valentine's Day. It's here, inside the hospital, where the virus's cruel toll on the careful is witnessed, where the price of bad decisions is paid.

With many staff in the ICU now vaccinated, there is hope on the horizon, they say. But that hope feels distant when another patient codes and they have

to make another phone call to another shattered family.

Immunity isn't a salve for the anxious anticipation of what's just ahead, especially as some predict another fall-like surge this month. Back then, the hospital was "under siege" from the virus, Fulton said. And it's still way too near that boiling point today.

Every lull in numbers feels like the tide going out. Nurses and doctors stand on the shore, already soaked through from swells, wondering if the surf will come in calm or if there's a tsunami gathering somewhere deep in the sea.

As the sun comes up over Ames, nurses collect medicine, doctors look at charts and respiratory therapists check ventilators. A new week has dawned in the ICU, and a new group of patients demands attention. So, they pick up the burden and charge forward.



Dr. Tamim Mahayni talks with COVID-19 patient Thong Sengphirrom after her transfer to the ICU at Mary Greeley Medical Center in Ames, Iowa, Tuesday, Dec. 8, 2020.

Monday, 8 a.m.

The patient in Room 6, a ginger-haired elderly woman with significant health issues, has been on a ventilator for 12 days.

Room 6 — nurses and doctors use room numbers as shorthand for patients — had a breathing tube put down her throat at a rural hospital before being transferred. No one's heard her voice or communicated with her directly in nearly two weeks.

In the pre-coronavirus era, 12 days would be a significant amount of time on a breathing machine, but it's become the norm in the age of COVID-19, Mahayni says.

Stopping in front of the room's glass doors, he looks in and waves. The woman can barely lift a finger. She hasn't been squeezing nurses' hands or wiggling her toes, but her



ICU nurse Abbey Malone asks the patient to wiggle her toes to assess her recovery before removing her breathing tube Monday, Dec. 7.



Malone prepares medications in the room of a COVID-19 patient. Malone prepares medications in the room of a COVID-19 patient.

vitals are good, and her cough “sounds fantastic,” a sign she should be able to clear her own airways, nurse Abbey Malone says. But they’ve taken people off ventilators before only to retube them as the virus takes stronger root in their lungs. Still, COVID-19 is so volatile that if extubation is an option, they have to strongly consider the procedure. They just might not get the chance again.

“I feel like this is our window,” Mahayni says as Malone gowns up.

“Today’s a big day,” Malone almost shouts to the woman over the whirring machines and bulky masks and shields. “We need to know that you’re going to be able to do OK on your own.”

She gently rubs Room 6’s hair from her forehead, “All right, honey?”

‘Am I going to die from this?’

Mahayni almost went to war back in 2013.

Born in Syria, but raised

in Ames, he interviewed with Doctors Without Borders after residency, hoping to help on that civil war’s front lines. But his life took a different course. He married his wife, another doctor, and took a fellowship to study



Nurses, respiratory therapists and patient care techs put on their PPE before entering a COVID-19 patient’s room in the ICU at Mary Greeley Medical Center on Tuesday, Dec. 8, 2020.

pulmonary critical care — preparation that has become invaluable in the battle he now fights.

The Mahaynis have deep roots in Ames. Tamim’s father, Riad, chaired Iowa State University’s depart-

ment of community and regional planning for decades, was a city councilman for years, and led the push to build a new mosque and community center in the 1990s — an effort that thrust the family name into headlines.

Tamim’s parents always cared deeply about education, but not medicine, per se. Tamim wasn’t one of those kids with a play stethoscope or a toy doctor’s bag. As a high schooler, he was obsessed with soccer, and in college, he focused on social activism.

But biology always held

seminars, not the administrator.

“You hear these stories of, ‘This person jumped in and did this heroic thing,’ and you always wonder, ‘What would you do in that situation?’” Mahayni said. “I’ve never been the person who would confidently say, ‘Oh, I definitely would have done that, too.’”

“I never imagined or truly wanted to be a person in the hospital where people were just looking at me saying, ‘Please, get these people better,’” he said.

Not many in the ICU had this career carved out as

his interest, so he kept following where that path took him. A critical care specialization allowed him to be out of the spotlight — not the superstar surgeon on “60 Minutes,” not the infectious disease doctor asked to conduct

children. Most came to it after “life struck,” Scebold said. She had to find a steady job to raise her young family. Amy Olson, one of the unit’s senior nurses, nannied for a doctor who asked her to work in his clinic and then



ICU Nurse Abbey Malone talks to a COVID-19 patient before removing her breathing tube on Dec. 7.

pushed her toward nursing.

But here, in the hospital, they found their niche. As Ames natives, they could impact their neighbors' lives, take a sick person and get them well. Being a part of a patient's happy ending never got old, Olson said.

As COVID-19 started its march across the globe in January 2020, stretching from Italy to Washington state, Mary Greeley administrators mobilized their infection prevention team, writing up emergency plans and securing supply lines.

A case appeared a couple of hours away, in Johnson County. Then a cluster. The intensity in the hospital turned up slowly, like a tea kettle on low heat.

In early March, when testing in Iowa was limited, the requirements to swab a patient were stringent and the delay to get results long. A woman who traveled to western China — though not Wuhan, the virus's original epicenter — came in with respirato-

ry distress, but didn't qualify for a test. They sent her home and monitored her progress, an early version of their at-home coronavirus treatment. She eventually got better.

The hospital retrained nurses on ventilators and practiced proning, the delicate process of turning patients onto their stomachs to improve oxygen distribution in their lungs. They worked with Iowa State to develop a process for washing N95 masks and established a "clothesline" system for hanging PPE. Now, everyone keeps their clean equipment in bags, labeled and draped throughout the unit.

When a patient finally did meet prerequisites for testing, Olson gowned up from head to toe, turned to Fulton and asked: "Am I going to die from this?"

Monday, 11:30 a.m.

With the ventilator off, Room 6 is fighting damage on two fronts: injury from the tube as well as

the virus.

"This is where their management actually gets more difficult, because she's going to be pretty wounded," Mahayni says.

Soon they'll call in "the song," he adds. An invention of the spring — when they were deep in the hospital's first surge — the team decided they needed to celebrate successes more widely than nods among themselves.

"It felt so anticlimactic when people would get better," Mahayni says. "We needed to do something to show people were getting better."

Mary Greeley plays Mozart's Sonata No. 11 over the hospital loudspeaker when a baby is born; may-

she slides a patient's door closed and dances in the ICU hallway. Nurses on the fifth floor call to offer congratulations, and Mahayni's phone beeps with digital salutes.

Down in the ER, goosebumps rise on nurse Sharon Ellrich's arms as one of her technicians leans over. "We haven't heard that in a while," he says.

The gathering sea

By the time Mahayni walks into the ICU, he has already looked at his patients' charts. Cooking breakfast for his 3-year-old and 1-year-old, he glances at an app on his phone, planning out who needs attention first.

His drive to the hospital,



Malone preaprs to remove the breathing tube.

be they could do that, too? How about The Beatles' "Here Comes the Sun?" a technician suggested.

A few minutes later, the melody's signature guitar riff rings out across the medical center.

Olson throws up a cheer as

just a 5-minute trip, is often filled with low-grade anticipatory dread. "Some days, nothing happens," he said. "Some days, we'll get five COVID transfers from outside hospitals. Most of the time, it's somewhere between."

"You try to focus on pre-



Nurse Connor Ramirez, respiratory therapist Kristin Hofland and nurse Julie Scebold work to transfer COVID-19 patient Thong Sengphirom to the ICU at Mary Greeley Medical Center in Ames, Iowa, Tuesday, Dec. 8, 2020.

servicing and saying, OK, we're on a marathon here, and this is the downhill portion of the marathon," he said. "Save your energy for the climb again."

But you just don't know when that climb is coming, when it's all going to get tough again, he said. "Is it the next mile? Is it a mile after that? You're running a race, but you don't know the route."

As the administration worked through hospital plans, Mahayni fielded calls from friends and community members offering help.

His high school shop

teacher dropped off N95 masks. His goldsmith buddy investigated 3D printing ventilator parts and used a connection in the plastics industry to help mock up a box that could be put over patients in bed to protect against the spread of COVID-19-infected droplets as they're wheeled through the hospital. Mahayni was part of conversations with the ISU vet school, exploring whether, if push came to shove, one of their animal ventilators would work on humans. Horses' lungs were too big, they learned, but a ventilator made for

cats might do.

As the coasts were pummeled, the early days of the pandemic were calm at Mary Greeley. The patient Olson tested came back negative, and the ICU even shut down for a few hours on April 3, not a patient on the ward.

The first person with obvious COVID-19 came through about a week later. Mahayni followed the well-rehearsed plan. He gowned up. He sanitized. But, still, the first time walking into a room was "terrifying."

He couldn't shake how normal she looked lying

there, just like any number of his patients, but he knew a deadly virus was coursing through her lungs.

"I remember telling my wife in March and April that it was the first time I ever felt scared to go to work," he said. "Not that I felt anxious about what I'm doing, but actually scared of getting this and dying."

Tuesday, 9:45 a.m.

A physical therapist and a nurse maneuver Room 6 to the edge of her bed, the



A COVID-19 patient is wheeled into a room under a plastic protective box and bag, designed to prevent the spread of COVID droplets on Dec. 10.



Dr. Tamim Mahayni asks for information about Sengphlrom's condition during morning rounds on Dec. 8.



Dr. Dan Fulton, the hospital's infectious disease specialist, and nurse Wanda Ross check on Sengphlrom on Dec. 16.

pair holding up her entire weight as they move her arms and legs like a rag doll. She's not eating yet, instead getting nutrition through a tube, and her vocal cords are still too sore to allow speaking.

But she's breathing well enough that she won't need to be re-intubated, a win for Mahayni and the nurses.

In the room next door, the prognosis is less hopeful. With the hospital's plastic box covering her upper body, Thong Sengphrom, 70, is transported into Room 5. She's been on the COVID-19 floor for five days, but her breathing isn't getting better. Each day, she's needed a little more oxygen therapy than the day before.

"This is the progression of serious COVID," Mahayni says.

He points at Sengphrom's room — "This is the start of it" — and then to Room 6 — "This is the end of it, best-case

scenario."

'Awake and drowning': The first wave crashes

In late April, Mary Greeley's ICU filled with essential workers, meatpackers and nursing home assistants. They were younger, in their 40s and 50s, some even in their late 20s or 30s, without many other health problems.

"We got lots of patients from Marshalltown all at once," Olson said, referring to a hospital about 45 minutes away. "We were like, 'Oh my gosh, everyone's sick.'"

But the staff had more energy then, and more of them were on hand. Nurses lined up around the unit, waiting to help Mahayni take gear off the moment he came out of a room. Doctors offered their time, too.

And when a blackout hit the ICU in May, people rushed from all over the hospital to lend a hand.

Even Mary Greeley's CEO, Brian Dieter, in full suit and tie, walked over surge protectors and extension cords. (Patients' life-sustaining equipment was never at risk, Scebold says, but they lost power to monitors and lights.)

The first wave allowed ICU staff to study the virus. They learned patients' sickness is often delayed, roughly seven to 12 days after a positive test. They noticed a pattern of patients appearing "bland" visually, maybe not even complaining of symptoms, but on a profound amount of oxygen — and needing more as hours ticked by.

Anecdotally, ventilators didn't seem to help, often just buying time to see if the body could fight off the infection.

In the simplest of terms, COVID-19 causes the lungs to harden, to turn from malleable to stiff, making breathing oxygen in and pushing carbon dioxide out difficult. Eventually, they just stop working.

For patients, "it's kind of like they're awake and drowning at the same time," Mahayni said. And "if they elect to not go on a ventilator and die, they are generally awake when that happens."

The illness's course is completely "unpredictable," he said, and prognoses turn in an instant. Why one person survives and another doesn't simply isn't clear.

"I want to give people an answer: This is why this is happening," he said. "We don't know. All of that compounds this feeling of helplessness."

"Despite everything that we're doing, you still may die. Or you might not. I don't know; time will tell."

Whatever happens, there's rarely a chance to reconsider any specific action or course of treatment, Mahayni said, "because here comes the next one."

Deep in the spring wave, one of the respiratory therapists hung a printed sign on the back of their office door, a small way



Jan Beeghly recovers in a room on the COVID floor at Mary Greeley on Dec. 9.

to offer one last bit of encouragement every time they left for the ICU.

Although patients rolled into the ICU at breakneck speed in the spring, many were able to survive the necessary therapies and go back home, “Here Comes the Sun” heralding another success.

When the fall surge hit, calls to play “the song” became few and far between.

Wednesday, noon

Jan Beeghly can finally see her nurses’ faces.

As of mid-morning, after about a month in isolation, she’s no longer contagious. With the staff free of multiple face shields and gowns, she’s able to

get a better look at “the girls” who got her through. Beeghly’s husband of 50 years, Roger, caught the virus first — from where they have no idea. He rode it out on the couch in their Conrad, Iowa, home, the

same thing Jan tried to do after her test came back positive Nov. 3.

“I knew that he could take care of himself, but I want-

ed to do it,” she says.

But slowly, getting up became harder. Then staying awake was difficult. Then breathing. In the middle of the night 10 days after her results, Roger drove her to Mary Greeley.

She’d frozen his favorites — ham and scalloped potatoes — before her illness got too bad, but soon, Roger had to learn to cook for himself. When she was healthy enough, sitting up on the COVID-19 floor, she talked him through tater tot casserole and her special Maid-Rite sandwich.

Bit by bit, phone calls be-

came too tiring. Breathing strained. She needed more and more oxygen. On Nov. 24, just about two weeks after her admission and two days before Thanksgiving, Beeghly moved to the ICU.

Seven of the patients around her would go on ventilators over the holiday weekend, a fate she barely missed, doctors told her.

She doesn’t remember much from that time — call it “COVID fog” — but, oh, she says, she’ll never forget the nurses.

“I could not get out of bed,” she says. “They helped me. They held my hand...”

She trails off, looking away to compose herself as tears well in her eyes.

Becoming last responders

The tide went out in the late summer. For a while, they’d have one COVID-19 patient in the ICU, maybe none.

But as fall turned to early winter, the second wave came crashing down — ruthlessly.

Since November, more patients have been elderly — “grandma and grandpa,” Mahayni said. And they don’t tolerate treatments as well as the spring patients did.

For the staff, “this wave has been harder than the last wave, probably because there’s less energy,”



Scibold holds COVID-19 patient Thong Sengphirom’s hand as she is transferred to the ICU on Dec. 8.

INSIDE COVID'S SIEGE



Intensive and Coronary Care Unit nurse manager Julie Scebold, shown on Jan. 4.

Mahayni said. “The patients are sicker, probably because they’re older.”

Over the course of several days around Thanksgiving, the hospital went from about seven patients on the COVID-19 medical floor and a couple in the ICU to 17 on the floor and seven in the ICU, Fulton said. Then, 22 on the floor and nine in the ICU. They filled their initial COVID-19 unit and opened a second one. The original ICU COVID-19 section overflowed. Nurses took on two or three ventilator patients, maybe a fourth, way above average, Scebold said. The number of open beds across the hospital dwindled. Emergency plans got dusted off.

And more patients died. The pain of those deaths sits just under the surface, like a throbbing bruise, for most nurses and doctors on the unit, difficult memories marked on their souls forever.

For Olson, it’s the woman in Room 2 who loved Dr.

Pepper just like she does. “I got you, girl,” she said, promising to have an ice-cold can ready as soon as the patient got off the ventilator. She never did.

There was the woman who died on Thanksgiving, which felt particularly cruel. Or the woman who came off a ventilator and got a tracheostomy, which supported her for a few days before her lungs gave out.

There were all the people named Bob in Room 4. And all the people in Room 5.

“There was a time when we tried not to put anybody in Room 5 because we had so many people die in Room 5,” Fulton said.

For Scebold, it’s the man

who told her “not to let him die alone,” asking her to read from the Bible to keep him awake as his family traveled to the hospital. She moved his bed right up to the glass door so loved ones could say goodbye through the pane. The few family members who gowned up for his last breath asked Scebold to stay as he passed, strains of gospel music playing in the background.

Nurse Brenda Johnson remembers the farmer, elderly but with a clean medical record, who never made it off the ventilator. “As he was dying, his son asked me over the phone, ‘How does a farmer in the middle of Iowa get this?’” she recalled.

“Even farmers have to go places,” she replied.

“You become so emotionally engrossed in these cases that they become not just patients, but family,” Scebold said. You learn their stories, talk with their loved ones. You rub their foreheads. You dry their eyes.

And in a small community in central Iowa, there’s a good chance that you know them outside the ICU.

“We know that they have a grandkid that’s getting married, or they have a kid that’s supposed to graduate from high school, and they’re not going to get there,” Olson said. “And I think that ticks me off the most, because we lost. We



ICU nurse Wanda Ross takes a moment to herself as she cares for COVID-19 patient Thong Sengphrom at Mary Greenley on Dec. 11



ICU nurses arranged for Roger Beeghly to visit his wife, Jan, as she came out of isolation, her 26th day at the hospital.

didn't get them there. We didn't get them through." Even though the negatives stick out more than the positives, the team tries to hang on to the good moments, too, the "bits of joy," Olson calls them.

Like the young woman in Room 4 who lost a loved one to COVID-19 a few days before being admitted with symptoms. In isolation on her birthday, the nurses sang "Happy Birthday" outside her room, one gowning up to bring in a special treat.

"Thank you," she mumbled before another coughing fit hit.

Or the man, early in the spring wave, who was not doing well. He started playing "Lean on Me" really loudly on a speaker in his room and just "belting it out," Fulton said. All the nurses and doctors

in the unit drifted over, a chorus of voices joining him through the glass.

Wednesday, 5 p.m.

Unbeknownst to Beeghly, the nurses who held her hand for all these weeks also called Roger the moment she came out of isolation, cooking up a plan to surprise her. (Just in time, Beeghly said later, as Roger had been eschewing his newly learned culinary skills for frozen pizza.)

Waiting outside his wife's door, Roger asks one of the gathered staff whether he could take Beeghly out on Christmas Day if she wasn't home by then.

"Just for the day?" he asks. Probably not, she replies.

Red roses in arms, Roger knocks, laying eyes on his wife for the first time since Nov. 13. As soon as Beeghly sees him, she buries her face in her hands. He leans down for a hug, and they hold each other for a moment. The watching staff are red-faced, crying into their masks.

"Missed you," she says.

"I missed you, too," he replies.

"Life is grand," she adds, her smile wide. "It's been good all day, but this is the best."

Constant anxiety of another surge

With his wife in charge of drop-off duties, Mahayni

is tasked with pickup. The kids catch him up on the day's activities during the drive, and they play or watch a Disney movie for the rest of the evening.

As the pandemic raged this fall, Mahayni tried "to be present" with his family and friends, tried to block his mind from slipping back to the ICU, back to the patients.

"My wife said something like, it's really hard to try to be present," he said. "You either are or aren't."

He stopped watching CNN for a bit, its death toll ticker a source of anxiety. But he still reads obituaries, a small way to honor the whole lives of the people he knew only as patients.

On the weekends, he and his family drive around central Iowa, looking at the countryside, taking in small communities, listening to music. His 3-year-old can sing some of the "Hamilton" songs now.

In August, they drove 10 hours to his wife's hometown, a journey he would have complained about a year ago. But now, there's something about being physically away.

"I told my wife what I was looking forward to the most for our vacation was getting on I-35," he said.

"My only job is to safely drive my family — have my coffee next to me, listen to whatever I want on the radio and just drive."

Scibold rarely leaves her

acreage on weekends, preferring to be with her horses and her family.

When Olson has a day off, she goes to a friend's farm to help, or sometimes to just be. "I struggle with people outside of here," she said.

Mahayni thinks staff members "are doing worse emotionally" than he's seen before in his career.

"Probably me included," he said. "It's not that I'm going home and crying; it's that I'm going home



Jan Beeghly, her husband, Roger, and rehabilitation unit staff celebrate on Dec. 23, as she leaves the hospital.

and not crying."

So far, five of the 27 staff members in the ICU have contracted the virus, all, they believe, from family members who became positive first. They experienced mild symptoms and recovered quickly.

While the sheer terror of gowning up and entering COVID-19-positive patient rooms has receded with repetition, a dull anxiety for your safety — your loved ones' safety — never wanes, Mahayni said.

They know the pandemic won't end with a thud, but with a trickle. So they gird their energy for another surge, for the long haul. They go to another bedside, talk to another fam-

ily, do everything they can for that patient. And they do it again.

“A consistent theme here in the hospital is whenever a new department or floor really encounters the reality of coronavirus for the first time, there’s this deep breath that everybody takes, and this moment where people, you know, kind of look inward and ask themselves, ‘Is this what I want to be doing?’” Fulton said.

“Time and time again, people have stepped up in the face of that uncertainty.”

When you have so many questions, so few treatments, and are so tired, all that’s left is being able to care, Fulton added. Hold

on to that, and the rest works itself out.

Don’t forget, Olson offered, “the world needs caregivers.”

Friday, 3 p.m.

Room 6 spoke yesterday. Quiet and squeaky, she asked a nurse for help to the bathroom, the first time anyone had heard her voice.

She’s built up strength to just barely move and squeeze and wiggle, but she’s still getting most nutrition from a feeding tube.

Her recovery is far from over, Mahayni says. But she’s not critical, so a runner takes her upstairs to the COVID-19 floor.

She’ll be there for the rest of the month, discharging just before the new year.

On the COVID-19 floor, Beeghly’s system has bounced back enough to move to the hospital’s rehab unit.

Two days before Christmas, Beeghly stood by the nurses’ station and read the poem hung next to the “going home bell.”

“My rehab is done, this course is run,” she says, her voice catching in her throat. “And I am on my way.”

Everybody claps and cheers as she rings the bell and is helped into a wheelchair. Roger is just behind her, the corners of his eyes crinkling above his mask, betraying the smile under-

neath.

In the ICU, Sengphirom, in Room 5, isn’t improving, her oxygen levels still declining. Her daughter, Jade, walks into the unit for a conversation she’s been dreading since her mom moved to the ICU on Tuesday.

Her family now has to decide if they’re going to put their matriarch on a ventilator.

In a few hours, Mahayni, Olson and Scebold will be home, physically away, trying to find a measure of peace.

And tomorrow, another group of nurses and doctors will pick up the burden and charge forward.

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