



CONTACT TRACING

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November 16, 2002 (from the files of the World Health Organization)

First known case of atypical pneumonia occurs in Foshan City, Guangdong Province, China, but is not identified until much later.

February 10, 2003 (from the files of the World Health Organization)

The WHO Beijing office receives an email message describing a “strange contagious disease” that has

"already left more than one hundred people dead" in Guangdong Province in the space of one week. The message further describes "a 'panic' attitude, where people are emptying pharmaceutical stocks of any medicine they think may protect them."

Dr. Fitzgerald still had his watch, so on the second day of his admission he timed it. Through the glass, he could see when someone was coming, and it took them a little while to get in to him. Anyone who needed to come into Fitzgerald's respiratory isolation room had to don a second Ng5 mask over the one that was already pressing a red welt into their face, a clear face shield, a second hairnet, a first pair of gloves, then an isolation gown over the one they were already wearing, then a second pair of gloves, then a second layer of shoe covers. Then they would wave to Fitzgerald to make sure that he was wearing his mask securely before coming in. But this preparation time didn't count. Fitzgerald timed the minutes of human contact starting when the person entered the room, and ending when the person left. Usually, it was one of the nurses. Dr. Zenkie saw him once each day.

They addressed him as Dr. Fitzgerald even though he had become a patient. When he was alone in the room, he didn't want them to call him doctor, because it somehow implied that he should be partly floating above this illness and yet have some control over it. These were the obligations attached to the word, which

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he had no energy or ability to live up to. Each time he saw a nurse begin her ritual preparations to enter the isolation room, he decided that he would ask her to not call him doctor. However, once she entered and addressed him in this way, he could not ask her to call him anything else. With someone else in the room, he became scared to give up his title, this dark-cloaked word. Suddenly, this label which felt taunting and futile when he was alone became, with someone else present, his best and last and only piece of clothing which, despite its flaws, could hardly be discarded—except for this he was now naked, stuck in this isolation room that was always humming with its dedicated ventilation fans. What would he be if not a doctor? His self before becoming a physician seemed like a half-remembered, dreamed version of himself, a persona that was impossible to resume in his present life. Although he longed to shed the medical shell when he was alone, it was frightening to try to remember how to be anything else in the presence of others.

They took his vitals, and checked his intravenous line. The fever clawed at his skin and he gripped the armrests of the chair to control the shaking while the nurse took his blood pressure. The nurses brought the food as well, so the attendants wouldn't be exposed. Then they left. Seven minutes, was what he timed each day. Seven minutes of human contact in twenty-four hours. Between these minutes, Fitz kept the television on. The same clips played again and again, and encouraged

time to evaporate. Each day, the numbers on the television mounted. One hundred and sixty-seven cases worldwide. Eight in Toronto. Thousands quarantined, and now the horrible, fascinating spectacle of new cases blooming, spreading, the numbers bursting bright on maps like dandelions on a mowed lawn after the rain.

March 15, 2003 (from the files of the World Health Organization)

"This syndrome, SARS, is now a worldwide health threat," said Dr. Gro Harlem Brundtland, Director-General of the World Health Organization. "The world needs to work together to find its cause, cure the sick, and stop its spread."

(Initial consultation note of Dr. R. Zenkie, FRCPC, dated March 15, 2003—excerpted from chart with permission of Toronto South General Hospital)

ID: Dr. Fitzgerald, 29 years old

OCC: Flight evacuation physician

CC: Cough, fever

Dear Dr. Chen,

Thank you for this consultation. Dr. Fitzgerald is a previously healthy young man who saw you in the emergency department on March 10 with four days of fever, progressively worsening dry cough, diffuse myalgias, and occasional rigours. I agree with your impression at that time that the chest X-ray appeared typical of an

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atypical pneumonia. You prescribed a course of azithromycin and advised Dr. Fitzgerald to rest at home. In the following days, Dr. Fitzgerald became progressively more short of breath and noted his own tachypnea at rest.

It has since become apparent that a patient whom Dr. Fitzgerald transported from Shenzhen, China, to Vancouver, Canada, has died of pneumonia and DIC at the Oceanside Community Hospital and that Dr. Fitzgerald likely contracted his illness, which we suspect to be SARS, from this patient. Dr. Fitzgerald was seen again in the emergency department on March 14 by yourself, and then by myself at your request. Isolation and respiratory precautions were implemented.

Initial physical examination revealed a muscular young man with a good oxygen saturation of 95 percent on 4 litres nasal prongs, however with an O₂Sat of 88 percent on room air. Mild tachypnea, fine inspiratory crackles noted throughout all lung fields, with mild indrawing and accessory muscle use. Chest X-ray reveals diffuse patchy densities and air bronchograms suggestive of widespread consolidation.

We have admitted Dr. Fitzgerald into a negative pressure isolation room. He has developed a coarse tremor. We have continued the azithromycin, have added ceftriaxone, acyclovir, ribavirin, as well as a pulse course of solunedrol. This broad regimen will be continued until there are any developments concerning the appropriate treatment of SARS. Dr. Fitzgerald's clinical condition has

worsened, and today he requires 10 litres of O_2 by face mask in order to maintain an O_2 Sat of 91 percent. He is somewhat anxious. Having said that, he is a robust young man who will hopefully improve, although his thoughts have become rather morbid. His coarse and bothersome tremor is not in keeping with the SARS picture that other centres are reporting. There are no focal deficits. Tracing and quarantine of Dr. Fitzgerald's contacts is being undertaken by the Department of Public Health. Several of his contacts have already been hospitalized.

Thank you for involving me in this timely and interesting case. I will continue to copy you on the chart notes, although you will likely not receive these reports until you have completed your own quarantine period.

Yours truly, Dr. R. Zenkie, FRCPC

Consultant in Infectious Diseases, Toronto South General Hospital

When Fitzgerald was admitted, Chen was quarantined as an unprotected contact. Fitz asked Zenkie about his flight crew. All quarantined, afebrile, except Niki, who had been in the cabin with him and the patient who was now Canada's first SARS fatality. Niki was admitted at Holy Mercy, and requiring an FiO_2 of a hundred percent. It had been a routine patient transfer—Shenzhen to Vancouver. Pneumonia and sepsis. Now the patient was dead, which was also not outside routine, but what was new was that they were sick, they had made others sick, and the whole world was now

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holding its breath while learning this new word, SARS. Dr. Zenkie puzzled over Fitzgerald's tremor. This was not part of what most centres were reporting, but of course no one could say what to expect. Fitzgerald knew this shakiness. When he had gotten the fever and cough, he had figured he would blur away the time with some single malt. Probably a viral pneumonia, he and Chen had figured, but best to start the azithro just in case.

For the most part, he had kept the alcohol just below the surface—a quick shot in the back of the plane, one or maybe two with a meal, a glass of comfort before sleeping in the hotel rooms that looked the same all over the world. It was always there, but he told himself that he was disciplined about it. He paced and timed himself to the next one, and figured that as a flight doc he passed the effects off as being dazed from the time change and sleep deprivation. That and breath mints. Niki must know, of course, but Fitzgerald believed that when the tight spot came in a flight, he was up for it and sharp.

Apart from the rationed nips, the binges called him like old friends who were impossible to outgrow, who wanted to visit him on his days off. He would sink down through the first four or five that made him feel right, then swim into the next few rounds where there was a peaceful warm slowness, and then the weight of it would pull him to the bottom of the bottle where it was just one after another, automatic

as if the drinking itself would be enough. Enough for what? Enough.

This time, though, the breathing bothered him. When he drank to the point where he usually felt soft and floating, instead the numb edges were fringed with a panic. One night he dreamed that he was in the Lear jet with Ming. She was the patient, but she opened her duffle bag to reveal a newborn child. The baby was blue, floppy, and she threw it at Fitzgerald. It was a girl, mottled and cold, limbs draped down from the naked torso which he cradled. He said, "You're the baby doctor." Ming said, "I just deliver them. The rest is your game." Then she went to the front of the plane to chat with the pilots. Fitzgerald began mouth-to-mouth and chest compressions. On the infant, the mouth-to-mouth was little breaths puffing out a single birthday candle, the CPR was a tap-tap-tapping on the chest, as if using a manual typewriter. Tap tap. Firm. Not too hard or fast—lest the spindly metal arms with the letters on their tips become jammed. The plane dropped—a weightless moment—air pocket? Turbulence? Then a hiss, and the oxygen masks dangled from the ceiling. Fitzgerald tried to hold a mask to his face and deliver rescue breaths to the limp baby. Breathe the mask, puff the baby, but he couldn't keep it up. Too much switching, fumbling, he needed both hands to hold the baby, but one hand to grab the mask and one hand for compression. He was faint, vision clouded. Ming and the pilots chatted casually, their masks strapped to their

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faces. Fitz would have to stop breathing for the baby, just suck on a mask himself. At this point, when he had decided to abandon the child but had not yet given up the baby to hold his face to the mask, Fitzgerald woke—shaking, gasping. Drank from the bottle next to his bed.

It was perhaps because he was drunk that he waited a couple more days to return to hospital. By March 14, the sparks of plague headlined news broadcasts. Public Health phoned, left messages. Fitzgerald listened to all eleven urgent voice mails that exhorted him to check his temperature, to call Public Health, to report to hospital if he had a fever or any respiratory symptoms. A man in an isolation mask came to the apartment building, and on the short-circuit monitor Fitzgerald watched him stand in the lobby, buzz Fitzgerald's apartment, pull on latex gloves. Fitzgerald didn't answer. He was drowning in lung fluids and tried to flush this away with alcohol, but even when the alcohol began to recede his lungs were still filling from illness, so he returned to the hospital. Chen was on duty, again.

And now the withdrawal. Of course, Fitzgerald had his own diazepam stash at home for the shakes, but he hadn't brought them with him to hospital. It didn't hurt anyone, he told himself, and he only "treated himself to a session" when he had some time off, and then weaned himself to that "cool place" before he was scheduled to fly again. Now he wished he had brought a bottle, never mind diazepam.

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(Initial consultation note of Dr. R. Zenkie, FRCP, dated March 18, 2003—excerpted from chart with permission of Toronto South General Hospital)

ID: Dr. Chen, 31 years old

OCC: Emergency physician

CC: Shortness of breath, fever

Dear Dr. Chen,

Thank you for this consultation. As you know, you developed a fever and some mild shortness of breath on March 17, which was the third day of your quarantine after contact with a probable SARS patient, Dr. Fitzgerald. You alerted me and, after we discussed the matter on the phone, you presented to the hospital (travelling appropriately with an N95 mask in a private vehicle) and were admitted directly into a respiratory isolation room. At present, I note that you have only mild shortness of breath not requiring supplementary oxygen. Your X-ray findings demonstrate diffuse infiltrates consistent with an early case of SARS. You are otherwise healthy. Ceftriaxone, azithromycin, acyclovir, ribavirin, and solumedrol have been initiated. Since we agreed that no other physician should be exposed by becoming involved in your care, I will address you in the consultation notes.

Contact tracing is being carried out by the Department of Public Health. Thank you for another interesting consultation, although I regret that you have now come under my care. As per your request I will ensure that your wife,

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Dr. Ming, who is currently under quarantine, receives copies of the medical record.

Yours truly, Dr. R. Zenkie, FRCP

Consultant in Infectious Diseases, Toronto South General Hospital

At quarter to midnight, Dr. Chen was admitted to the respiratory isolation room adjacent to Dr. Fitzgerald's. These rooms were fishbowls, walled with glass and humming with the fans that created a negative pressure environment, sucked the air out to be filtered. Each of the rooms had a television and a phone. From inside the room, the occupant could see nurses and doctors passing in the hallway, appearing and disappearing with the casual nerve of those who had not been imprisoned. There were curtains that could be drawn on the inside, but the cardiac and saturation monitors that trailed wires from Chen and Fitzgerald's bodies were always watching them, a peephole even with the curtains drawn. Fitzgerald wrote the extension number of his phone on a piece of paper and held it up to the glass. Chen called him.

"Sorry," said Fitz. "I gave you this SARS thing."

Chen said, "It's an infection. It's not you."

"Did you give it to anyone?" Fitzgerald knew that Ming and Chen had married a year ago, that they were now Mr. and Mrs. Chen, although she still used Dr. Ming. "You still single, or what?"

"My wife's in quarantine. Afebrile, though. She's

been on call a lot this week so we haven't seen each other much. Maybe for the best . . . considering."

"Right."

"It's late," said Chen. He looked up at the curtains.

"Sure. Hey, what's your phone extension? We can catch up."

Fitzgerald realized that there was a time when he would have simultaneously wanted Ming to have contracted this illness and yet given anything for her to be healthy. Now this was all far away, dull and subject to illumination by the impartial swinging spotlight of infectious illness. He was glad that Chen was here, a familiar face.

The next morning, Fitz turned up his oxygen to fifteen litres per minute. He watched TV. SARS was now in Canada, Germany, Taiwan, China, Thailand, Hong Kong, Vietnam, and Singapore. The numbers seemed to grow by multiplication instead of addition. The cloud of humidified oxygen that blew into his face left him breathless, and through the glass he saw Chen talking on the phone. He talked for a long time. Hung up. Looked like a man who was adapting to being a fish in a tank. Seven minutes, Fitz thought. The windows of this ward looked over the back of the hospital where there was now a tent, and a line of hospital staff waiting to be screened for entry. As if the hospital was worth lining up for. The nurse who brought lunch (forty-five seconds) was one he had not met before,

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Dolores. Her eyes were red. She told Fitz that this was no longer a regular ward, that it was the new SARS unit, to which nurses had been assigned by lottery.

Earlier that day, Dolores had sat down in the cafeteria for the second SARS Strategic Meeting among a masked, garish army of yellow and blue isolation gowns. None of the Toronto South General nurses knew that there would be a lottery. The creation of a dedicated SARS unit was explained by the administrator who wore a grey dress and a mask. It would be simple. All of the ward nurses had to be entered in the lottery. If someone didn't want to be in the draw, there was a sheet of paper they could sign, said the administrator. If you signed this paper, you were out of the lottery but you also forfeited recognition of your seniority. Seniority was what nurses built over a career, what entitled them to a better choice of shifts, to the first pick of holidays, to be the last one laid off in a spasm of restructuring, what made a nurse somebody. A masked union rep sat next to the administrator, nothing else for her to say. If you signed the paper, you had to leave the room. You weren't fired, but would possibly be reassigned, depending on what was required after the results of the lottery.

Some who had recently graduated from nursing school got up quickly, signed the paper, and were gone. They didn't have much seniority, and some had small children. One nurse stood and asked if they could

exercise their retirement instead of signing the paper. The union rep looked like she was about to answer, but then turned to the administrator instead. The two of them murmured mask to mask. The union rep stood and said, "This situation does not annul any previously determined benefits."

The union rep and the administrator conferred, and produced another sheet of paper for nurses who wanted to exercise their retirement. Another small number stood one by one to sign. They looked at their colleagues, but because of the masks could not tell whether the glances were farewell smiles, gazes of consolation, or eyes met as a warning. Most of the nurses who signed the second sheet of paper had been at the hospital since before many of the younger nurses were born. One had actually delivered one of the junior nurses because the doctor couldn't get there in time.

Dolores kept her seat. Her divorce settlement had only just been completed. There were the three kids, the second mortgage, and the twelve years of seniority which were too many to throw away. In one box were everyone's names. In another box were yellow and red tags. One by one, the union rep drew a name, the administrator drew a tag, stapled the name to the tag. The red tags meant the SARS unit. Dolores's name was drawn, and then out came a red tag.

Afterwards, those with yellow tags tried to suppress the relief and laughter of a near miss, embarrassed at their good fortune while standing amid those who held

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red tags. Those who had been selected for the SARS unit only met the eyes of others who held the same colour tag. Some cried openly, or left the room to do so. One woman with a yellow tag offered it to her friend who had a red one, and who was just back from her honeymoon, but the trade was refused. Grief and trauma counsellors were available in the next room, said the union rep over the murmur. No one offered Dolores a trade. Management left the room once the lottery was completed.

March 18, 2003 (from the files of the World Health Organization)

Data indicate that the overwhelming majority of cases occur in health care workers, their family members, and others having close face-to-face contact with patients . . .

After lunch, and the noontime vitals and IV replacements (two minutes, fifteen seconds), Fitzgerald called Chen. Through the glass, they could see each other's monitors. Chen had been on the phone all morning with Ming and his family members. Fitzgerald had been flipping between news channels. They compared and discussed their vital signs, which were all abnormal. Chen said, "You remember Sri's funeral?"

"Sure. Everyone was there—even though it was the day before the royal college exams."

"Ming and I were talking about it. One day he felt a little itchy, thought his eyes looked a bit yellow. Did you

know he had me order the labs? Dead within a year. It was astounding.”

“Pancreatic cancer,” said Fitz. “Nasty.”

“Did you know that Sri once made eggs Benedict for a patient?”

“Eggs Benedict?”

“You know, poached eggs with that lemony sauce.”

“Must have been a good cook.”

“We were juniors, and Sri had this patient, Mr. Olaf. Cannonball lesions all over his lungs, brain mets, all his family dead in Sweden. He had written a will on lined paper, that his clothes and books should go to his landlady. Olaf had no visitors, and I remember Sri saying how sad it was that he was all alone. He was always smiling, though, reading his Swedish Bible, and the chaplain came every day. So one day we’re rounding, and Mr. Olaf has this look . . . as if he’s figured out some amazing thing. You can tell he’s just bursting to tell us what he’s thought of, and right in the middle of our rounds he picks up and says, ‘Doctors, excuse me, sirs, but may it be possible to kindly arrange for me to partake in some eggs Benedict? Perhaps with bacon?’

“The staff guy was Arnold. He writes an order in the chart: EGGS BENE^DICT. Later that day, we’re in a family conference and Sri gets paged. He goes off, comes back, says that the nurses are upset at the order, saying it’s an inappropriate order to put in a medical chart, yada yada yada, and who do the doctors think the nurses are, anyhow, personal chefs? Later, Sri calls the kitchen

himself and asks them if they make eggs Benedict. He finds a cook who says he can make it, but that he doesn’t think he’s allowed to deviate from the regular menu. Sri calls again. He finds some other guy who says he’d be happy to make anything, but he doesn’t know the Benedict variety of eggs. Meanwhile, the nurse has decided to make it into an *issue*. You know how it is, once an *issue* is created. The nurse asks the dietitian to consult, because of course Olaf has high blood pressure and high cholesterol. The dietitian doesn’t know what this is all about, but she writes dietary recommendations in the chart—a low-salt, low-fat diet. Arnold sees this, so he just writes: LOW-SALT, LOW-FAT DIET AS PER DIETITIAN. Next day, Mr. Olaf is eating his low-salt, low-fat porridge and tea with no sugar or milk for breakfast while we’re rounding. Doesn’t say a word until the end of the rounds, when he shyly says, ‘Excuse me, doctors, sirs, I apologize humbly for my lavish request of the eggs Benedict. But would it be possible to restore the regular food?’ You should have seen him, poking that hard porridge.

“Arnold writes DAT on the chart. Later, Sri is paged while we’re in a seminar. He goes off, comes back, says another nurse is peeved about these contradictory orders. First, eggs Benedict, then low-salt low-fat, then DAT. Sri cancels all the previous orders and writes DAT—DIET AS TOLERATED again. The next morning, I see he’s got some little containers with him. I ask him what they are, and he says it’s his lunch. But later, when

we're rounding, there's Mr. Olaf with a great big spread of eggs Benedict and bacon and home fries, digging in like he's found a preview of heaven. All the time while we're rounding, he's smiling and nodding at Sri, grinning like a madman."

"Sri was a good guy," said Fitzgerald. "I barely recognized him at the viewing—that open casket thing they do."

"Lost a lot of weight. I hadn't seen him since he got sick. So fast, eight months. At least a few times I saw Sri with his little stack of containers, then Olaf died a week later. One day, I think he had waffles."

Fitzgerald said, "Isn't it amazing how weight loss changes the face? Especially when the body is supine. Changes the way everything sits."

"Gravity shapes everything," said Chen. "First, I couldn't believe that he was gone. Then, I couldn't believe that I couldn't believe it. After all, how many dead people have we seen? How many have we watched die?"

Fitz coughed, and it took him like a shaking fist, forced him to put down the phone until he was able to stop and wipe the perspiration from his face. He picked it up again and said, "You want to order something?"

"What, fancy eggs?"

"I'd like a seared tuna steak with wasabi mashed potatoes and vintage port."

"Pan-fried crabs," said Chen, "with lots of scallions and garlic."

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"Scallops. Big, fat Nova Scotia scallops browned in butter with asparagus, wild rice, and a bottle of Gewurztraminer."

March 19, 2003 (from the files of the World Health Organization)

Brother-in-law of Guangdong doctor dies in a Hong Kong hospital

Both of them watched TV all day. Switched between the stations. Mostly stayed on the news, the SARS clips over and over again: mask shortages, enforced quarantines, panic spreading like flight trajectories between cities. Later that night, after dinner, Fitz called Chen. Through the glass, Chen saw Fitzgerald hold the phone, a spasm of coughing, his hands shaking like the tailpipe on a cold car. Chen said, "This shakiness business of yours. I know you have a few from time to time."

"What?"

"Booze. Are you withdrawing?"

"I guess."

"Get some diazepam."

"No way. Zenkie's writing it up. 'Tremor: A Novel Aspect of the SARS Syndrome.' You want to take away his paper?"

"What if you seize?"

"Fuck it. I'd rather be famous. The Zenkie-Fitzgerald Tremor—an atypical manifestation of SARS. I'm going to be a co-author."

"You better tell Zenkie, and get some diazepam."

"Right, I'll tell him and in forty seconds the whole hospital will know."

Chen was about to say that it didn't matter, because after the night when Fitz had arrived for a shift with the sweet smell on his breath, his speech slurred, and was asked to leave and stop seeing patients, it didn't make a difference whether people knew he was withdrawing. But Chen didn't say it, because maybe Fitz didn't know how much people had talked in that indelible way. Fitz had resigned from the hospital the next day, signed on with the flight company. Chen said, "Instead, you'll seize and die."

"Who said death was so bad?"

"Did someone say that?"

Fitz had a coughing fit, and then, "When did we forget what it meant to die?"

"Probably at night."

"Yeah, it would have been late."

"One night . . . I was very tired," said Chen. "There was this hysterical family. You know the kind—they stare at you when you sit down to write a chart, they grab you to tell you that they read something on the Internet. Their mother was going to die. It had taken me a long time to convince them that there was no other way. Every half-hour I would get paged, and the nurse would say, 'They want to speak to you again.' Don't you hate that? When it's not even a particular problem, but they just want to speak to you? Finally I

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told them that Mom wasn't going to die tonight, that they should save their strength for the next day."

"And as soon as they left, she died."

"Of course."

"Always the way."

"It was three o'clock. I had been running back and forth from emerg and it had finally quietened down. I told the nurse that she didn't need to check on the woman until the morning. We both knew."

"You didn't call the family."

"I just couldn't. I was exhausted. I called when I woke up, and filled out the death certificate as if she had just passed away. By the time they got to the hospital and started their wailing and carrying on, I was out the door."

"That's not so bad. They needed the sleep. Imagine if they came in at three o'clock? The whole floor would be awake, and then you'd be fucked."

"Later, I felt like maybe I should have called. But I just felt that way kind of theoretically. I didn't really care."

"You took care of the patient, right?" said Fitz. "The rest is your own business. What's your temp today?"

"Thirty-nine." Neither of them wanted to take too much antipyretic. Both of their livers were already reeling from the cocktail of drugs.

"I'm forty," said Fitz. Even through the glass, Chen could see the sweat-glaze on Fitz's skin, and a slight collapse of facial features. "One morning, I was post-call. I went to that park in Kensington, you know the corner

stand where they make fresh chocolate croissants and serve latte out the window? Yeah. Those mornings when the weather is so fresh, and you're kind of stoned but awake, on those days sometimes I wouldn't sleep, I would take the ferry to Centre Island. Wander around. Watch the moms and kids on the toy train."

Fitzgerald didn't mention the rum he put in his post-call latte. Not a lot, just enough to soothe. He said, "That was my plan. I had my nice big latte, my warm croissant, and the sun was just up. This woman is walking across the park. She goes up to this picnic table where this guy looks like he's asleep, slumped over. I don't know why she does this, but she tries to wake him up. He doesn't wake up. She shakes him. He's just lying there, and I'm drinking my latte thinking either he's dead, or he's a heroin addict. I decide that he's probably not dead because he's too floppy, unless he just died, so he's probably a junkie. People gather around while this woman slaps the guy and shouts at him. I laugh because she tries to move him and obviously she's never moved anyone before—his head just flops back and goes *bomp* when she drags him onto the ground. On the dirt, mind you, it's nice and soft. I zip up my jacket, because otherwise you can see my scrub top. This woman freaks out. She starts to scream, 'Call 911, call 911,' and all these people look at her like maybe this is performance art? Finally, someone takes out a cellphone and calls.

"I imagined what would happen if I went over there. He would be fine, just a junkie on junk, but I'd

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be standing there all doctor-like and therefore unable to escape. Or, maybe he would be dead. Then I'd start CPR, although if he was dead all that time it wouldn't matter, but if I was playing Mr. Doctor then I'd have to do something to make it look good, I'd have to do mouth-to-mouth and he would vomit in my mouth, and then whether he was okay or dead, by the time the ambulance guys came, either some homeless guy would have stolen my croissant and latte or it would be cold."

"But then . . ." prompted Chen, and he saw from Fitzgerald's slump that the funny ending and heroic anecdote that these types of stories usually concluded with would not come.

Fitzgerald said, "So the woman starts CPR. She hasn't even checked for a pulse, and in fact I think I can see him breathing, so she would totally fail an ACLS course. Anyhow, she's doing it like squirrel CPR. *Boop boop boop* on his chest. Must have seen it on TV. She's got the two-hand thing going, elbows locked, but she's barely touching the guy. I figured that if he was actually alive, her CPR wasn't going to hurt him much, and if he was dead, none of this would matter. Then the ambulance came. I had to watch, because I was convinced that he was breathing, just to see whether I was right. Sure, they tubed him. I heard him sucking on the tube, and they weren't pumping him. See? I knew he had vital signs."

"Sometimes you can tell from a distance," said Chen.

"Sure," said Fitzgerald. A coughing fit. He wondered if he would have told the story if the ambulance

crew had started CPR, if in fact the guy had died. No. He knew that he would have just kept it to himself. As it was, Chen was the first person he had told.

“Did you go to Centre Island?”

“Yeah, but that whole incident soured my day.”

“It’s cute out on the Island, isn’t it? All the rides, and the kids in the swan boats, driving those little cars.”

“I like it out there,” said Fitzgerald. Fitzgerald thought of a ferry trip to the Island with Ming before she met Chen, and was surprised that he could remember this without bitterness, without needing to know whether Chen knew that Ming and Fitzgerald had once spent a sunny afternoon on Centre Island. He felt good, that it was mostly a pleasant memory of a woman whom he now hardly knew, and of himself as a person remembered. A slight pang, of course, but after an unusual length of sobriety he was able to see that this was mostly a pang for his present aloneness, and that there was no truth to representing it otherwise. “Listen, if I go down the drain, and I think I will, I don’t want to be tubed or resuscitated or anything. It’s not worth it.”

(Portion of progress note of Dr. R. Zenkie, FRCPC, dated March 20, 2003—excerpted from chart with permission of Toronto South General Hospital)

... and as his clinical situation continues to worsen, Dr. Fitzgerald has indicated his wish to not be resuscitated should he deteriorate to the point that he requires

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intubation. He has told me that should this occur, he would not want to expose other staff to the SARS infection by performing such a high-risk procedure, since he judges that in this instance his chances of survival would be slim. I am inclined to wonder whether Dr. Fitzgerald may be suffering from an acute situational depression, and therefore may not be competent to make this decision. At this point, I am refraining from writing a DNR order, because of my doubts about the state of Dr. Fitzgerald’s mental health.

Yours truly, Dr. R. Zenkie, FRCPC

Consultant in Infectious Diseases, Toronto South General Hospital

(NB: Also on March 20, Dr. Zenkie ordered diazepam 10 mg by mouth every one hour as needed by Dr. Fitzgerald to treat persistent tremor. No other explanation of this order is noted in the chart.)

Dolores explained to the daycare director that she, herself, had no fever, no respiratory symptoms, that she was screened daily at the hospital and checked her own temperature at home at least twice. Certainly, her children were perfectly healthy. She had had no unprotected contact, she said, and could not be considered to be a suspect or probable case. The daycare director said that it wasn’t that she had any problem with the situation. No, it was just that the parents of the other children felt . . . uncomfortable. Dolores asked why those parents didn’t just keep their kids at home, then. Well,

that would be unfair to them, said the daycare woman, and it wasn't that she was forbidding Dolores's kids from coming, it was just that maybe they should . . . think about things a bit. Already, Dolores's children had told her that the other kids wouldn't play with them, had been told not to by their parents.

Dolores found a babysitter who could provide both daycare for the little ones and after-school care for Dolores's older daughter. Dolores told her that she worked in the sanitation industry, and explained to the kids that they shouldn't tell anyone that Mommy was a nurse. Why not? her daughter asked. Because people are silly, Dolores said. For how long do we keep it secret? her son asked. Dolores said that she wasn't sure how long it would be. It might be a while.

On March 21, Chen saw that Fitzgerald sucked on his oxygen with all the heaving muscles in his chest, that he ate ice from a cup next to him. Chen called Fitzgerald and asked how he was doing. Great, replied Fitzgerald.

"Hey, you remember that guy, that old German internist, the one who did his residency in India? He would talk that crazy German-accented Hindi to all the Indian patients. They loved him. What was his name, Glug-something? Gland?"

"Gerstein."

"Were you there when he convinced that woman she needed a spinal tap?"

"Remind me."

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"The one-in-a-hundred thing . . ."

"Oh, of course," said Fitzgerald. Both he and Chen began to laugh. Dr. Gerstein had been their attending when they were consulted about a patient with a headache. Her story raised suspicions of a subarachnoid hemorrhage, and the CT scan was negative. Dr. Gerstein explained to the woman, in the German-accented Hindi-influenced English he had learned in Bombay, that even though the CT scan was negative, there was a one percent chance that it could be wrong, and a lumbar puncture was necessary in order to be certain.

"One percent," she said. "I'm scared of needles."

"A subarachnoid could kill you," Dr. Gerstein said.

"But one percent. That's one in a hundred. You would put a needle into my spinal cord for one in a hundred?"

"Actually, into the spinal canal. We would avoid the cord."

"Maybe I'll take my chances," the woman said. "One percent isn't bad."

At that, Dr. Gerstein made for the door, leaving Dr. Chen and Dr. Fitzgerald standing at the woman's bedside. They did not know whether to follow him. They knew that this woman needed the lumbar puncture, and that sometimes Gerstein would abandon difficult tasks, such as convincing a patient of the wisdom of medical guidance, to his house staff. At the door, Gerstein turned, widened his stance. He made his hands into a pistol and raised them, pointed the two-fingered barrel straight at the woman.

He said, "I just picked up one of a hundred Mauser pistols that were sitting here outside the room. One of them is loaded, and I don't know which one. Regardless, the gun is trained on your forehead. I'll leave it up to you. Would you like me to pull the trigger?"

The woman's eyes were fixed on the muzzle of Gerstein's fingertips.

"The safety is off, shall I pull the trigger?"

Chen and Fitzgerald's chests thumped in sudden fear. Gerstein stood absolutely still, stared down his gun barrel until he smiled—not ironically, not exactly kindly, but mostly with sadness at the reality of decision making.

Fifteen minutes later, clear cerebrospinal fluid trickled into the needle embedded between that woman's fourth and fifth lumbar vertebrae.

"Like a gunslinger in a western," said Chen. "High noon at the spinal tap corral." Both he and Fitz were laughing.

Fitz said, "You think we'll die?"

"Maybe." The laughter continued.

"Me, more likely. I'm on a hundred percent." He knew that Chen was only on four litres of oxygen per minute. "It's not so bad," said Fitzgerald. "If we die with only a few hundred others, we'll be SARs martyrs. If thousands get it but they find a cure and our deaths help, then it's worthwhile. If this thing just goes wild and the whole world dies by the millions, then we'll miss the worst of it. See? Can't lose." By the time he had finished saying this, they were both sober.

"When I try to remember, I can't recall when I learned about death," said Chen. "How it's ordinary, but like a sudden hole in the world. I learned it, then I forgot, or maybe I just began to ignore it. Ming and I were talking about kids. Maybe next year."

"I'm a fuckup anyhow. Better for me to croak. You stick around." The mention of Ming made Fitzgerald angry and sick with himself, his drinking, his loneliness. He told himself resolutely that losing her hadn't influenced the shape of his life, but when he drank he did not believe this. When the bottle sank him below the comfort zone, Ming was one of the if-only-it-had-been-another-way things that became vivid. Fitzgerald decided from Chen's comfortable manner with him that Ming had never mentioned Fitzgerald, and only once at a departmental party had they all been in the same room. He and Chen had never been very close, but when you do months of "team medicine" together, you end up acting like buddies out of necessity. Now, being in respiratory isolation together, calling each other on the phone, it was like those times.

"Not what I meant," said Chen.

"That's the way it is. I told Zenkie to write a DO NOT RESUSCITATE on my chart."

"You're being crazy."

"Of course not. It's just common sense. Look, everyone who gets tubed dies. While they're getting tubed, the resuscitation team catches it. Then some of the

people who tubed the guy who died get so sick that they need to be tubed. And so on. They should cut us off from everyone, like a leper colony.”

“This is early, a new disease. There’re intubated people who haven’t died yet.”

“Come on. You think we ever beat outbreaks? They run their course, they burn themselves out. It’s just a question of how many people get burnt up in the process. Spanish flu, forty million dead, more than the First World War.”

“Something like that.”

(Transcript of Dr. R. Zenkie, FRCPC, dictated March 22, 2003—never transcribed because of deviations from standard dictation format—recovered from electronic transcription system with permission of Toronto South General Hospital)

ID: I am Dr. Ronald Zenkie, infectious disease consultant and avid nature photographer

CC: Fever, shortness of breath, heightened awareness of societal paranoia

(nervous laugh)

To whom it may concern,

(pause for coughing fit)

I am taking the unusual step of dictating my own admission note. Today, I woke with chills and myalgias. My temperature, measured orally, was 39. Over the day, I have become progressively more short of breath, and have developed a cough.

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I think I have a cold, just a regular cold, but these days you never know.

(pause for coughing fit)

Erase last sentence, please.

It is probable that I am suffering from a relatively innocent upper respiratory tract infection. However, it must be noted that I may be perceived as being at high risk for contraction of SARS, and thus it is appropriate that I mandate my own admission to the SARS unit in the interests of public safety.

How about that, huh? Down with the ship.

*(prolonged bout of laughter and coughing)
Shit*

Erase last sentence and expletive, please.

I have discussed my clinical responsibilities, which will be assumed by Dr. Waterman, who will act as the interim attending staff on the SARS unit

Yours truly, Dr. R. Zenkie, FRCPC

Consultant in Infectious Diseases, Toronto South General Hospital

(Addendum to SARS Bulletin 14, issued on March 25.)

To All Staff,

We are sad to inform you that after a short illness, Dr. R. Zenkie has succumbed to SARS. Our condolences to his family, and thanks for his twenty-six years of service to the Toronto South General Hospital. Staff members who have been in contact with Dr. R. Zenkie have been contacted personally, but are reminded that

they are now on work quarantine. All such staff should leave their homes only to go to work, using a private vehicle such as a personal car or a taxi. Masks must be worn between home and hospital at all times. At home, all such staff are reminded to sleep in separate rooms from their spouses, to sit at a minimum distance of 1 metre (3 feet) from family members during meals, and preferably to eat in a separate room. There should be no physical contact with children or other family members. All staff on work quarantine should shower at work, or shower in a separate area of the home from their family members, because of the possible aerosolization of SARS infectious material within showers. Body temperature should be measured a minimum of twice per day, and any oral temperature greater than 38 must be reported immediately. Dr. Zenkie is survived by his wife, Amita, who is admitted in our SARS unit and asks that donations be made to UNICEF in lieu of flowers or gifts. The memorial service for Dr. Zenkie is indefinitely postponed, and we would remind staff that all gatherings of hospital staff outside of the hospital are forbidden.

Yours truly,

SARS Action Management Team

The morning rush. The line behind the hospital trailed out of the tent and into the parking lot. There was an April drizzle but people did not huddle close to each other's umbrellas. Those with umbrellas stood their ground, and those with bare heads stood at a more than

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socially polite distance from each other, and gradually became wet. Arriving for the day shift. Dolores eyed the boxes of masks to see whether the blue ones, which were the least constrictive, were available. There were no blue masks. Only the white, itchy ones.

She saw that some people produced blue masks from their pockets and bags. They had hoarded the comfortable masks, she realized. Dolores had not done so, but decided that the next time she saw a box of the blue masks she would slip five or six of them into her purse. If it rained tomorrow, she thought, then she should bring an umbrella. Or maybe not. If she brought one, someone might try to stand too close to her.

Ahead, people filed past the dispensers of antiseptic handwash, squirted the bottles, and rubbed their hands and forearms. They gathered up their daily bundle of isolation gowns and scrubs, stood one by one in front of the masked screeners so that body temperatures could be measured with the ear probe, and to answer the same screening questions asked the day before. Dolores saw that one man had his temperature taken a second time. He shook his head. Then a third. He protested. A fourth. A look of resignation. A screener pushed a second mask at him and led him out the side flap of the tent, to somewhere else. Dolores saw that there were security people at each corner of the tent. They did not move, but they, like Dolores, watched this happen. What was the difference between being led away and being taken away? None, she decided, when a security

guard stood at each corner of the tent, when everyone had instructions to follow.

Dolores began to feel warm. The line murmured, looked down, continued to move forward and present their ears for temperature measurement. Yes, she definitely felt warm. It was 7:20, and she should already be getting a signover report from the night shift, but she definitely felt a heat. Then she coughed. A cough. One, and was there another? It did not seem so, but her body temperature was intense, her heart beating. She was not yet inside the tent. She was still in the portion of the line that stood in the drizzle, that was still connected to the outside world of wind and water, a world that did not exist inside the hospital. Suddenly, Dolores wondered who would pick up the kids from the sitter and bring them home if she couldn't? Their father now lived three time zones away, her closest family was two time zones distant. What would happen if she got to the front of the line and had a temperature? They couldn't live with the babysitter. They would end up in a foster home until she got better. 7:23. Or what if she didn't get better?

No one noticed, Dolores thought, as she ducked out of the line, as she made for her car. She did not look back to see whether anyone followed her with their eyes. Now, she had missed report. All the way home she felt hotter and hotter, more and more inflamed. A fit of coughing at a red light, but maybe she had just swallowed wrong? Told herself to drive carefully. She slammed the car door,

rushed into the house in her wet shoes, made for the bathroom, and only once the digital thermometer was in her mouth did she think, *But if I have a temperature, then I don't want to be in contact with my kids.*

The metal wand under her tongue, she remembered with a panic the report she had read that speculated that SARS infectious material might remain contagious even for days outside of the body. What was she doing? What was she thinking? She was in the process of contaminating her children's home. Whereas all this time she had been thinking only of the problem of picking up her children from the babysitter and bringing them home, now she wanted more than anything to keep them away from this place—this place that she was now transforming into a cesspool of disease. She felt a tickle, a scratchiness, needed to cough, needed to hold the thermometer under her tongue.

Beeep.

36.6. Afebrile. No fever.

Dolores sat on the toilet, drank a glass of water. The cough seemed to be gone. She took her temperature again, and wrote it down on a scrap of paper from her purse. And again, shoes still dripping onto the bathroom mat. Wrote down the second temperature. Did it five times, all of the temperatures perfectly normal. The cough was gone. She averaged the five temperatures. The average was 36.5. Normal.

The phone rang. It was the nurse in charge of the SARS unit. Dolores had been seen ducking out of the line.

"No, no," she said, "not a fever. Just dizziness. I get this sometimes, these horrible episodes of dizziness. Usually lasts a few days.

"No, not a fever.

"No, don't send public health, no, it would be a waste.

"Definitely not.

"I checked five times.

"Yes.

"Yes.

"I know exactly what it is, so book me off the schedule for at least three days."

(Transcript of an evening news clip of April 3, 2003—reproduced with permission of CBC Television)

Today, an unusual occurrence at the Toronto South General Hospital SARS Unit. This morning, alarms indicated a breach in the SARS respiratory isolation rooms. What is known as a Code Orange alert was activated, placing the facility in Disaster Response mode. After several minutes, the Code Orange was deactivated. Hospital officials assure us that there was no external breach, and that no unprotected hospital staff were placed at risk. Initially, hospital officials refused to explain the incident, but with speculation heightening throughout the day, a statement has been released. It seems that a SARS patient, Dr. Fitzgerald, became unable to breathe and collapsed within an isolation room. As the SARS medical team donned their protective gear in order to enter the room

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and administer treatment to Dr. Fitzgerald, the SARS patient in the room adjacent to his, Dr. Chen, broke through the glass partition between their rooms with an intravenous pole, in order to initiate emergency treatment for Dr. Fitzgerald. The Code Orange alarm was activated by this glass being broken but once again, hospital officials insist that no unprotected staff were exposed. Dr. Fitzgerald is reported to be in critical condition. Dr. Chen is reported to have cut his arm on broken glass, but is otherwise stable. The hospital declined to comment on their assessment of Dr. Chen's actions, which they described as being "outside standard protocol." Dr. Chen was reached briefly by phone, and stated, "In a critical situation, it takes too long to put on the SARS gear, and people die in the delay, but I've already got SARS, so I don't need the protection."

Extreme measures at urgent times.

Meanwhile, on the world front, the number of cases has exceeded two thousand. Chinese authorities have announced three hundred and sixty-one new SARS cases and nine new deaths. In Hong Kong, there is strong evidence that the disease has spread beyond its initial focus within hospitals, with secondary and tertiary cases almost certainly occurring in the community at large.

VINCENT LAM

BLOODLETTING &

MIRACULOUS

CURES



{ *stories* }



ANCHOR CANADA