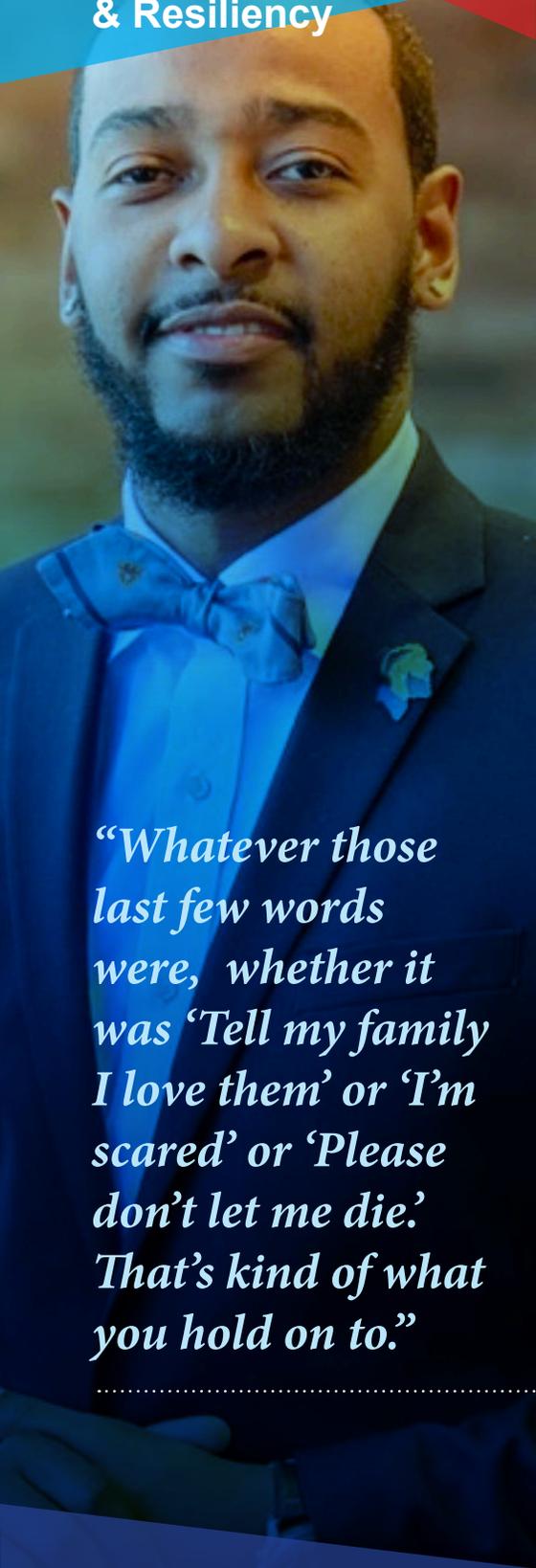


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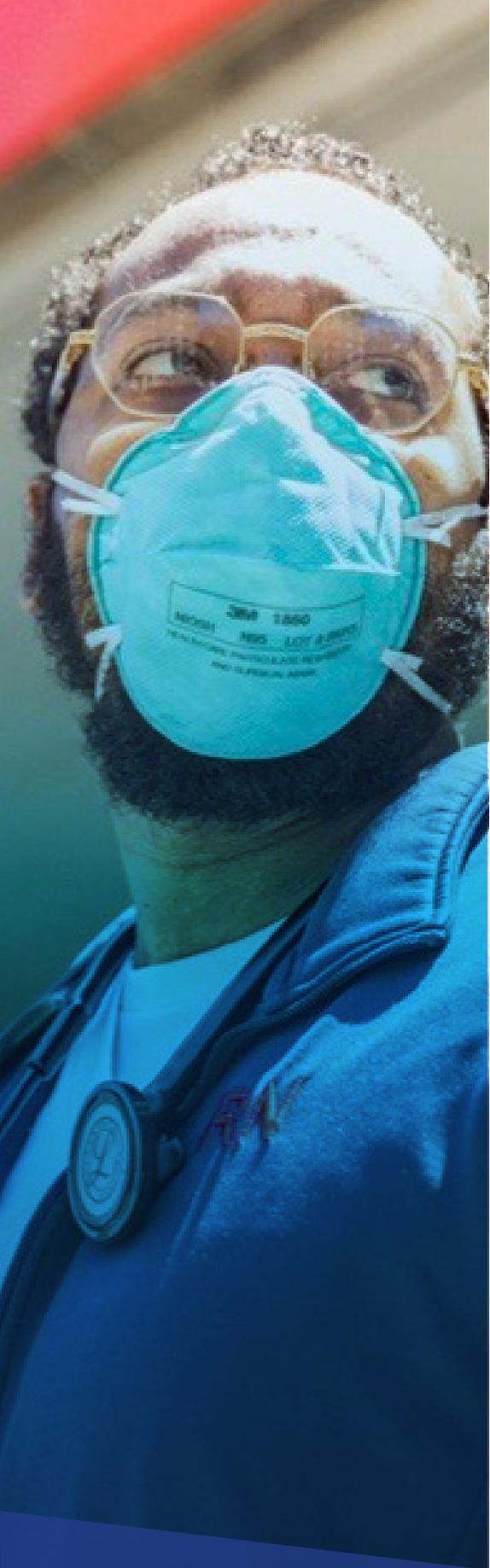
## Jose Perpignan Jr., BA, BS, RN New York, NY

By Kiara C. Jones

Jose Perpignan Jr. has been a nurse and Cardio-Thoracic ICU specialist since 2016. He’s seen patients go through a lot of sickness and recovery working in critical care, but nothing has come close to the battle patients are facing with COVID-19. When the pandemic broke out, medical professionals around the world were scrambling to grab the reins of this virus. Jose was overwhelmed by the experience. “You come into a COVID unit. It’s usually pretty chaotic, typically understaffed, with poor patient-to-nurse ratios. The patients are sicker. There’s often a lack of resources.” Jose says nurses feel the pressure of being overworked through the pandemic. “It’s just really intense. You come into the unit and you just feel the pressure. I believe it’s from caring for patients and putting your all into caring for patients as you should, and then not seeing the results that you want to see, which is having patients live.”

Jose took on extra hours and tried to be as flexible as possible during the pandemic to help as many people as he could. He was working at New York-Presbyterian, a well-funded private hospital in Manhattan, but also worked as a COVID relief nurse at Lincoln Medical and Mental Health Center, a public hospital in the Bronx, whose patients have lower median incomes and jobs that put them at higher risks for infections. Jose expected challenges at Lincoln, but he also saw challenges with staffing and supplies at New York-Presbyterian. “In the beginning, the nurses were taking on a lot more. We were short-staffed. We didn’t have all the resources that we needed or PPE. There wasn’t a set flow. We were still trying to figure out how to manage this virus.”

Hospital leadership had to reconfigure quickly because an average of one in five hospitalized coronavirus patients in New York City was dying. They knew that supporting nurses could make a difference and requested external support through travel nurses. Jose recognized that the best way to fight this beast was from the inside out. “Combatting the pandemic is not just about the numbers, the money or the patient population. It’s about making sure that hospitals are taking care of their staff so that the staff can perform at the levels we’re capable of, to save lives.” The hospitals raced to find their nurses additional resources to get in front of the pandemic.



That additional support made a big difference for Jose. “As nurses, when you’re so caught up in the care and there’s so much going on, sometimes you’re not even thinking about eating or drinking or taking a break. You just keep going.” Fortunately, the leadership at Jose’s hospital stepped up. “They became more visible and started utilizing resources that they wouldn’t normally utilize to help the nurses at the bedside.” Sometimes they would buy food and drinks for the entire hospital to make sure the nurses ate and had some sort of break. “They would step in during those times and say, ‘You know what? Go take a break and give yourself some time to rejuvenate. Go hydrate yourself.’ You have to take care of yourself first. You know, because if you can’t, if you’re not healthy and you’re not at your best, then you’re not gonna be able to provide the care that these patients need.”

Jose and his fellow nurses were increasingly frustrated by the inconsistencies of this virus. Each day was an exploration into the unknown. Why does the disease affect patients so differently? Why does a plan of care work for one patient but not at all for another? He says typically, there’s a theory that nurses would see a situation and based on their experience with that perceived situation, they know how to approach it. “COVID was different because each patient-specific situation had to have its own modified plan of care for the patient.” He said it was also important to take the entirety of the patient into account. “Where is this patient from and what are their co-morbidities? Is this patient from an underserved community? What was the access and resources like for patients before COVID? Were they on top of their care? Do they have access to resources? What were their habits? Do they have relationships with their providers? Are they, um, exercising?”

Jose says confusion made the pandemic scarier because each patient presented differently and had different symptoms. They were constantly back at the drawing board and losing patients at extremely fast rates. “So it’s like, whoa... and you can’t even pump the brakes because they’re just rolling in by the second.” Jose helped patients fight COVID and often championed their rebellious spirit when they refused intubation. “If you’re that aware and alert when you’re in a hospital setting for care, that you’re challenging treatment, that’s a good thing in my opinion.” He said it was dramatic to witness a patient diagnosed with COVID evolve from being a walkie-talkie in a Med-Surg Unit, to a step-down unit, to deteriorating to a non-rebreather, to being on bypass and CPAP, and then transferred to the ICU. “You’re in an



unfamiliar setting, no family, no friends and in a room isolated by yourself. And now you're suffering. You're trying to breathe, knowing that this is what's gonna keep you alive. So you're fighting even though you feel like you're suffocating." He remembers what the interaction was like with his patients when they were able to talk to him and were able to use the phone and talk to their friends and loved ones, and he worried when they lost the ability to communicate due to being intubated. "I worried if they were ever going to come back. Whatever those last few words were, whether it was 'Tell my family I love them' or 'I'm scared' or 'Please don't let me die.' That's kind of what you hold on to."

Jose found a circle of support with his fellow nurses. They leaned on one another to get through the crisis of losing patients. He said there was a lot of crying on each other's shoulders. "You have to always give yourself credit. It's okay to feel how you feel ... upset, angry all of those emotions. You know, it's a part of the journey. You have to embrace them all." He cautions nurses to stay above the negative and not slip into depression. He says the best weapon is communication. "Just talk. You know, let's just talk. Keep having plenty of conversations -- with colleagues, with family, with friends. His wife and children have been tremendously supportive as well. "Everyone contributed something therapeutic to my character based on what they saw I needed. Sometimes it's a joke, a bottle of vitamins, or just making sure I have the space to talk." Jose kept the cycle of hope going amongst his colleagues spreading that positive energy around his hospital. "With nurses you just don't even have to talk about it. You just look at each other, and you can see in their eyes and know." He says connection and the gift of communication are the keys to mental stability through the pandemic. "It's needed, and that's what we're supposed to do for each other."