

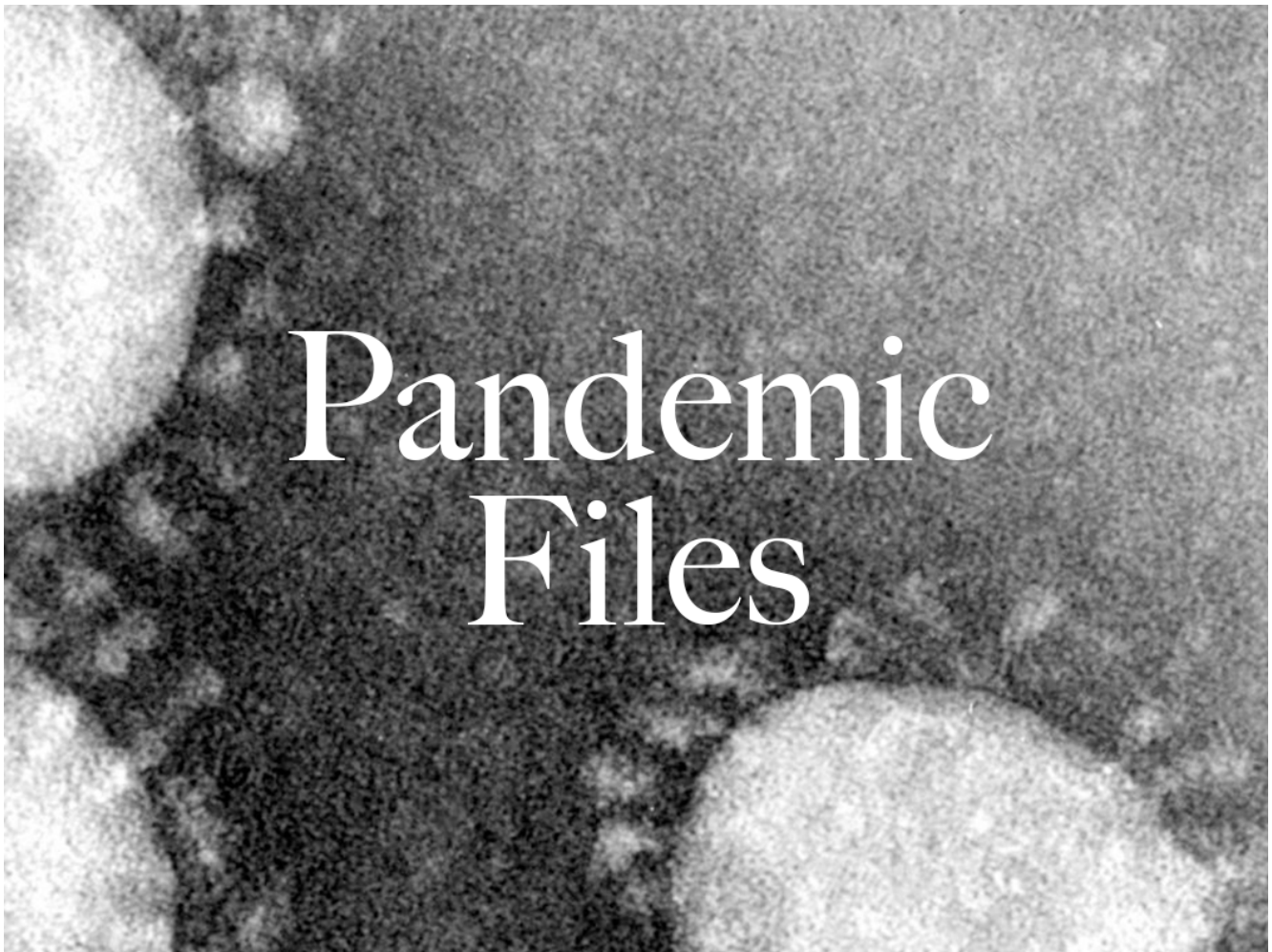
Yale University

# THE YALE REVIEW

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## Surviving COVID-19

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I'm lying on the floor of my new hospital room. The pale yellow linoleum is still damp from where it was washed a little earlier by a cleaner; all I could see of her were her forehead and eyes; everything else was covered by protective equipment. Still, at the foot of the bed I notice a dark-red drop of dried blood, a trace of the person who lay here before me. It is early in the morning, three weeks after I had been admitted to the hospital and diagnosed with the coronavirus. Last night I

was transferred to this single room from the Intensive Care Unit, where, they tell me, I spent twelve days, six of them on a ventilator. When the doctors told me I was leaving the ICU, I was suddenly overwhelmed with fear: my throat tightened, and sweat drenched me. I resisted as much as I could. My bed, the place I had become accustomed to, the creatures with black masks who took care of me — these things had been my certainty. As two indifferent paramedics pushed me on the hospital bed down the long, cold hospital corridors illuminated by blue light, I protested, waving my arms, afraid to leave the ICU, out of reach of the nurses and doctors who had surrounded me day and night.

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I had felt no fear when I arrived at the hospital, even after they informed me of the diagnosis. It is possible that I no longer understood anything because the disease had already taken hold; I remember that I was trembling with fever and that my head hurt terribly, as if it had been pierced by thousands of tiny, sharp objects. Other than the pain, I felt nothing. The paralysis of emotions is obviously necessary for survival.

The ICU looked to me like a huge prefabricated factory hall with blue-green curtains separating the patients. It was dim, as if it were located in the basement. Waking up from the anesthesia that kept me on the ventilator for six days, I saw people with black gas masks and transparent shields over their faces, their heads covered, their whole bodies wrapped in protective clothing, terrifying because they didn't look like human beings. These creatures approached me, or, to be more precise, they approached the devices to which I was attached. They took my blood, measured my blood pressure and oxygen, gave me medication. If I was awake, they would give me signs: a thumbs up (not a smile). Or a pat with their thick blue-rubber-gloved hand; it was hard for their voices to carry beyond the mask. I myself had a tightly attached oxygen mask that covered my mouth and nose, making it impossible for me to speak.

I woke up almost completely deaf, so I had to use my hands to show them that I couldn't hear. Then I was thirsty: first I would point to my ear with my index finger, then twist my hand and point to my mouth with my thumb. I kept repeating these three gestures when anyone approached me. My throat was

unbearably dry, and I longed for water, although even the smallest swallow of saliva was painful. But no matter how much I waned and showed that I was thirsty, the nurses, who certainly understood me, did not react. Finally, to their horror, I gained enough strength to remove the mask: *Water, give me some water!* At that, a nurse took a sponge on a stick, dipped it in a glass and moistened the inside of my mouth, making sure that not a single drop slipped down my wounded throat. When I reached for the plastic cup she was holding in her hand, she quickly moved it out of my reach and, wagging her finger at me as if I were a child, showed me that I must not drink.

In my room in the ICU, a clock hung on a concrete pillar across from my bed. Big, with huge numbers, so that even a short-sighted patient like me could see the time. Was the clock placed there for those of us in the ICU to orient ourselves in time, since there were no windows? If so, it told me little. The hall lights went on and off, the staff came and went in some elusive rhythm that was not, as was usually the case, determined by the light coming in from outside which divides the day from the night. Eleven o'clock, as the hands on that clock showed, could be eleven in the morning but also eleven in the evening – how could I know which? The only sure sign that the day had ended or begun was brushing my teeth. The time the clock showed was not mine; it was determined by others, and I only existed in it.

My time passed in a sleep that I collapsed into, crushed by some special kind of fatigue that did not allow me to wake. It was not a deep, sound sleep but a kind of half-sleep, like when I sometimes take too weak a dose of sleeping pills. A dream in which I was only half-aware of what was going on around me. In the short periods when I was awake, I was conscious only of bodily sensations: wet, cold, uncomfortable, too hot, painful. This consciousness preceded any self-awareness as a person, as my own Self. In the ICU, your personality becomes so small and unimportant. The only thing that matters is that the body functions like a machine. In the first moments of waking, my eyes were wide open. I saw the hall; I was there, but I recognized neither the hall nor myself. I just felt that I existed: a being without an identity, still empty, without a memory, desires, or thoughts: a presence in timelessness. Like a balloon being gradually inflated.

Later, when I finally returned home, I had the same dream for two nights in a row. I'm in the hospital, with lots of people around me, and shouting in my own language, *Give me some water, I'm thirsty!* They turn around and say something to me, but I don't understand them because their language is different from mine. They turn and walk away. I wake up intensely thirsty.

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This morning, I see my new room quite differently, as the first step toward returning to normal life. It is large and airy, with a window overlooking the hospital complex surrounded by pale green trees. My view of the outside world is no longer determined by masked people, but by the coming and going of the light through the window. I am aware that it is May and that the days are getting longer.

Encouraged by the fact that I was no longer so dependent on others, I had tried to get out of bed on my own, even though I had at least three catheters protruding from me and an oxygen mask attached to the bottle next to the bed. Somehow, with great effort, I managed to sit on the edge of the bed and lower my feet to the ground. As soon as I tried to stand up holding on to the bed with both hands, I collapsed onto the floor. I felt my legs fold at my knees like rubber, and my body slide down onto the linoleum. The alarm was on the other side of the bed and I couldn't reach it. I shouldn't have been so ambitious, I thought. And all I had wanted was to go to the bathroom. It made me happy to think that I might soon wash my face and brush my teeth, even take a shower. For the first time, I thought about the future – in the timelessness in which I had been existing until then, there was no future. (I didn't think yet about when I would go home from the hospital; that notion was still quite distant and abstract to me.) The future at that moment meant getting to the shower. It was a reasonable goal. I could tell them to sit me in a wheelchair, push me to the bathroom, and turn on the water.

After twenty days of being bed-ridden, I wanted to feel the strong jet of warm water wash away the sweat and the smell of illness, to feel the big drops hit my face and my greasy matted hair, drum on my shoulders, and slide down my legs. If only I could sit in the shower for a long time, until all the touches of strangers were washed away. I wasn't dirty: they washed me every day, which was another

way I knew that time had passed. It always took two nurses to turn me onto my side. The body was numb, deadened, and not listening to me. I could barely move my arms by myself. Using a cloth soaked in warm water and soap, they worked firmly and systematically, washing the buttocks especially carefully because of the diaper that the body was forced to wear, then the legs, and finally the arms. Only when they slipped a clean nightgown on me, washed my face, and rubbed my lips with Vaseline would my body allow me to be Me. One person's fingers on my lips would be softer than another's, and then I would feel tears wetting my freshly washed cheeks.

On the floor, too weak to stand up, I try to stay awake because I worry that if I fall asleep here, I might contract some new illness and prolong my recovery. I can't even shout. When I try, my throat first makes strange sounds, like a grunt, and the words I try to utter come out with difficulty and turn into a hard-to-understand mumble. Still, I don't panic, because I know the door will open soon and the nurse in charge of taking my blood or the other one bringing the medication will come in. There is no peace in the hospital: someone always comes in to adjust, check, offer, ask. Maybe that's the way it should be, when dealing with a patient who has survived a new, terrible disease — a disease that sows fear and kills, a disease about which almost nothing is known. In this situation each patient is like a white mouse in a lab experiment, and there is always something to be learned from them.

As I lie on the floor, I look at my own hands, which are stretched before me. Skinny arms with skin hanging from them, as if it weren't mine. You lost over twenty pounds, a nurse told me. When a person loses that much weight at my age, the skin hangs on the bones and swings with each movement, like an oversized coat that could be cut to the right size with scissors. The light from the window falls so I can see every fold of it, the needle mark and the bruise.

My skin is so thin.

I run my finger over my wrist, where it's thinnest. I press on the bulging bluish veins, as if I want to make sure that my blood is still circulating in there. How is it possible that this dry, wrinkled, almost transparent membrane is the only thing holding me together — all the bones and flesh, and the beating heart, the stomach,

the intestines, and the brain, the thoughts in it ... It is this membrane that prevents the bunch of tissues called the body from disintegrating, from spilling onto the floor like a damp stain, from being no more. Without skin, there would be neither body nor me. For the little of Me that woke up after the anesthesia, the skin feels like a shell, like the border of a being, suddenly not at all fragile.

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The single room is, apparently, a transitional phase before the next ward. First they have to check if I can swallow liquids and food, and then see if any of it reaches my stomach. The young doctor listens as I swallow, placing the stethoscope on my throat. Until now I have been hydrated and fed intravenously, because they didn't know where the liquid or food would go, she explains. If I can drink properly now, they will remove my IV. "Properly" means that the fluid mustn't end up in the lungs, where it could suffocate me or cause pneumonia. I swallow slowly and cautiously; she nods and removes the needle from the vein. She is chatty, so I learn from her that my state of constant drowsiness is one of the main features of the virus, even after its acute stage has passed. The fatigue could last for quite a while, she says. I still can't fathom what "quite a while" means in my case. Is she talking about days or weeks? Or even beyond that? My sense of time is confused. I know this is my second day in the single room, but I still don't even know how long I was under the anesthetic in the ICU; my doctors don't talk about it. They act as if they are not sure how present I am.

After receiving a passing grade in swallowing, I get permission to transfer to the neurology ward. There they will check everything else, like my presence of mind and ability to express myself.

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In the new room, somewhere high up in the building (maybe the Intensive Care Unit really is in the basement because I seem to be climbing higher with each move), there's another female patient and a man. I have never seen men and women in the same hospital room before, but here it is common, they say. I am now weakly inquiring about such things, which attests to a clear head. Time for physiotherapy. First the nurse removes the oxygen tube. My lungs now have to

breathe on their own. Because of that, I am constantly connected to a blood-oxygen meter, even while lying down. I do the first exercises sitting on the bed. The physiotherapist patiently explains the basic movements: lift your leg off the floor in a horizontal position and hold it for as long as you can. It sounds easy to me, but when I try, I have to use all my strength to keep my leg up for even a moment. How will I ever walk, I ask, discouraged after the first attempt. She laughs with a dismissive wave of the hand. Everyone asks that question, she says, comforting me, but in three days you will be able to walk to the end of the room. She lifts me to my feet and holds me up. She is strong and determined, supporting me as I take my first step after more than three weeks in bed. My legs feel less rubbery.

The very next day I dare to walk with the physio while holding on to the walker the whole fifteen or twenty feet to the bathroom! My steps are stiff, I tremble from the effort, but I don't give up. And I don't fall. We repeat this day after day. The speed of my body's recovery amazes me, as if there were some hidden source from which it draws strength. One day I can barely get to my feet, and a few days later I am walking to the bathroom without her help. It takes me about ten days to walk the entire length of the hallway, slowly and with effort. The woman I share my room with has been here longer; she dares to go to the elevator a hundred feet away. And the man is getting ready to go home! As I watch him pack his things, for the first time I ask the doctor how much longer I will be in the hospital.

It's up to you, says the neurologist. We have three goals: for the patient to establish normal communication with the environment, to walk, and to start eating solid foods.

Walking, talking, eating – well, that doesn't sound too demanding, I say. Then why do you eat so little – you have to eat more, she says, not reproachfully but kindly. You have lost muscle, which you now have to rebuild. She is right. I know it myself, but I can't eat. I just can't. I can't smell or taste food. Force yourself, is her well-meaning advice.

No matter how weak I am, it is easier for me to “force” myself to exercise than to eat. First they bring me some fruit puree that looks like baby food. The stomach and intestines have to relearn how to take solid food again, says the dietitian, as if

talking about two students. But the students are disobedient, and I'm still losing weight. It is not advisable for you to lose any more weight, say several different doctors, anxiously nodding their heads. A CT scan of my stomach and intestines follows, but it shows no reason I can't eat. They recommend solid foods as the only solution. Force yourself, they tell me again. Force yourself, repeats my family. I am talking to them on my cell phone, even though I am whispering, because my throat is still very sore. The sooner you get used to normal food, the sooner you will come home.

But I refuse to eat meat, or more precisely the pale boiled chicken I'm given. The other food – some miserable vegetables, potatoes, and boiled fish – I can barely swallow; it all tastes like crumpled paper. The nurses look at me with sympathy. They see that I am the biggest obstacle to my own recovery. The speech therapist brings me coffee; somebody offers me cookies. One of those torturous days of my battle with food, after a full two weeks in this ward, a young nurse whispers to me – as if it were confidential information – Try the tomato soup, just try it, you might like it. I nod at her, curious. Does she perhaps realize that I came from a tomato-growing region? In an instant, a bowl of warm red soup appears in front of me. I sip my first spoonful carefully, ready to be disappointed. But I recognize the taste of the food for the first time. At first I think it must be some sort of magic. But perhaps the explanation is simpler: I tasted something my memory recognized, something like the homemade food I am used to. The nurse smiles at me; she is pleased.

Since then, tomato soup twice a day has taken me back to the world of food, followed by unseasoned boiled fish and canned carrots. I force myself to swallow, and with each bite the way home opens up before me, like a door opening up a dark room to the rays of the sun.

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One day, my laptop arrives. I open the messages, but I can't read them. The screen seems almost as puzzling to me as it would to someone seeing it for the first time; reading even the shortest messages requires tremendous concentration and mental effort. Will I ever be able to focus long enough again to read an entire book? So I have to practice reading just as much as I have to practice walking, I think, with a



dose of bitterness. This disease erases the past and leaves desolation. How much knowledge will I have left? There is a complete discrepancy between my physical and my psychological recovery. After two weeks, I quickly walk down the hall several times a day, but I still have gaps in my memory. When the body is at rest, the memories slowly return, in unrelated images, as if I am trailing behind myself.

My mental life is now just an appendage of my physical existence. It is especially difficult for me to remember the time spent in intensive care, other than in fragments. I remember the feeling of floating after waking up, the moment when the doctor handed me the phone and removed my mask, and I struggled to get the word “hello” out—my first confirmation that there is a person in here.

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Toward the end of a hospital stay, each patient has to take a psychological test. I don't remember most of the questions. But one has stuck in my mind because I thought it was odd to be asked it only three weeks after I had been taken off the ventilator: *Are you thinking about how the coronavirus will affect your looks? What looks?* When I see myself in the foggy bathroom mirror in passing, I see a person with disheveled hair, big circles under her eyes, and deep vertical lines on her cheeks. That person is not really me. I don't pay much attention to that character in the mirror. I don't approach her; it's not time yet. It is enough for me to be able to imagine that I will soon stand in front of my own bathroom mirror and observe the consequences of the disease, from the new gray hairs to the tired face and the tiny wrinkles that will appear when I smile. I don't know how much COVID-19 has changed me, I should reply; instead I shrug, “Maybe you should ask someone younger about their looks.”

From the moment I came out of the anesthesia, I felt that it is the body that recovers first, before the brain. That the body determines everything, as if it is a mechanism that needs to be fixed and doctors are mechanics. Where does it draw its strength from? Strength cannot come only from soup, medication, protein, constant exercise, and words of encouragement. There must be something else in that mixture, some invisible ingredient, an elusive energy. Where does the insatiable desire to survive come from?

The process of returning to yourself is a long one. Severe illness is an unbearable narrowing of perspective, of distance from others, for whom it is almost impossible to imagine how much it isolates and changes a person. But their voices, still distant, bind me to reality like delicate threads. I feel that they are getting louder and louder, and drawing me more and more to them.

I arrive home anxious. Am I as safe here as I was in the hospital? Will I be able to fully recover, to continue where I left off before the illness? I want everything to be as it was before I locked the apartment door and got into the ambulance. Indeed, everything is the same except for a bouquet of flowers and congratulations.

“Welcome back to the living!” a good friend writes to me. Suddenly I am overwhelmed with a feeling of irritation, almost anger. Why dramatize? I didn’t do anything to deserve congratulations; those should go to others. I don’t even remember anything. I can’t understand whether this reaction is a sign that I don’t accept the fact that I had been holding on to life by a thread, or if the fear that others experienced because of me – my child, my husband, my friends – makes me feel guilty now.

I feel guilty for another reason. Out of fear that they will not understand me, I am afraid to admit to them that through this illness I experienced what awaits me in old age: dependence on others, insecurity, fragility, and extreme loneliness, even if I am not there yet.

I pick up a bottle of nail polish and paint my nails. It is dark red, the color of dried blood.

**Slavenka Drakulić** is a Croatian journalist, novelist, and essayist. Her newest book, [Café Europa Revisited: How to Survive Post-Communism](https://bookshop.org/a/16648/9780143134176) (<https://bookshop.org/a/16648/9780143134176>), is forthcoming in 2021.

Graphic by Bianca Ibarlucea.

## A World Out of Reach

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