

'She Is Going to Make It, Damn It': One Doctor's Quest to Save Her Patient From Covid-19

At a Boston hospital filled with the dying, a surgeon pinned her hopes on the survival of a young, pregnant woman



Tracy Dechert, a trauma surgeon at Boston Medical Center.

By [Jennifer Levitz](#) / Photographs by [Jehad Nga](#) for *The Wall Street Journal*

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BOSTON—The patient in Room 5 had one big thing going for her. She was young.

Adriana Rice-Leiva, 31 years old and 7½ months pregnant, also had been in good health. Even in a hospital bed, hooked to machines and deathly ill with Covid-19, her dark hair shined and her skin glowed.

Ms. Rice-Leiva was breathing with a ventilator and kept still in a medically induced coma while her body fought the virus trying to kill her and her unborn baby. “She is going to make it, damn it,” Dr. Tracey Dechert said to herself each time she stopped by on rounds. “We’ve gotta get her through this.”

The pandemic walloped Massachusetts, filling intensive-care beds with patients hanging between life and death. Dr. Dechert, surrounded by more sickness and sadness than she had ever seen, wished for a critical-care patient to triumph. At the time, Ms. Rice-Leiva was “our only one where there was hope,” the doctor said later. “When you would find one where there was hope, you’d be holding on to it for dear life.”

As Covid-19 challenges doctors and patients alike, it is also forging intense new bonds between them. The disease has no standard treatment. There is yet no cure. It is unnoticed by some and unsparing to others. In severe cases, it ravages the lungs, filling its tiny air sacs with fluid that restricts oxygen from reaching the bloodstream. Without oxygen, organs fail. Doctors can only try medications to keep the virus at bay long enough for the body to muster its natural defenses.

Powerlessness was unusual for Dr. Dechert, a trauma surgeon and the director of the surgical ICU at Boston Medical Center. The 514-bed hospital is the main teaching arm of Boston University School of Medicine.



Dr. Tracey Dechert, a trauma surgeon at Boston Medical Center, during morning rounds at the intensive-care unit that was set aside for Covid-19 patients.

Dr. Dechert, 53, keeps her hair short, a practical style for a surgeon. At work, she wears red Danskos stained with the blood of a woman, stabbed by a son, whose life she couldn't save. The marks remind her of the hardships often faced by her patients.

When bombs exploded near the finish line of the Boston Marathon seven years ago, Dr. Dechert had already left the hospital for home after a 28-hour shift. She returned to perform a double amputation on a woman injured in the attack.

When the pandemic struck, Dr. Dechert was determined the virus not take the mother-to-be in Room 5.

First signs

On the first Sunday in April, Adriana Rice-Leiva was feverish and hadn't felt her baby move all day.

She had followed the state's pandemic advisories as best she could, venturing out in public only for grocery shopping. Her 63-year-old aunt, who lived upstairs, was still commuting to her cleaning job at Tufts University. Ms. Rice-Leiva insisted on driving her aunt to campus each morning so the older woman wouldn't have to travel by subway.

Her husband, Bryan Rice, considered an essential employee, worked for the operator of the Massachusetts Bay Transportation Authority's commuter-rail system. After work, he came home, shed his clothes, bagged them and showered before greeting his wife and their 2-year-old son.

By the end of that Sunday, April 5, Ms. Rice-Leiva was having trouble catching her breath. Her husband drove her to the emergency room at Boston Medical Center.



Nurses and medical technicians at Boston Medical Center's intensive-care unit closely monitor their severely ill Covid-19 patients.

The hospital had set up a blue tent outside where doctors judged who would go to the emergency room, head to a clinic or be sent home. Ms. Rice-Leiva was admitted to the hospital, part of the city's first big wave of virus patients.

For three nights, she received oxygen through a nasal cannula, a lightweight tube that feeds air to the nostrils. Doctors gave her a drug to speed lung development in fetuses, in case Ms. Rice-Leiva had to deliver early. They also started her on the antimalaria drug hydroxychloroquine and the antibiotic azithromycin, an experimental treatment since dropped.

After a couple of days, Ms. Rice-Leiva seemed to turn a corner. In a [Facebook](#) message from her hospital bed, she wrote about the good fortune to live in Boston, in reach of the best doctors and hospitals.

Many patients entering the sprawling brick-and-glass medical center in Boston's historic South End arrive from lower-income neighborhoods. Nearly a third don't speak English as their first language.



During a shortage of N95 masks, Dr. Tracey Dechert and other medical staff were limited to one a day. They kept them in clean plastic food containers.

Ms. Rice-Leiva's family moved to the Boston area from Honduras when she was 13. Her father bought used cars at auction to sell to wholesalers in Honduras. He moved the family back when Ms. Rice-Leiva was 19.

She stayed behind, taking college classes in accounting. When she couldn't afford to finish school, she took a job with a chain of nail salons and worked her way up from a manicurist. In time, Ms. Rice-Leiva helped her bosses open new locations. She was given deadlines and set out to beat them. Determined and positive to those around her, she liked to say, "It's going to work out."

In 2013, she reconnected with Mr. Rice on Facebook. They had met as first-graders in Honduras, where he still lived. They traveled between the two countries during a yearlong courtship, and she encouraged him to move to Massachusetts. They married in 2015.

The couple lived in Ms. Rice-Leiva's apartment on the bottom floor of a vinyl-sided duplex owned by her uncle in Chelsea, Mass., a densely populated working-class neighborhood with a large Latino population. It sits across the Mystic River from Boston, about a 20-minute drive from the hospital.

Mr. Rice, who earned an industrial-engineering degree in Honduras, worked as an outdoor painter for eight months while he learned English. Then he got a job with the commuter-rail line, maintaining signal lights and working a mix of daytime and overnight shifts. Ms. Rice-Leiva became a stay-at-home mom when their son, Mateo, was born in 2017.

The couple saved for a house and looked forward to living in a suburb with good schools. For fun, they went strawberry picking and to the aquarium. Last fall, they drove to Niagara Falls for Ms. Rice-Leiva's 31st birthday.



Bryan Rice, Adriana Rice-Leiva and their son, Mateo, during a trip to Niagara Falls for Ms. Rice-Leiva's birthday last fall.

PHOTO: RICE FAMILY

"I am so grateful to God for giving you another year of life," her husband wrote her on Facebook.

There was more to be grateful for. They had just learned another baby was on the way.

Back and forth

On Wednesday, April 8, Ms. Rice-Leiva improved enough to leave Boston Medical Center and go home.

But two days later, the fever and chills had returned, and her symptoms worsened. Again, she had trouble breathing. Doctors saw this over and over. They couldn't anticipate which of their patients would decline.

The lack of a cure or definitive treatment left doctors frustrated. Dr. Ravin Davidoff, the hospital's chief medical officer, lamented "the uncertainty of a little virus, and the chaos it can cause to the whole world."

After Ms. Rice-Leiva returned to the hospital, doctors tried to help her breathe. Over four days, they gave her oxygen therapy and turned the pregnant woman onto her side. Doctors tried sarilumab, an arthritis medication that showed promise in easing the overactive immune response that weakens the lungs in some Covid-19 patients.

As many as five patients a day moved to the hospital's ICU unit for more specialized medical support. "I have never seen anything like this," said Nancy Gaden, the hospital's chief nursing officer.



A surgeon at Boston Medical Center operates on a Covid-19 patient. A clear plexiglass box over the patient's head protects the medical staff.

Ms. Rice-Leiva was among those sent to ICU. Once there, she fought to get air and focused on the breathing exercises she learned. She didn't want to go on a ventilator, the next step for many ICU patients.

The struggle to breathe made it hard to sleep, and her mind turned to her husband and young son at home. She finally gave in to exhaustion.

"Do what you have to do," she told doctors.

On Tuesday, April 14, she went on a ventilator, a machine that would do the breathing for her while she was medicated into a coma.

Two patients

Dr. Dechert was one of many doctors recruited from various hospital departments to handle the Covid-19 outbreak. Not everyone could help. Some were older or pregnant or had autoimmune troubles.

She took the assignment after a long conversation with her husband, Theo Wasik, a psychiatrist. To help protect him from the virus, she used a separate entrance to their 150-year-old butterscotch-yellow clapboard house in Boston's Charlestown neighborhood, and she slept in the guest room.

Her domain, the 28-bed surgical ICU, was generally occupied by patients with traumatic injuries or those recovering from major surgery. In April, it became one of several Covid-19 wards.

Outside the room of virus patients, bright yellow racks held protective gowns, masks, gloves and face shields. Soon, the hallways were lined door to door in yellow. Room doors were kept shut, unusual for the hospital, and Dr. Dechert wondered if that made patients feel like lepers.

Signs posted outside patient rooms warned, “ENHANCED PRECAUTIONS: STOP,” and listed a six-step procedure for donning gear. Trash cans marked with bright-red biohazard stickers collected used N95 face masks. Dr. Dechert instituted a buddy system for entering the rooms of Covid-19 patients, requiring staffers to gear up alongside a co-worker.



Dr. Tracey Dechert assists a surgeon into a protective gown before entering into the room of a Covid-19 patient.

The hospital closed to visitors. The gift shop and coffee shop went dark.

Dr. Dechert worked four 12-hour shifts each week, one of several attending physicians on duty. Her rounds included Ms. Rice-Leiva in Room 5.

Ms. Rice-Leiva’s husband was at home with their toddler, getting updates and glimpsing his wife via FaceTime sessions arranged by nurses. He fought tears the first time he saw her unconscious and tethered to a ventilator.

SHARE YOUR THOUGHTS

Have you or your family faced a Covid-19 crisis? Join the conversation below.

For doctors, the worst images were the white patches on Ms. Rice-Leiva’s X-rays that showed lung damage from the virus. Healthy lungs, soft and permeable, pass oxygen to the bloodstream in exchange for carbon dioxide to exhale. As Ms. Rice-Leiva’s lungs inflamed with fluid, they delivered less and less oxygen, a

condition known as Acute Respiratory Distress Syndrome.

The hospital obtained special permission from Gilead Sciences Inc. to use scarce supplies of the antiviral drug remdesivir. The medicine, tested against Ebola, was found to speed the recovery of some Covid-19 patients.

Ms. Rice-Leiva still wasn't getting better. You can give as much oxygen as you want," Dr. Dechert said, "but if the body doesn't take it, it doesn't matter."

Ms. Rice-Leiva, so close to term, was really two patients. Dr. Dechert and other doctors, including Aviva Lee-Parritz, the hospital's chief of obstetrics and gynecology, worked to save mother and baby.

Dr. Dechert could tell her colleagues were thinking the same thing she was about Ms. Rice-Leiva's decline. They trained in medical science, she said, but many were too superstitious to voice suspicions that a patient might die.



Older ventilators are stored in an equipment room at Boston Medical Center.

A team of doctors monitored Ms. Rice-Leiva. If her oxygen levels fell too low, they would need to perform an emergency caesarean section.

On Sunday, April 19, it was time. "She was plateauing, and it was sort of like, 'We can't keep waiting,'" Dr. Dechert said.

Dr. Lee-Parritz delivered a four-pound baby boy named Lucas.

Ms. Rice-Leiva, still on a ventilator, returned to the ICU, and the baby went to the neonatal ICU. The staff hung pictures of Lucas in Ms. Rice-Leiva's room. "We didn't even know if she knew she had the baby," Dr. Dechert said.

Later that afternoon, a nurse called Ms. Rice-Leiva's husband on FaceTime and pointed the camera toward one of the photos.

"Is that the baby?" he asked. Then he cried.

Dr. Dechert wondered when they would be able to wake Ms. Rice-Leiva and hand over the baby boy.

Halloween scrubs

On the day Lucas was born, Dr. Dechert got a call from a hospital nurse saying that 79-year-old Zoila Weddborn was headed to the emergency room.

Ms. Weddborn had worked for decades as a nursing assistant in Dr. Dechert's surgical ICU. The two women had worked together for about a year before Ms. Weddborn retired in 2011.



Zoila Weddborn, a retired nursing assistant from Boston Medical Center.

PHOTO: WEDDBORN FAMILY

Many of the hospital staff remembered the Halloween and Thanksgiving turkey-theme scrubs Ms. Weddborn sewed and gave away. Former colleagues joked about the holiday decorations the diminutive woman always put up, and how they hung low enough to bump heads. After retiring, she volunteered as a City Hall greeter.

Ms. Weddborn lived in a duplex in Boston's Dorchester neighborhood. Her daughter, son-in-law and granddaughter lived upstairs.

During outings to [Dollar General](#) and [Walmart](#), Ms. Weddborn and her daughter wore gloves and masks. Her son-in-law, a maintenance man, later tested positive for Covid-19.

When Ms. Weddborn and her daughter got sick, they went by ambulance to the hospital. Dr. Dechert made sure Ms. Weddborn, who was severely ill, was brought to her ICU unit. Dr. Dechert knew everyone there would want to take care of her, she said.

Dr. Dechert put Ms. Weddborn on a ventilator, the third patient intubated that night. Ms. Weddborn's daughter, Julia Thompson-Martinez, went to a bed on a different floor.

The older woman became too ill to save. After more than two weeks, her family decided to take her off the breathing machine.

On a Thursday afternoon, relatives came to see her. The hospital allowed families, dressed in protective gear, to enter the rooms of dying patients for a few minutes. Dr. Dechert was relieved. She believed it was cruel to have deaths witnessed only on video calls.

The family gathered in a room that had been decorated by the staff with the festive scrubs Ms. Weddborn had sewn. “I felt this peace in my heart,” said her daughter, who recovered after several days in the hospital.

When the family left, Dr. Dechert and her colleagues lined a long hallway in silence to watch a wheeled stretcher carry away Ms. Weddborn’s covered body. Each staff member reached out and tapped the stretcher’s silver rail as it passed. It was an image Dr. Dechert would hold in her mind.



Doctors and nurses lined a hallway in Boston Medical Center to pay their respects to Zoila Weddborn last month.

“Look at all the people she touched,” the doctor said. “Look at all the people who loved her.”

Not fair

Dr. Dechert had the same pressing thought each time she stopped by to check on Ms. Rice-Leiva: “She better not frigging die.”

The two women, born a generation apart, shared one thing in common. Both had propelled themselves through life with remarkable drive.

Dr. Dechert grew up in Pennsylvania coal country, a tomboy who played clarinet in her high-school band and later rode a motorcycle. Her father was a maintenance worker at Allied Chemical; her mother stayed home.

When she told her parents she wanted to go to college, they got angry. They didn't have the money. With college loans, Dr. Dechert enrolled in nearby Bloomsburg University of Pennsylvania, the first in her family to continue past high school.

After graduation, she got a job in medical-book publishing and spent long hours marketing textbooks at medical conferences. During breaks, she slipped into sessions on topics like cancer or surgery, fueling her interest in medicine.

When she was nearing 30, she enrolled in medical school at Temple University. Classmates and the staff at hospitals where she did student rotations said she was too nice to be a trauma surgeon, the field that drew her.

"I'll just be a nice surgeon," she would say. A hospital colleague described her as tough as nails.

After the virus overwhelmed one sick patient after the next, Dr. Dechert wished to take just one off a ventilator, she said, to "pull the tube out and shout, 'Hey, you're doing great!'"

Some nights, she walked the gleaming hallway floors, unnerved by the silence of so many closed-door rooms with intubated patients.



Surgeons during an operation on a Covid-19 patient at Boston Medical Center.

In room 5, Ms. Rice-Leiva still struggled to breathe. Dr. Dechert and the medical staff began what is known as rescue therapy. They gave her drugs that essentially paralyze the body so she wouldn't use her last bits of energy reflexively fighting the ventilator. They tried gingerly rolling her on her belly, hoping to improve her oxygen levels, taking care not to disturb the surgical wound from the delivery. None of it was helping.

By mid-April, seven of 10 of the hospital’s patients who were admitted had the virus, numbers that eventually declined in May and into June. Covid-19 deaths in Massachusetts would eventually rise to nearly 8,000, the third-highest state toll behind New York and New Jersey.

Chelsea, where Ms. Rice-Leiva lived, had the highest infection rate in Massachusetts. As her body struggled to heal, her husband fell ill with what he believed was Covid-19. At his worst, Mr. Rice was too weak to walk from the couch to the kitchen. He lost 17 pounds before recovering. Adriana’s teenage brother helped care for the toddler and later tested positive.

Dr. Dechert was troubled by news reports in mid-April about rallies around the U.S. that called for the immediate lifting of [social-distancing restrictions](#). “We’re talking about what we’re seeing and what we’re doing,” she said, “and the fact that people don’t want to believe us makes it that much harder.”

On her days off, Dr. Dechert planted flowers and tended a beehive she kept on the patio. Even washing dishes was a soothing distraction.

The crush of seriously ill patients, along with the prospect of new waves of infections in the fall and winter, weighed on the hospital staff. Nurse Shelly O’Brien said medical workers left work in tears: “I’m used to trauma, used to being able to fix people. You can’t fix these people.”

Homemade posters of appreciation covered the windows of the hospital lobby. Food arrived—pizzas, sandwiches, cookies frosted with the BMC logo.

Dr. Dechert started her rounds by asking everyone to name a favorite destination or a favorite animal. The staff needed some good to happen, she said.



Dr. Tracey Dechert rests between 12-hour shifts at her home in Boston.

Near the end of April, Ms. Rice-Leiva looked like she might be the one bright spot. Her vital signs improved, and the medical team eased her oxygen support. Her lungs began to take up more of the work.

On Sunday, April 26, Dr. Dechert drove to work at 6:15 a.m. and looked forward to a good day. She anticipated taking Ms. Rice-Leiva off the ventilator and imagined bringing baby Lucas to her. They would take photos with her medical team, all smiles.

Dr. Dechert reached the locker room and changed into her scrubs, clogs and a “Boston Trauma” fleece vest.

When she got to the ICU, she learned from the overnight crew that Ms. Rice-Leiva’s condition had worsened. She needed more help from the ventilator, not less.

“She’s going to get off the vent,” Dr. Dechert told her team. “Just not today.”

Inside, the doctor felt deflated. “She was living her normal life, and it’s not fair,” she said. “It doesn’t hit everyone the same. That makes you angry.”



Staff at Boston Medical Center applaud Covid-19 patient Adriana Rice-Leiva’s release from ICU. VIDEO: BRYAN RICE

Dr. Dechert and her team finished their four-day workweek and passed the baton to the next group. She returned on the last day of April for an overnight shift and immediately looked into the window of Room 5. The bed was empty.

She flagged down a co-worker and asked for news.

After 14 days on a ventilator, Ms. Rice-Leiva was breathing on her own. The medical team made a video of her leaving the ICU to a regular floor of the hospital.

Ms. Rice-Leiva recalled feeling delirious when she woke up from the coma. It felt as if she had come out of a bizarre dream. She vaguely remembered the staff clapping for her and playing “Celebration,” by Kool & The Gang.

“Her body recovered. We just helped her,” Dr. Dechert said. “Did any of those meds work? Maybe. Did none work? Very possibly.”

Ms. Rice-Leiva’s held her baby for the first time on May 5, the day she was released to go home. “I feel like a miracle,” she said.



Adriana Rice-Leiva and her husband, Bryan Rice, with their baby, Lucas.

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