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**Dr. Ernest Patti**

Mark Naison

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Interviewee: Dr. Ernest Patti

Interviewers: Grace Schmidt and Alison Leche

Grace Schmidt: Welcome everyone to the Bronx COVID-19 oral history project. My name is Grace Schmidt, and I'm joined by my research partner, Allison Leche. We're here today interviewing Dr Ernest Patti from St Barnabas Hospital in the Belmont community of the Bronx. We want to talk with him about his experience working as an ER attending physician during the height of the covid 19 pandemic. Dr Patti, thank you so much for taking the time to speak with us today. And if you don't mind, would you start off by telling us a little bit about yourself, where you're from, and how you came to work at St Barnabas and especially and then eventually serve as an ER attending physician.

Dr.Patti: Good morning to both of you. First, I just want to make sure of some housekeeping issues. It looks like my head is like taking up the entire screen of this. Do you want me to move back a little bit or what? Because I only have a small little monitor picture of how we all look.

Grace Schmidt: The angle you're at right now is perfect on my end.

Dr.Patti: Fine. All right, I'm asking you guys, because you're doing the project, so I just want to make sure it's okay. Alright. Well, so you want to know when I showed up here, how I came to show up here. Well, first I should tell you I'm a board certified emergency medicine physician. I started here at St Barnabas back in 1992 as a student, I came here as a medical student, and sort of fell in love with the place and the community and the neighborhood. Having grown up in Brooklyn and then moving to Staten Island, I sort of felt quite home here in the Arthur Avenue Belmont section. It sort of reminded me of where I grew up in Brooklyn. The folks were nice. The neighborhood had all those great delicacies. And was also close to Fordham University. And I had a dear friend who unfortunately passed away the past year, Mr. John tognino. I'm very close with the tognino family, and so John introduced me to Fordham University early on, so I and Fordham reminded me of my alma mater, Villanova. I went to Villanova and graduated from there with my undergrad degree. So it sort of seemed like the right place to be. So I started here in 1993 as an intern and worked as a resident. I started in surgery first, and then jumped over to emergency medicine, because I like the fact that you did a little bit of everything in the ED because we, you know, we have to basically be prepared for whatever comes through the door. So I switched over to em— emergency medicine. I worked as a resident until 97 and then they offered me a job in 1997 so I stayed on as an attending physician, and I've worked at other hospitals as well. I was on staff at New Rochelle sound Shore Hospital. I was on staff for about 10 years at Greenwich Hospital in Greenwich, Connecticut. I have a Connecticut license. I moonlighted at Greenwich.

Moved to Westchester with my wife and our kids. Raised our family in Westchester. I still reside there. My three children are all much older now. My oldest daughter, Alexandria, is going to go to medical school in August. I don't know why I get so emotional with that. Steve, every time I say that it's crazy. My middle daughter Victoria works in the city and media, and my son Ernest, is attending University of Miami, down in Florida. So it's been a long ride here. It's been great. Really like it. I ran the emergency department here for five, just about five years as the chairman slash director of em and learned a lot here, watched the place grow up from a small, little community hospital to the trauma center that it now is. We've been to a trauma center. It's got to be Dr. Shabsigh would be more accurate with the details. We have to be a trauma center. I'd say about 15 to 20 years. You know, it's been a long time. I can't remember when we first became a trauma center. I'd be lying if I told you.

Grace Schmidt: Is Saint Barnabas, um, oh, sorry I was, is SA Barnabas a trauma one, uh, trauma one, uh center, or a trauma two, emergency department?

Dr. Patti: We were originally, for many years, the trauma one center right up there with Jacoby and Lincoln as the only three trauma centers in the Bronx. Dr. Schabzig would know the history a little better than myself. We recently, a few years ago, switched to a level two trauma, and it's mainly just it's due to statistics and the types of cases we treat, and the volume that comes in the door, that there are certain data points that you have to satisfy in order to be considered level one. And you know, we're a safety net hospital, so we don't have the same access to resources in the city. Eight and federal level that other hospitals might. You know, we don't belong to the Health and Hospitals Corporation, so, you know, we're limited in sort of what we can do, and I imagine that some of that played into it. I, you know, I don't know for sure, but I'm sure some of the data points were just not satisfied, and they dropped us to a level two designation to the best of my knowledge, so we're but we still get this tremendous volume of patients that come in.

Grace Schmidt: So as you're in your capacity as director of the ER and emergency medicine at St Barnabas, what does your position and responsibilities look like day to day in the hospital?

Dr. Patti: Well, pretty much, we're the— we're the doorway to the hospital. Basically, the majority of the folks that come in usually come in through the emergency department. So we're the hospital's front door, and we have to always be prepared. We have to put on a good face for everyone when they come in. My daily responsibilities were checking to see what the volume was in the emergency department, rounding every day, and making sure that folks were getting beds, who were admitted and those who were being

treated and released were being done in a, you know, an appropriate manner and in a timely manner. Also making sure that our resources were up to par, both manpower as well as materials, because an emergency department like this at its height, we were seeing over 100 over 100,000 people a year at our height, and during some of the crush times, it was even higher than that requires sufficient manpower daily, and that includes medical staff as well as ancillary staff, nursing staff as a key component to running an emergency department, and we also needed supplies that became even more important during the pandemic when we were faced with possibilities of running out of certain things. So the daily responsibilities of the— of the current chairman, Dr Murphy, or tremendous, you know, he has a lot of things on his plate that he has to manage with his team of associates to help him.

Grace Schmidt: So prior to the start of the pandemic, how many patients on average would you be looking or seeing that each week? And then how did that change after the pandemic hit, in terms of just capacity that you were seeing?

Dr.Patti: I – you know, I don't have access right now to those numbers, so I don't want to misspeak, but I can tell you that before the pandemic, we were chugging along at full speed. I guess we were seeing 90,000 or 85,000 and Dr Murphy could be more accurate with that a year that would break down into, you know, a busy day for us would be like 300 patients a day, which is a lot of folks. That's a busy day. And when the pandemic hit, a lot of the folks who would come to us for general medical care, or, you know, what we might consider minor things or less acute things. A lot of those folks basically stopped coming because people were afraid to go to the hospital. And the folks who were coming in, though, tended to be very sick. And that was what we noticed originally, was that the ones coming in who we suspected of having COVID, or who we knew had COVID, were quite ill and required, you know, urgent, rapid, immediate care. And it was scary, because you were, you know, you were saying, Wow, this patient was really sick. And then 20 minutes later, another one would come in. And then we had a period where we were just basically monitoring very sick people. We were running like a mini-ICU in the emergency department, and the volume of patients coming in had dropped, so we would do our work, and then when someone came in, though they were usually very ill, and it was, it was, it was a tough time for us, because Emotionally, it was really pulling at you. Now, remember, there was a no-visitor policy, right? So we couldn't have any visitors in, and you had some people who were really sick, some who were, you know, obviously on death's door, and some who, unfortunately, many who did pass, but we couldn't let their family members come in to be with them. It was quite a trying and traumatic time for everyone you know, both the physicians, nurses, ancillary staff, emergency staff that help us every day. You know, house cleaners, security, ESD, everybody. People kept the supplies. You can see that it was affecting everybody

equally. So it's hard to relate, hard to relay that. I'm sorry. I didn't mean to interrupt you, but it's hard to read those kinds of emotions when you go home. So everybody would go home at some point, your ship was over, you go home. A lot of us basically isolated ourselves because we didn't know if we were going to infect our family members, right? I mean, I was divorced. I've been divorced for a number of years, but still very. We're obviously close with my ex wife and my children are, you know, my biggest part of my life, but I purposely prevented myself from seeing them for weeks at a time because I didn't know if I was carrying COVID. I had gotten sick once, and, you know, stayed away from everybody. Got better, went back to work, so we pretty much didn't see each other. I do drive by, you know, drive-by, stand outside on the sidewalks, almost everybody, and then go home. And a lot of my colleagues are doing the same. So you lost that personal touch and or that physical touch, and then you were trying to explain emotionally how you felt, and it's hard to convey your feelings to people who aren't actually in the pressure cooker that we felt like we were in. So sorry. I just wanted to not lose that train of thought.

Grace Schmidt: No, I was actually going to ask a little bit about your family. Did any of your kids live with you during, like, the first wave, or were they staying with their mother?

Dr. Patti: No, they were, you know, we both have joint custody, and my kids are older, so when, when we got divorced, so basically, and I would, plenty of times before the divorce, stay at our house. We still have our family house in Larchmont, so you know, I would stay there some nights, and because we were always together, we would get together and have family meals and stuff. So no, none of my kids were staying with me. I was solo, and that was by choice because when the pandemic hit, I said, Yeah, nobody's coming here. You know, you guys stay with mom, because I knew none of them were going to the hospital or were exposed as much as I was. So everybody stayed with my ex-wife. And let me think, during the pandemic, my son was finishing up at Fordham prep, where I also have a very tight relationship with Father Debron and the staff at Fordham prep. I've been very close with them for many years. I actually did their commencement speech at St Pat's cathedral last year. I was asked to be the commencement speaker, which was very sweet, I mean, and very moving, and that was because, during the pandemic, they supplied us with food. For God, it seems like three, four months, every day, they supplied the emergency department. They took donations from the Fordham Prep community and supplied us with food. And then when we got vaccines, we vaccinated all the Fordham Prep faculty and staff, you know, to sort of make sure they were safe. We have a really rich relationship with Fordham Prep and Fordham U as well. But my son was in high school. My middle daughter, Victoria, was finishing up at Syracuse, where she was in the Newhouse School of Communication.

So her senior year was sort of cut that, you know, pretty harshly . As a senior student in 2020 she graduated in 2020 and my older daughter, Alexandria, was working and had already graduated from Georgetown, so she was done with school, applying to medical school, trying together. So yeah. So my son was with his mom, Victoria was at Syracuse, and Alexandria was working in DC for most of the pandemic, I believe, and then she moved back home. So, yeah, so I was alone to answer your question. Sorry, I'm running on, but you're gonna, you're gonna edit this anyway. So I just want to make sure I give you all the details.

Allison Leche: What kind of toll did it take on you to be so separated from your family?

Dr.Patti: You know when it's happening, you don't really think it takes a toll on you. You know, my parents, my sister, my brother, they all lived in Staten Island, so they were isolated as well. Everybody was sort of doing their thing. And my parents are elderly, so I want to make sure I didn't get them sick. We didn't see each other for the longest time, you know, we would talk and FaceTime and stuff, I guess, to answer your question, what kind of toll it took on me? Wow, I found myself having definitely an increased number of conversations with myself. You know, I'm a person who talks to himself all the time. Anyway, I've been doing that since I got into medicine, sort of trying to figure out, you know, how things happen the way they do. I can tell you, during the pandemic, that I was looking up talking to Big Louie or Big Louise, whoever's up there, maybe it's two of them helping us out and trying to figure out why things were happening the way they were. I guess I seemed okay, but I bet you inside, I really wasn't that okay, you know. But because of what we do, we have to show up for work every day, and we have to be 100% you sort of dig deep and you just do it. The thing I did notice that was very important, which would also help answer your question, is I got even closer, if that was possible with the folks that I worked with, because the folks that I worked with were having similar experiences, so we sort of sort of shared those experiences and sort of leaned on each other a lot more, had more conversations, met outside and talked in the fresh air when possible, because we were afraid that we were going to, you know, transmit. I mean, we weren't allowed to even congregate for long. From, you know, they were like, no two people, that's it! So we would go outside and have these, like little conversations outside where we could talk about, you know, how'd you feel about that? You know, were you thinking about this, or is this ever going to end? So I think it drew us closer as a community here at the hospital. And I almost, I almost, in some cases, looked forward to coming to work because I felt that human bond again, that was with people and not as isolated as I was when I was in my apartment. You know, it was almost like, wow, I'm going to work where I could get sick and die. But that's better than staying home by myself anymore, you know. So we would look forward to coming to work and because we had that shared, I guess, experience.

Grace Schmidt: Now, going back just a little bit when you first heard about the pandemic, so probably, I guess, would have been end of December, early January of 2020, what were your first thoughts regarding St Barnabas and how Saint Barbara would be able to handle handle the pandemic. And then what changes did the emergency department make in preparation for that first wave that came and hit us eventually.

Dr.Patti: Okay, when I first heard about the pandemic, right? It was like the holidays 2019 going into January 2020, and in February was my birthday, and I took probably the last trip that I can remember. We had. Was – I, I drove up to Syracuse with my two children, the older one, Alexandria, my son, Ernest. We drove, we jumped in my truck. We drove up to Syracuse for the weekend where Victoria was attending school, and we spent the weekend there for my birthday, but also to hang out with Victoria and see her and we -- she took us to frat parties, and we had the best time. It was one of the best times I can remember having. And this was right before the pandemic really hit. They were talking about it. People were getting sick. I like to ski, and so we went skiing at a place in Syracuse, and it snowed. It was perfect. And we spent the whole weekend there. We had a lot of fun. But I remember when I was taking a break and we were getting it was a beautiful day in February. The sun was out. I was skiing with my daughter. My son was studying for a test. He had afforded prep, so he didn't come skiing. And my other daughter, Victoria, also had a test the following Monday, so they didn't come skiing with us. So just myself and Alex went skiing, and we were sitting there eating waffles at a picnic table, and all these people were around, and everybody was jabbering about the pandemic, which was, you know, is it bad? Is it not bad? No one was really wearing masks yet in public, because we were outside, the air was fresh, but I remember sitting there talking with Alex, and I'm thinking, you know, this is going to get bad. I think, I hope it doesn't, but I think it's going to get bad. And you know, we were just chatting, and I was looking around thinking, wow, I hope it never hits and like almost predicted, that was February, the middle of February, or towards the end of February, March rolls in and boom, I went and did a did a segment on Fox News Channel, because I'm one of the folks who does some of the Public Speaking for the hospital here in the media, I've been privileged that I've been part of a lot of documentaries that St Barnabas has participated in. Discovery Channel documentaries, channel four from the UK, came over and did a documentary. I did another one during the pandemic called an American prophecy. So I've been involved in a lot of these media things from the hospital. And right before in March, it was March 12. March 11, I can't remember. I did a segment on Fox News Channel in person. I went to the studio talking about the pandemic. And then that weekend, March 13, was when I really took care of my first really sick covid patient, and that's when it hit me. Said, Oh my God, this

is because the patient I knew very well, and he's one of our employees, and that's when it really hit me, and I said, Oh my God, this thing is here, and it's coming quickly. So leading up to that, I always felt like St Barnabas was going to be prepared, because we pretty much weathered every storm that we've hit. You know, we were ready for 911. We were ready for when the plane miracle and Hudson, plane Linden and Hudson. We were ready for the train, the Metro North train accidents. We were ready for when the casino bus flipped over on its side and got sliced open on 95 and we got a lot of tragically injured patients, as well as Jacoby, our sister hospital down the road there. So we were, we're always ready, but this pandemic thing was a new experience, so I knew that. Hospital was ramping up and getting more supplies. I knew they were thinking ahead, and we were figuring out how we were going to respond, and I knew our manpower was up to the challenge. So I always felt confident that if we were going to be able to weather it, we would weather it here. But so those changes, I knew were happening. And I guess I don't know, I tried to answer your question as best as possible, in preparation. First, I didn't think it was going to hit, and March hit rolled around, and I knew it was going to hit. And then we started getting sick patients. And when we started getting sick employees, boy, that really hit home. That was, that was a really hard pill for me to swallow.

Allison Leche: What was it like, having to treat your colleagues that came into the ER?

Dr.Patti: Well, what was it like? Okay, well, anytime someone comes in and they're sick or critically injured, it sort of pulls at your heart. You know, during your training, during our training in emergency medicine, we always are reminded that you have to, you know you constantly have to focus, you have to think, you have to do the right your the right treatments. But it's hard when you have an attachment to somebody. That's why, in medicine, we usually don't treat family members, because it's harder. You know, pull at you. You can sometimes make your judgment get clouded because you have that emotional connection with the person. But it was, it was definitely hard. My you guys interviewed – Ingrid, I believe, right?

Grace Schmidt: Yes, yeah, we had the pleasure.

Dr.Patti: Okay, she's – I've known her for many years, and her husband, Warren's dear friend of mine, he was my first real sick covid patient. And I was working March 13. It was a Friday. And I remember saying when I was going to work, Oh God, it's Friday the 13th. But in my family, in my family, my dad's favorite day is Friday the 13th. He was born on Friday the 13th. He got married on Friday the 13th. He – all his life, things always happen on Friday 13. So I'm like, come on, pop, give me some good luck today. Give me some good luck. But it didn't pan out that way that night. I was working



overnight, so it probably was, I guess now the 14th, it was probably early Saturday morning, and that's when Ingrid came looking for me in the emergency department, and she said, Warren's here, and he's not well. And I always knew Warren to be a big, strong, strapping guy. He always reminded me of like my little brother, my little brother's big and strong and massive like Martin was. And I went and saw him, and he was really ill. I knew he was sick, and so we started treating him aggressively. We upgraded him until, like a level one right away, and got them admitted, got them stabilized, and so I was hopeful that things were going to pan out the right way. But remember, still at that time, a lot of covid was unknown, so we were still treating things the best way we thought we could treat them at the time, some treatments changed after that and and he was just one of the folks who just didn't respond as quickly as other folks did to the treatment that we did. He got stable. He went upstairs. He was looking better. I felt more comfortable. I went home the next day. But then as the days went on and I was checking on him, he didn't seem to improve, which really was a downer for me, sorry. And then we had other employees who also started to fall sick, and it was really hard. I can tell you that, as you know you, because you sort of feel like, wow, if, if our people are getting sick and dying too, you know, this is going to really wipe out the whole population. You know, you start having these thoughts in your head like, Oh, my God, this is really bad. I mean, imagine how it is when, you know, a couple of days later, I had to intubate somebody, I had to put an airway in someone's throat, down into their lungs, who had covid. We knew they had covid. And I'm wearing all the PPE stuff. And as I'm going to do this, I'm like, holy shit. I hope this stuff really works, because if it doesn't work, I'm right here in this guy's face, and he's like, exhaling at me, I'm going to get sick. Hopefully I don't get sick and die. But, you know, I knew other folks were sick. I knew Warren was still really sick, and I'm thinking, Oh my God, but you don't back away. You just jump right in there. I guess it's like, it's like, what policing and the fire do when they run towards emergencies, you know, we do the same thing, but during it, yeah, you get those thoughts. You're like, okay, here we go. I'm looking up. You better not let me down and you. It was hard, really hard. Sorry. (Pauses)

I'm easily in touch with my emotions, so sometimes I get a little I can't talk for a minute, so I apologize, but you can imagine what it does to you inside. It sort of reminds you how fragile we really are, you know, we like to think we're strong, we're tough, and we can go out there and, you know, conquer all the problems in the world. But the pandemic was really making a lot of us realize, Wow, this is a serious problem, and it can bring us to our knees. And that was something that, you know, watching medicine progress, I hadn't felt that really, as far as I can remember, and I guess during the pandemic, I'm like, holy cow, this may actually get out of control. You know, you were watching what's happening around the world in Italy and China and Asia and Europe everywhere, when we were thinking, holy cow. I mean, I trained in England, and they

had a great socialized medical system there, but they are all great doctors. And I was watching what was happening over there, thinking, geez, this can happen here too. So there was a lot going on at the same time. And boy, it was overwhelming.

Grace Schmidt: So in that, in that similar vein, when we spoke with Ingrid, she mentioned that when she saw you working in the ER that day, she got an immense sigh of relief. She was like, Oh my gosh, thank God, Dr Patty's here. But I can only imagine for you, you might have felt like, probably a different, you know, reaction to that. So when you have, you know, like staff members that you work with, and they come in and they feel a sense of relief to see you, you know, what? What would you feel?

Dr.Patti: Ah – A bigger responsibility maybe. You know – like it makes me feel great when staff members always come seeking me out. You know, they're like, Hey, are you working? Or I get little texts, are you in the ED today? And sometimes I am, and I'm like, yes why? Oh, well, Joe's coming in, or, you know, whoever. And so it makes me feel good that they want me to care for them. But at the same time, when I saw, when I saw Ingrid that night, my heart sort of sunk because I knew she wasn't sick. I could see her, her. Then I was thinking it was one of her kids. And, you know, we also do pediatrics. I mean, we're – we're certified to treat, you know, from birth to to death, basically. And I thought it could be one of her kids. I didn't think it was going to be Warren at all. And then when she said to me, thank God you're here, you know, so what are you doing here? It's like 12:30 I think many of you been one o'clock in the morning. I don't remember, and I was in the middle of a trauma inside, and she said, he's – he's not well so and I had just seen him, like, day or two before. He's a big, burly guy. And we, every time we see each other, we give each other a bear hug, you know. And when I went and saw him, he looked so frail as well, so fragile, because he was sick, and it was – it made me feel honestly, it made me feel really bad. Made me feel, I guess, uncomfortable, like not only was the pressure on to take care of him, but now I knew that I suspected he had this virus, and I'm thinking, great, I don't have as many tools in my toolbox to treat this that I would something else. So I hope you know what I'm doing is going to work, and it's a big responsibility, especially when you know people, and they come in seeking you out, because you want it – you always want it to go right. And you know, I mobilized everybody in the hospital that I knew. I got the ICU doctors to come down and see him right away. Made everybody aware that, you know, our – our boy was here and everybody you know, jumped and did what they had been doing. But it was a huge sense of responsibility. That's all I can say. It really, really grabs your heart. So sorry.

\*Drinks water\*

Grace Schmidt: Take your time.

Dr.Patti: All right. Sorry, just need a repetition. Go ahead. You can still ask me questions. I know, I know.

\*Wipes Tears\*

Allison Leche: So when we talked to Dr Grantham, who, as you know, is ICU director, he talked about how they had to increase the capacity by like 600% and they were closing down other wings in the hospital to make more room.

Dr.Patti: Yep, yah.

Allison Leche: What part of you and like the ER department play in that transition?

Dr.Patti: Well, that was – that was part of – of what happened. Yeah, I guess I neglected to mention that, because we always work in a crowded environment. So for us, it was, sort of like business as usual, you know, we were, we were boarding people and, the only problem now was we were boarding so many people who were requiring artificial ventilation or respirators that it made it a lot more challenging. We also had a lot of our resident staff and even some of our attendings who would rotate through the other units of the hospital just to give medical care, you know, during the pandemic, I mean people who were not used to doing medical care in an ICU. I'll give you an example. I know the dental department. My dental colleagues were phenomenal because they were now repurposed. The dental clinic was closed during covid, so they couldn't do any tooth extractions or dental work, or, you know, the normal care that they did. So they all of a sudden got recruited to come in and help us with covid patients, and they would help turn the patients and what we call proning them to allow their upper the posterior portions of their lungs to ventilate better. And then, and dr, dr brantham, you mentioned him. Dr Brantham and I are dear friends. He was actually the person I called when Warren was in the hospital, because I needed him to help me get into the ICU so that we could treat him better and get him out of the ED. And so what we did was we opened up every area of the emergency department. We have an area that we use for geriatrics, we had a pediatric area, we have our area for our behaviorally challenged patients that we sort of congregate in one area. And what we did was we expanded everything to max capacity. The Nursing Department got extra nurses to come in travel nurses to help us. And we basically staffed every area and made little mini ICUs so that we could sort of cohort our sick patients and have areas where we did our patients who were sort of like the walking wounded. And yeah, the whole hospital was it at times it just seemed like a covid, covid hospital really did during the pandemic. Now they were talking about queens, but I can tell you. I can tell you, when I drove up here one day,

and as I pulled into the emergency department driveway to entrance on 183 Street, I noticed something that was different, and I literally stopped in my truck. I stopped in my tracks, and just stared there for a minute, like looking at the— what I saw and what I saw were two tractor trailer refrigerated units that were parked there, and all I could think of was, oh my god. I just saw those on the news in Queens, and we have two here now too. Like I was horrified. Now, I didn't see anybody being put in it or anything. I just saw them. And I was like, that was the same picture. I just saw it, you know, Elmhurst Hospital, like on Eyewitness News. I was watching the news, and I'm like, oh my god, we have them too. Like, I literally started to cry. I drove up and parked the truck. I'm like, holy cow, this is really happening. It was, let's say it was a moving experience, and they were there for a long time. You know, when you pull in, every time you pull in, you saw them. They were like a stark reminder of what we were dealing with. We never had, you know, tractor trailer units like that, near the hospital. I'm an observant guy. I'm driving in. I'm like, and I looked and I was like, oh my god, I just stopped right there, and I couldn't believe it. So now I was also talking to my buddies who I went to medical school with, who lived in Pennsylvania, and they were experiencing similar things in Pennsylvania on a smaller scale, because they work in not as large a hospital, but everybody was coming in sick, just like they were here. And it was, it was hard. You're like, oh my god, there's no place safe in this country. You know, that's why it seemed— so sorry if I get off the topic, just reel me back in.

Allison Leche: No, don't worry about it. So with so many patients coming in, and so if you stop, how did you guys triage and prioritize patients?

Dr.Patti: Carefully? Because we didn't want to miss anybody who was sick. But basically, if you had a, you know, a somewhat decent oxygenation level, and you didn't have many comorbidities, comorbidities or things that we would ask you, like, you know, do you have diabetes? Do you have hypertension? Do you have lung disease, or your smoker, you know, you have any cancers that you've been treated with chemotherapy or radiation, you know, you know? And you'd also assess the patient with their vital signs, if their vital signs were somewhat normal, you know, or close to normal. A lot of times, we would triage that patient and say, look, you know, your symptoms seem, you know, consistent with covid or or a virus. Because we haven't figured out if it's covid yet or not, we want you to isolate at home. Do this, do that, and then we would also keep our phone numbers of a lot of patients and check on them the next day, we got a process set up where we would do that telephone triage. We would also give folks a pulse ox, little mini pulse ox, to put on their finger to check their pulse ox, their oxygenation level in their blood. And if we would tell them, if it drops below a certain number, you need to come back to the hospital. And that was the way in which to get, sort of like the less ill patients, and evaluated and out so that they wouldn't catch

anything within the hospital. Or if they were infected, there's as themselves, not give it to any of the other folks who were there. We also enacted a no visitor policy, which was hard to do, but necessary, because you're not testing all the visitors that come in to be with their loved ones. So we just couldn't have extra people in there. Number one, there was no room. And number two, we didn't want to keep spreading this virus or making it worse. So that was a tough thing, because when you have little, you know, little elderly folks who didn't understand what was happening, and everybody's wearing full personal protective equipment, PPE, you know – so you have an older person, maybe there's a language barrier. They don't speak English. You're walking up to them with a face shield on a big mask on a white suit on, you know, and they don't even, can't even, basically say anything except for your eyes um – It's, it's, can be disorienting and overwhelming. So I felt horrible for a lot of these folks. It was only after a few, a few weeks where I wound up going on the Rachel Maddow show every Friday for practically a month to talk about what was happening in our emergency department. I was sending videos out.

Grace Schmidt: My mom used to send me. My mom sent me those interviews. Actually, oddly enough, she's a big Rachel Maddow fan, and she would send me your specific interviews every Friday, and being like, this is what's going on in the Bronx today.

Dr.Patti: Wow, and I was very privileged that I could do that, believe me, but it was after one of those episodes where I had written my name and put a smiley face on my suit, that a physician who lived in California was so sweet, she got a picture of me off the internet, and she made stickers, and she sent me, like, big stickers of my face so that I could put them on my on my little suit, so people would see what they were looking at, which was so sweet, such a great idea, and then that became the subject of one of the interviews further on. But at least people can then see, hey, this is me, the Sue I look like even though you couldn't tell. But that was hard when we had elderly folks who were dying and couldn't have their family members there, and then they're surrounded by people all in these white suits with masks on, who you couldn't even really see their facial expressions. So it was tough. It was really hard for people, for and for us too, because I was unfortunately there holding people's hands sometimes at their last moments, you know, when it should have been their son, daughter, you know, grandson, granddaughter, a mother or father. You know, not me, but I had to act as a surrogate, and a lot of my colleagues did the same. And that's a large burden to carry.

Grace Schmidt: You know, now you mentioned and so did Dr Grantham that St Barnabas operates as a safety net hospital, specifically treating a community that is largely considered one of the one of the most unhealthy in the state of New York. With

that being said, and knowing that the Bronx is one of the hardest hit boroughs, how do you think the sentiment regarding the coronavirus differed between the Bronx and other boroughs that you noticed or that you could speak to.

Dr.Patti: I guess, from my experiences, I felt that there were, you know, a lot of our population emigrating here, and Sometimes folks come from backgrounds where medicine is not widely accepted. Or, I should say vaccination is not widely accepted, and people are suspicious of, you know, injections of, you know, medications that you know haven't been, you know, around for 50 years. So I know that's a broad statement, but my feeling was we were getting a lot of folks who were coming in who were afraid to get vaccinated once the vaccine became available. And the other problem was folks were coming in who were basically ignoring their symptoms because they didn't want to come to the hospital. And I think that has a lot to do. With education and the breakdown of some of the family units. You know, if you're living by yourself, or if you're a young mom or young dad and you don't have that extended family to help give you some support and some guidance, you may wait till the bitter end, and some people were coming in who were really very sick, who we were saying, If only you had come in a little sooner, we may have been able to do more for you. It was heartbreaking. A lot of cases, you know, and then we had the few folks that you know were just tough as bulls. And there were some people who came in who were really sick but wound up doing okay, and they should have not done okay. But you know, whether it was luck or what we did, the interventions we did, or a little bit of divine intervention. I don't know, you know. So, can you hold on one second? I just need to respond to this.

Okay . Sorry, good, thanks. I'm back

Grace Schmidt: We just got a couple more questions. These ones, I tend to think are more of the happier, lighthearted questions, maybe not lighthearted, but happier questions. So given the nature of the pandemic, what was your most? Do you have a most rewarding day at work, or a moment during like, when times were really low that you just, like, look to that, you know, like, made kept you hopeful, kept you going.

Dr.Patti: Yeah, there were a couple of, I guess a couple of– the word is, saves, you know, but a couple of of people that we know who turned around or turned a corner, when, when people started getting discharged, who survived it, I think that was when we started to feel better, you know, when we didn't hear about everybody who was passing that was a good thing. You know, personally, I had some other tragedies that occurred to me during the pandemic, which made it even worse for me. I thought covid was the worst. I thought about when, you know, and I didn't even mention Dr.Barie, my other dear friend who passed during the pandemic. He was a very close friend of mine,

and he was a director of our trauma service. Ron Barrie, he unfortunately succumbed to covid. And Nelson, then, who's our EKG tech who retired, came back to help. And then we had two nurses who I worked with over the years, who also unfortunately passed. So that's, that's five, five folks from Saint Barnabas, who I knew personally. You know that those were the dark days. I guess the good, the good moments were when, when we had some saves. Those were the nice things. Also, what else when, when I when we saw the people from the community who would just drive up here and be knocking on the door and want to drop off food for us, those days were really sweet. I got lots of cards, lots of gifts and lots of stuff sent to us from folks all over the country, probably because I was on the Rachel Madoff show, and people saw it, so they sent us a lot of little gifts and mementos and stuff that was really very moving. It reminded me that, wow, you know, there's a lot of people out there who really care about us, and those are probably the things that really uplifted my spirits. And some were very small folks who would send me like, you know, small amounts of money to use for the staff. And one lady baked a bunch of pound cakes for us because she was a baker, you know, just sweet little things that remind you that, you know, there's a lot of good out there despite all the bad men here. You know? So I think those were probably the best moments when those packages started showing up in the hospital, addressed to me and the staff. That was, it was very sweet. It moved me very much, like I wanted to thank everybody, and it was just hard to tell, you know, stuff came from the west coast. From the East Coast, I had a lady send me stuff from Hawaii who was worried about us, a bunch of masks and stuff. It was just so sweet. It was really very sweet. So I could never thank all those folks.

Allison Leche: So we just have one last question to close out the session. But what do you think other people should know about what happened in the Bronx during this pandemic, and what happened with Saint Barnabas during this pandemic?

Dr.Patti: Well, what do I think they should know? What you know we I know the one of the good things was that, you know, folks started to realize how hard healthcare workers were working during this pandemic, and that was a real positive thing for us, and I know we started to feel a lot more appreciated. But I think people should know that a neighborhood like Belmont, Arthur Avenue Fordham area, this whole area, really got decimated. I think there were a lot of people who who came in sick, who unfortunately, didn't get better. And I think people should know that their community hospital here in the Bronx, you know, stood strong and and really tried their best to make them survive this pandemic. And they should realize that, yeah, you know, sometimes we get sometimes we get a bad rep, because we had a lot of trauma and a lot of, you know, social issues that come in here. But when it comes to medical can and medical and surgical care, you know, we're definitely, you know, not an underachieving hospital. I

think we're definitely an overachieving hospital. The quality of the employees that work here is outstanding. And, you know, I mean, I brought two of my own children here to have surgery, you know, they had surgery here because that's how I feel about the place. I've been a patient here myself, and I think the folks here are totally top notch, and that's why I think I've been here so long. I don't think that's why I know I've been here so long. It's an amazing place to work. The people that work here are dedicated. They care. Can they go work somewhere else and probably make a lot more money? Sure, you know, but it's the it's not always about, you know that it's so I think more about the human connection you have here, and the people here really care about the community and about each other, and I think that makes a huge difference. You know, like when I would call upstairs to the ICU, I knew those folks who were coming down, and they were down all the time, helping us out. I mean, it was a true, you know, group effort. Everybody in the hospital was pulling their weight and more, and we were all dealing with personal tragedies at the same time. You know, during the pandemic, my son broke his neck in college, you know, two weeks into his freshman year, and it's been confined to a wheelchair since then, it's been that through my world upside down as well, and but, you know, we, we all, we're all dealing with our own stuff, and we'll carry a lot of that the pandemic baggage will be carrying that for the rest of our Life. I hope that answered some of your questions.

Grace Schmidt: It absolutely yes it did. And if there's, if, you know, before we close it out, if there's anything else that you feel we missed that you want to add.

Dr.Patti: oh, God, there was so much, I think we hit on, geez. You know, people started sending money to the hospital, you know, to donate small sums of money, which was so sweet to help us take care of patients, which I thought was tremendous. You know, we don't have a large donor base like other hospitals. Do you know where people make endowments and to build wings and you know, they leave a legacy? We don't have that. But even our population here, who all work, and a lot of them are on fixed incomes, they still were sending money in to try to make a difference. And that showed the resolve and the strength of our community. And that's why, you know, that's why, obviously, I feel such a part of this area, you know, it's, it's, it's the people that are here and the people that work here. I think that is the spirit it lives on. It's an amazing little place. It's like the little engine, the little train that could or the little engine that could. And your Fordham student body many times we show up here sick and injured, and we take care of them. So, you know.

Grace Schmidt: I, myself, have been in Saint Barnabas ER department. Late one night, I had a roommate incident. She dropped her laptop on my head. Had to get some staples, but it was, I felt very well taken care of, nonetheless.



Dr.Patti: Sure, you might have witnessed a few things that maybe were considered to be a little bit of a show, but it's, uh, especially on a Saturday night, but it's, it's the people that work here that are great. I've spoken to many Fordham parents from across the country when their son or daughter wound up on our ED. And as a parent myself, I would try to, you know, talk them off the ledge and tell them their kid was going to be okay. So it was good. Yeah, it's the folks here that are great, and I'm really happy we have the relationship we do with Fordham and Fordham prep and all the other institutions in the neighborhoods that you know our neighborhood kept us fed. I have to say, Thank God they were great, the folks here and that made a big difference to us. You know, all the local businesses were so wonderful with us donating food and, and, you know, Moose is amazing. So I don't know if there's anything else I missed. We could talk about this for even longer, but I appreciate the opportunity to participate in your project. It's having, like I said, three kids who've gone through college, it's, I know it's important, and I appreciate the fact that you're even interested in talking.

Grace Schmidt: We are incredibly appreciative to you for speaking with us, and even more appreciative for your hard work and the sacrifices that you had to make during the pandemic and your dedication to the Bronx Community. It's quite astounding to talk with a physician who has such dedication to their population they're serving. It's really quite remarkable. So I just want to thank you.

Dr.Patti: Oh, it's my pleasure, but I hope I emphasized it. I really appreciate you talking to me, but remember, it's a big team. You know, there's no I, there's no I in the team. And I don't come here and say, oh, yeah, I did so many great things. I couldn't do any of what I do without the folks that I work with here, you know. And that goes from the people who keep the lights on right to the people who keep us supplied, you know, if they're not doing their job. And that's why I said it was such a group effort here. Everybody came to work, everybody pulled their weight, and that allowed us to do what we could do during the pandemic. And so I always would say, you know, it's a team effort. You can't, it's not one person, it's the whole group of us, the collective good. And that made me feel like such a productive member, because I work with such a beautiful bunch of people, but thanks.

Grace Schmidt: Thank you. Well, Thank you very much. And yeah, with that, I think we're good.

Dr.Patti: Okay, thanks. Nice meeting you both. Good luck with graduation, and hopefully you'll have a real graduation ceremony, and not one, you know, in a bubble.

Grace Schmidt: It's looking like it's going to be a real one. It's looking like it's going to be a nice one, hopefully.

Dr.Patti: Excellent, excellent. Yeah, that'll be good.