A dehumanizing experience with COVID-19 infection and hospitalization – An interview with Chris Stolarski

In episode 38 of the OFID podcast, OFID Editor in Chief Paul Sax, MD, interviews Chris Stolarski, associate director of university communication at Marquette University, about his frightening experience with COVID-19 infection and hospitalization, and sharing his story to encourage others to get vaccinated.

Hi, this is Dr. Paul Sax, I’m editor in chief of Open Form Infectious Diseases (OFID) and this is the OFID podcast. And that’s O-F-I-D not “Oh-fid.”

Today I’ll be chatting with Chris Stolarski. He's the associate director of university communication at Marquette University. The reason I came to know about Chris is that he recently wrote a vivid and truly terrifying account of his nearly one-month hospitalization from COVID-19, an account that should be required reading for anyone who doubts the seriousness of this disease, and indeed anyone who's involved in healthcare today. We'll get to that experience shortly, but first, Chris, thank you very much for joining us.

Oh, thank you for having me.

So tell us a little about yourself. What do you do, family, etc.?

Sure. Like you mentioned, I work at Marquette University. I do primarily internal and corporate communications for Marquette, which is a medium-sized Catholic Jesuit university here in Milwaukee, Wisconsin, where I am originally from, spent most of my life living here. I live just south of the city on the shores of Lake Michigan with my wife and our 17-year-old miniature dachshund, Peter.

Oh my. I had dachshunds growing up.

This is our third one, and he is defying all odds.

17 years! I have a dog also, but we're going to not talk about dogs. We're going to talk about COVID, and I kind of want to ask you as a non-physician, when was it that you first realized that this was a serious thing? Do you recall it entering your consciousness?

Oh, for sure. So I mentioned I handle internal comms for Marquette and those who aren't in the higher education industry may not know how hard hit we got with this. Our student population is residential. So, we really pay attention to these public health issues, and so it was probably late February that we assembled a response team, and I was part of that response team. So daily meetings and interestingly enough, these were [in-person] meetings. I mean, we had two dozen people ... So, it was horribly ill-advised at this point in the pandemic, but at that point, we still didn't really have a case in the state of Wisconsin.

And if we fast forward to the fall of 2020, and I remind listeners that this is before we had vaccines and when COVID-19 cases were increasing rapidly throughout the country. So in the fall of 2020, what happened initially to you? And when did you suspect you might have contracted COVID?
So it was shortly after the election, I remember. And I had a little tickle in my throat, but it wasn't anything ... It could have been reflux. I didn't even think of it as COVID at the time, but I woke up on a Friday morning and knew right away. It was clearly a cold of some variety, but the fever was the tipping off clue. I've never gotten a fever with a cold in my life, and also at that point November was horrific.

Yeah.

It was actually the peak here in Wisconsin. I knew I didn't want it to be COVID. I tried to stay calm and say this could very well be a cold. It is that season, but I went in the very next day, got tested, waited a while for my results. I didn't get my results until that subsequent Wednesday morning.

Oh gosh.

So it was a good lag, but by Monday, I didn't need the results. I mean, it had all of the trappings of COVID. The only thing I never got was a loss of smell or taste.

Interesting. It's fascinating how these symptoms vary from person to person. How about your wife?

She got about the mildest case of COVID humanly possible. She just got over a cold that was far worse and lasted longer than the COVID she got last year.

Yes. Colds can really be lousy, but your case of COVID started out, you're home.

It started off mild.

Yeah.

Through day five, I was fine. It seemed like I was going to ride this out at home like most people. It was day six, oxygen saturation dumped. It was pretty much like a switch.

Wow. And you must have been, at least periodically, checking in with your doctor or your nurse?

I hadn't been. Honestly, it was so run of the mill based on everything you've read about COVID or friends and family who've had it. It just seemed so ordinary for COVID that there wasn't that great a concern at the moment. I did start to monitor my blood oxygen when breathing became more difficult. And like I said, that was around day six.

Yeah. But you might have read this or heard this, but we now realize there are these two phases of the illness and when people have a severe case, that second phase doesn't start until five to 10 days after symptoms start.

And that's exactly what happened to me.

And then you must have made the decision either to go to the emergency room or get directly admitted. How did that work out for you?
So it was actually the day I got my test results. It was a Wednesday and the oxygen was struggling a bit. It would drop down to about 90 when I would walk, just going to the bathroom, but it would bounce back rather quickly. So I was concerned, but not alarmed, I guess I'd say. So I went to the ER just to be safe. They did a chest film. They said, "Yeah, we see some infiltrations, but compared to what we're seeing, you're okay." So they gave me a steroid, some Tylenol, whatever else they gave me and sent me on my way. They said, you are not sick enough to be hospitalized. Within 48 hours, I was in an ambulance. It was Friday the 13th, of all things. And I had my wife call the ambulance and that was it. I left the house and I thought this could be the last time I leave this house.

And when you got to the hospital the second time, they must have immediately realized you needed to be admitted.

Oh yeah, there was a rush. And on top of it, at this point, I'm panicking. So I'm having a full blown, panic, anxiety attack. My heart rate was really elevated. That got them concerned that I had a blood clot. So, they were concerned about a PE [pulmonary embolism] at that point. So first thing they did was take me over for a CAT scan and that came back negative. So they said, "We need to put you in the intensive care unit. We do have one bed available for you." I think I got the only bed that was available at that time.

I'm 41. I was 40 at the time. They said, "You're young. You're one of the healthiest people who've come through here." I don't have diabetes, which was one of the big, common things that they were seeing. Nothing. I was just a relatively healthy person say for a few extra pounds here. There's nothing wrong with me inherently.

So they said, "Okay, what we're seeing is we'll probably have you in here for about 10 days. We'll figure about five/six days in the ICU, five/six days in a step-down room, and then you can go home," and they were wrong.

So, how many days was it total in the hospital?

Twenty-six days in the hospital total, 19 of those were in the ICU.

And I noticed that you chose that 26 as the 26 things you wanted to highlight.

Yeah.

What were the things that you wanted to highlight and how did you choose those things? It was really quite remarkable to read about it.

Well, 26 is a lot more than I expected when I first sat down. I thought, oh god, this is a lot of stuff, but I ended up filling it pretty quickly, because it was a lot to remember. And obviously, there's stuff I left off. I wanted to paint a full picture. So, there are some things in there that are really scary, some really horrific experiences, and some of them were a little mundane.

So give us some examples, some terrifying and some mundane.

The one memory I'll never forget is the first time they made me walk, it was maybe around day six in there, they finally got me up walking and I have never been so scared. All of my breath left me. I had a
mask on – I was under the aid of an intense amount of oxygen, but my legs were weak, everything. I mean, so you're de-conditioned.

Yes.

Plus you have the COVID and then on top of it, I was developing anemia. And everything’s working against you. They wanted me to try going to the regular bathroom as opposed to the little commode thing next to the bed.

Yeah.

We're talking 10, 12 feet.

And so, I got about halfway there and my body let loose. I did not make it to the toilet to do my business.

Oh boy.

And the nurses are very gracious about these sorts of things, but of course, here I am, I'm out of breath. Now I'm embarrassed and a bit humiliated. And so eventually, she got me all the way there. I sat on the toilet and it took me forever. It took me forever to catch my breath. I mean, the whole ordeal was about 45 minutes and this is a 10-foot walk to the bathroom and back.

*And it's just such a striking example of how serious illness is dehumanizing for people. And that was one of the things that carried through your description is all these things one takes for granted, you really couldn't do at all.*

Yes. And part of that is what I would maybe characterize as health privilege.

Yeah.

I've never had anything wrong with me. I had my appendix out when I was 21. That was the extent of my serious medical history. So, I'd never once experienced anything remotely close to this. Appendix, it was what, a three-day hospital stay at best. There was really nothing to it. It was all new to me. And then for the first experience to be that serious. Within the first 72 hours, I was asked about an advanced directive. I was asked how I felt about a ventilator. There were a lot of probing questions that led me to believe things were extraordinarily serious and maybe more than they were directly letting on. And later in my stay, I found out I was right. Once I was clearly out of the woods, they were a bit more candid with how close I came to a ventilator.

*You also mentioned that you, at one point, hallucinated?*

Yeah. And mention hallucinations and people sort of automatically get this idea that you're having some sort of acid flashback. They get this very like psychedelic view of what a hallucination is. And really, for me it was – which is the definition of a hallucination – seeing things that aren't there.

Yeah.
And the frequent one for me was out of the corner of my eye, I always thought I saw my dog walking around on the floor. I love my dog and it was almost a comforting feeling in some ways, but I knew my dog wasn't there. So I knew things weren't firing right in my brain at that point. And the nurses and doctors always were seemingly over my shoulder adjusting things and whatnot. When they weren't there, I always sort of saw them there. There was a lot of visual disturbances and they weren't super vivid. I wasn't like seeing colors and things. It wasn't like that.

Yeah. But it can be very, very upsetting.

It was, because I knew something was wrong.

And then there are lots of other physical discomforts you described very well. You want to highlight some of those?

Yes. The proning was very uncomfortable. I am not a stomach sleeper. My wife is. I think she would've handled proning like a champ. I did not handle it well at all. So they had me prone in spurts. So, proning, for those who don't know, is you basically lie flat on your stomach. So I went back and forth for the first week, week and a half between a BiPAP mask and the high-flow nasal cannula.

Also, not comfortable.

No, neither one of those are comfortable, but the BiPAP mask is really intrusive. And so it was very difficult to lie down. So your head's cocked to the side, but you're on your stomach. So they would have me go in one and two-hour cycles. So I get to go two hours, then I get to take a break for a couple hours, and then I go back, and one of the things that I learned, one of my creature comforts was music. So I would sit there and when I knew I was going to prone, I would identify a two-hour album. So, it was Allman Brothers Live at Fillmore East was my two-hour proning album.

Good choice.

Thank you. And then I had my one-hour albums and that's how I got through proning. But then at other times, they said, try not to lie on your back, which I was fine with. So I'd lie on my side, but I favored one side because of all the equipment that was on me. Also, there was the side that my table was on, which is where I had my iPad propped up where I was watching television and things like that. So, I laid on my right side almost all the time, and that's how I ended up with nerve damage.

Yeah, yeah.

So this paresthetica meralgia, I talked to the doctor several times about it and he says, "No, you have this now. There's technically a surgery we can do, but I don't recommend it, and PT [physical therapy] can help a little bit, but basically, you're going to have a partially numb leg for the rest of your life."

How did the hospital handle visitors?

We had none. I was not allowed any visitors. So it was FaceTime only. In the thread, I mentioned this, I lost my voice.
Yeah.

At first, especially, they were pumping a lot of oxygen into me. It made me so hoarse that I could barely talk. So the first week, week and a half, my relationship with my wife was texting, which is terrible ... That's all I had. She would ask, "Can we FaceTime yet?" And I said, "Well, we can, you can stare at me, but, one, I don't look great. And two, I can barely talk."

You decided to post some pictures as well.

Yeah, at the very last second. I wasn't going to do that. My concern was if I didn't have some sort of evidence, people wouldn't believe me or they would think I was embellishing, and I still got some of that. There were still some trolls on the internet who insisted I was either making things up or embellishing, but I posted the pictures at the end, mostly so people could see the masks. Everyone's familiar with the standard cannula. We've all seen that on television or even if you've had minor surgery, you probably have had one of those. Not many people have seen the high flow and certainly most people haven't seen the BiPAP. It's similar to a CPAP machine, so if you have sleep apnea, maybe you've seen something like it, but I wanted people to get a clear picture of what those look like.

So obviously, you're in the hospital, you're in intensive care, there's going to be a lot of tests. How did that go?

The blood tests were always at about four o'clock in the morning, and I didn't understand why. I thought this was a bit cruel, but they explained to me that, the doctors and nurses all meet at seven o'clock to go over every case in the ICU, and then they plan treatment for the day. So, they need those diagnostics by that point. So I was like, okay, I kind of get it, but this is still not great.

No.

We're talking six, seven tubes too. So this isn't like a short sleep interruption. You're woken up.

Yeah.

And it's difficult to fall back to sleep. I had music for that too incidentally.

Not the Allman Brothers.

No, a little more classical than all that, but it was an interruption and they'd turn the light on because they have to be able to see. And then I think the whole time I was in there, I had three or four chest films done, and they do them right in the bed, but those were like two o'clock in the morning. They jack the bed way up, they put this really hard board behind you. It's a quick process, but it's still a two o'clock in the morning wake up call. And admittedly, sometimes I was still up because sleep was not easy to come by. But then they'd leave and you'd just start to doze off, and then it's four o'clock in the morning and guess who comes at four? The guy with the needles.

I slept during the day pretty regularly, and eventually, they moved me to a chair, which was nice. It was about a week in they said, “We’re going to have you sitting in a chair.” And so during the day, they did not want me lying in bed. I sat upright.
Yeah. That's a strategy to help to fight the atrophy of your muscles just to get you out of bed. But it's not easy at first for people to be in the chair.

It was not easy at first, no, but after a while, I loved it. I couldn't wait until morning nurse would come in and say, "Okay, time to go to the chair." I would spend all day there, and it was usually around seven, eight o'clock at night, they'd say, okay, I've got to go back to the bed now.

And how about monitoring your blood pressure?

Oh yes. You have EKG leads on you. You've got the pulse ox on your finger, but then you also have this blood pressure cuff that's on you 24/7. It would come off when I would go to the bathroom or move to the chair and then immediately go back on. It would only come off for the minute or two I needed mobility, and it goes off every hour on the hour and it squeezes you. This thing is automatic. At first, it was really, really intrusive, but I mentioned this in the thread that finally I sort of befriended my cuff and it was tantamount to the volleyball in Castaway that Tom Hanks just eventually named...

Wilson.

Wilson, yes, but my cuff's name was Frank, incidentally. And when it comes on, it doesn't squeeze hard right away. It's almost this little gentle squeeze first before it fully kicks in. So it's almost like somebody like nicely grabbing your arm. So, it was comfortable, and I’d say, “Hey Frank, how you doing?” Maybe some of that is a little ICU delirium, but I needed to entertain myself and I was looking for any sort of connection.

You mentioned how time changes and you just said that your sleep cycle was strange. What about time in general? Do you feel like the days went by? Did you know the days of the week?

Days of the week? No, that was difficult. The time of the day, I had some inkling because there was a wake-up call and I knew the nurses' schedules. Also, I was up, I was watching television. I watched a lot, a lot of television. Based on what was on TV, I had a general sense of the time, but the window I had wasn't much of anything to the outside. So, the sunlight cycle, I couldn't really get a good grasp on, plus it was November in Wisconsin. So, it's light out for like four hours or something.

Yeah, of course.

So that was a little bit difficult, but days of the week, I knew how many days I was in. It was very prison movie. I was definitely keeping a tally, and I was also keeping a daily diary, if you will, on Facebook.

You were?

I was, yeah. So I would post a near daily update with how many days I've been in and it was about as raw and candid as the thread with some exceptions, since it was family and friends reading this in real time, I did hold back some of the ugliness just because I didn't want or need hundreds of people who care about me worrying too terribly much, but I did this the entire time I was in. And at first, it was out of necessity because I needed to slow down all the text messages because people were bothering me, well-intentioned bothering me, but at the same time, it was just getting to be too much.
So finally, I said, stop with the messages. I appreciate everyone, but stop. I will post updates. So I have a full chronicle of my time in there as well.

That was very generous of you for your friends and family, because I'm sure they were worried about you and-

Yeah.

... it does take energy to generate that text about how you're doing.

My training is in journalism and it's a hard habit to break. When you're in a situation there's a desire to chronicle things. It's never been beaten out of me.

So how about creature comforts? The food, the bedding, the towels?

The food, it was as good as it was going to be, but I get it. I mean, it's a hospital. They're not going to chef salt your food for you. It's meant to please sort of everybody's pallet. It can't be spicy, it can't be too salty. There's all these things that they're just flat out not going to do. So I understood that, and if you're in there for a week, it's passable. If you're in there a month, it's tedious, especially because it's not exactly a lengthy menu either. You have certain selections, and then I found my favorites. Their chicken soup was actually quite good. So I ate a whole bunch of it because at least I knew what I was getting with that.

The worst is if you get a bad meal... You can't send it back and ask for another. It's sort of... this is what you're getting. That was tough. It's not a hotel. You're just vaguely uncomfortable all the time.

Oh gosh. Well, I'm delighted that you got better, but let's talk about the transition from the hospital to home, because that can be very challenging. What was that like?

The worst one, weirdly, the most startling one was the transition from the ICU to the regular room.

Ah, okay.

I had spent three weeks having lab results in real time. When those results would come through, it would come through on my Epic app. So I knew what my D-dimer level was, I knew what ferritin was, I knew all of these things, which is a blessing and a curse by the way I also knew my blood pressure, I knew my respiration rate, I knew my blood oxygen. I had all of these things. So I knew, in real time, how I was doing, I also knew that if something went south, somebody would be in that room within seconds.

Yep.

All of a sudden, this stuff that you hated the first week that you became used to, and then you begin to rely on it, and the next thing you know, they yank it away from you. So the first night I was in a room, I was on a regular cannula, I was on maybe five liters of oxygen, which was really low at that point, and nothing else. I didn’t know my blood oxygen. I was hooked up to nothing, which was very comfortable, but I was horrified. I was so scared that whole night.
Okay. Anxious about that something would be missed?

Yes.

Got it.

Yes, exactly. To the point where eventually they brought me a portable pulse ox machine. They said, “We’re going to let you have that for a day or two, but then we need to wean you off of this.” They knew how dependent I was getting on it and how difficult that was going to be long-term if they didn't start getting me off of that now.

I'll share with you that some patients actually feel the opposite when they leave intensive care. They're so relieved not to be pestered all the time that they sleep better, and they just feel more relaxed, but I guess both reactions are valid.

Well, that was my hope. I thought, “Oh my God, I finally get to get out of here. This is great.” And then I’m in the bed, in the room and the nurse leaves and I’m all alone with nothing. And yeah, I freaked out basically.

But we talk about the transition home. It was much the same, but at this point, I was a little more used to not having some of the diagnostics and those things, but you lose another safety net, which is having doctors and nurses right there. So, here you are at home. I was on oxygen at home for an additional 27 days.

Wow.

Very little oxygen. They wouldn't let me go home until I was down to two liters of oxygen, but I sat on two liters of oxygen for almost another three weeks.

Wow.

Once the physical therapy kicked in, my PT got me off of oxygen in a hurry, which was great.

Yeah, yeah. So, you made the decision to go forward with a very public post about your experience. Share with us why you chose to do it.

Because people need to know. I was going to write something shortly after I got out of the hospital and just, again, it's just my second nature to do that, but then we got to a place of vaccines, the numbers here in Wisconsin, at least, and they followed pretty closely with the national trend, kind of plummeted down from May into June and the start of July.

Right, same everywhere.

Yes. And so I held back. I said, “Maybe I don't need to preach at this point. Maybe we're going to get through this and I can just move on.” And then it became abundantly clear that roughly half the people in this country were not going to get vaccinated. And then the numbers started climbing again. And
then, I was coming up on the one-year anniversary of being admitted and that was weighing on my mind and I thought, I need the catharsis, I need to do something, people still need to hear this story.

Yeah.

And I put it on Twitter. I don't know how many followers I had at the time, a thousand or something like that, but just a lot of Milwaukee people, people who know me. So it was a bit of an echo chamber. I thought some people will read this and it'll be fine. It would get attention because it's provocative, but I didn't think what ... I mean, there's 15,000 likes on it and thousands of retweets and engagements and it's a thread too. So, it's not just the main post. All the ones beneath it have their own individual likes and retweets. So it was an explosive response.

Yeah.

And one that I was not fully anticipating. And at first, I was a bit overwhelmed and I thought, “I don't want this. I wish I could un-ring the bell.” And then I thought, no, no, 99% of the people on here are doing exactly what I wanted them to do, which is to say, “Share this, and reinforce this idea that this thing is not over and the vaccine is our way out.”

Yeah.

And that's it. This is simple. This stopped being complicated months ago. This is really quite simple, and people just aren't listening.

Yeah. I've read many such accounts, and I've also obviously seen quite a few people with this and they've described it to me to directly, but there was something about your depiction of how uncomfortable and dehumanizing a hospitalization could be that was very skillfully done because it included the profound observations, like being terrified of dying, plus the mundane ones, which are, in some ways, overlooked. And it really, as I said, should be required reading for any person in healthcare. Any negative comments?

Oh sure. It's the internet, it's Twitter. But as I pointed out to somebody, 20 years in PR, my skin is thicker than their heads, I promise you. So I'm totally fine with it. Like I said – everything from the, “You're embellishing this,” or flat out made this up, which I wish I were that creative. I would have multiple book deals if I were that good, and the exaggeration is a funny one to me too because I actually held back on a few things.

Yeah.

So, I laugh at that. The decision to include the pictures was where I knew I was going to get some ... Because I'm not going to say I'm not overweight. I talked to the doctors and nurses when I was in there because I felt a bit like I was at fault. And they said, “No, no. You are 40 years old. The next youngest person in here is 15-20 years older than you. And that's been the case – age is the number one thing working against you in here. You are one of the youngest people we've seen. You have no preexisting conditions you came in here with, other than the COVID, textbook health. Yes, you have extra weight, but also compared to most of the people we've seen through here, you're fine.”
But I knew the pictures, people would say, "Oh, well, this guy's chubby, so clearly that's your problem." And I said, "Well, first of all, they're not exactly flattering photos. You can strap a BiPAP mask to anybody's face and it's going to look fat." Yeah, I knew it was coming and if I wanted to take the time to do the math on it, it was maybe 1% or less of people who responded that was mean-spirited or dismissive and the other 99 plus percent-

Yep.

... was hugely supportive.

Right. And so I'm going to ask you about whether in your personal life, especially close friends or family, whether you know anyone who has chosen not to be vaccinated and what your response to them is?

Oh, that's so tough. Yes, there are people close to me who have chosen not to get vaccinated. I've cut those people out, and it's tough to say because these are people that I care about, but at the same time, I went through something really, really difficult, and I need positivity around me and I need people who care about other people. And if you're going to be that dismissive ...It's a cruel indifference.

Yeah.

And I take it super personally. Even if it's not directed at me personally, I take it personally. I don't need that around me. I sat down with these people and I tried to explain and I tried to reason with them. You know when you're talking to a wall. You know when no amount of information that you share is going to make a difference. So I refuse to be blue in the face ever again. And I'm sure not going to do it by talking to someone who's not going to listen.

Yeah. How's your health today?

Good. I walked away with an arrhythmia, SVT, supraventricular tachycardia, but I am on a low dose calcium channel blocker for that and all is well at the moment.

Excellent.

So, the drug is working. I don't have the wind that I once did. I definitely still feel some aftereffects. Exercise is difficult, but some of it is what my doctor described the other day as perceived exertion. So some of it is, when you exercise, you are going to get a little short of breath. I mean that's what aerobic exercise does, but in my head, I perceive it as more traumatic than it is. And he says, that's understandable and you're going to get there, but I had a chest x-ray just to put my mind at ease and my lungs are perfectly clear.

Great.

And I saw the films from the hospital too, and that was once not the case. We're talking just opaque. Lungs aren't supposed to show up white on a chest film, and these were pretty darn white, and now they look like lungs again.
Well, Chris, in addition to sharing how much we like dogs, looks like Groucho Marks is another shared love.

Yes, absolutely. I've been a Marx Brothers fan since I was young.

Interestingly, one of the other people I've interviewed who had COVID is a famous infectious disease doctor, Dr. Michael Saag. And he is a huge Groucho Marx fan too.

If there's anything that you can take to the hospital with you, it ought to be a sense of humor. And I did that. My Facebook posts, I had to pepper them with at least a little humor when I could, when I was in that right head space, just because you will go nuts. It is a tough place to be, especially the longer you're in there.

Well, I want to thank Chris Stolarski, who has joined us to describe his experience with a severe case of COVID-19 and how he used that negative experience to really turn something positive out of it, which is sharing his difficult time in the hospital in the hope that it will convince some people to be vaccinated. Chris, thanks so much for joining us.

Thank you for having me.