

# I Am Patient 2,828 and Other Personal COVID-19 Stories

HG Severino

**A**fter eleven days in the hospital, a bout of pneumonia, and a major scare, I think I can now be called a COVID-19 survivor.

I know of a few others, all attempting to return to low-profile lives in a fearful world, but most choose to remain invisible. There are strong reasons for this anonymity. This disease is one of the most stigmatized and loneliest in human history, perhaps comparable only to leprosy where quarantine can be forever.

One of my fellow Covid patients in the hospital can't go home because his condo building won't let him move back, despite already testing negative for the virus.

I am one of the lucky ones who have been able to go home, resume a semblance of my former life, and live to tell the tale.

It's a tale of long painful needles that couldn't find a vein in my arms, the swabs down my throat that made me gag, the torture of long sleep deprivation, the team of doctors who formed a Viber group to discuss updates on my case, and the experimental drug Chloroquine that apparently worked on me.

Since the pandemic is far from over, many more will be infected and confined. Some will not make it. Those of us among the pioneers—I'm Patient 2,828 in the lower part of the upward curve—have a responsibility to talk about this experience in a way that will enable

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the public to understand it, lessen the fear, and create compassion for those who survived the disease.

A few takeaways:

1. Transparency is an obligation. While there are good reasons to keep this condition under wraps—even privacy laws that can justify it—it's not fair to anyone who has had close contact with you.

For the greater good, we are required to disclose our COVID-19 status to the Department of Health. Contact tracing can go a long way in preventing its further spread. This is more than a notification of work colleagues.

One of my more critical decisions was informing my close neighbors. They reacted with compassion and appreciation for the information, but I'm not sure how they would have reacted if they found out later or through the *barangay*.

2. This disease need not be so lonely. You're in isolation in a hospital or at home, with no visitors except frontliners in PPE spacesuits. You can't see their faces and tell them apart aside from their body shapes. That doesn't mean you need to feel alone.

Like many under lockdown, our phones are our lifeline and our source of social support. I had Zoom meetings from my hospital bed, saw family social events and group conversations.

The most someone can do for a COVID-19 patient is to stay in touch online. Even with this connection, the regular visits of nurses to perform tests and take your vital signs were indispensable in maintaining mental balance. I got to know many of them, the risks they take, their long walks home, their own isolation at home, the fear felt by others when they walk by.

3. When reaching out to COVID-19 patients, do so with more than get-well messages. Share family news, your playlists, jokes and memes, anything that can offer a respite from the constant reminders of our condition. We do not need more pity.

One of my most memorable moments of relief was when my friend Alonso told me the hilarious story from years ago of being in a *kalesa* on Roxas Blvd and being chased by a police car for the *kalesa* driver's traffic violation ("the world's slowest police chase"). He recalls spotting me on my bike so that I stopped and lobbied the cops to let my passenger friend go.

4. COVID-19 need not be a death sentence. I am living proof. A combination of good fortune, physical fitness, and competent medical treatment probably saved my life.

Don't believe all the statistics. One false impression is that the fatalities outnumber the recoveries, artificially bloating the case fatality rate. The reality is many of the recoveries don't get counted, while the deaths often make the news, adding to the overwhelming sense of dread. The odds of survival are pretty good.

5. Don't underestimate the power of the mind. The debilitating effects of the disease and the medication combined with the uncertainty produced one of the worst nights of my life. Unable to sleep, I was delirious with visions of death criss-crossing my mind.

My wife calmly walked me through meditation and breathing exercises she learned at theater workshops. In the dark, I closed my eyes, imagined lavender fields, and started counting to 100. I was trying to dispel the dreadful thoughts and finally fell asleep before the count of 100.

6. Frontliners are true heroes, but many more have chosen to stay out of harm's way. One can't blame them considering the risks and discrimination.

When my wife contacted a private nursing agency in search of additional nursing support, out of 200 nurses on their roster, only one stepped up. He happened to be a strapping young man who watched my documentaries.

I taught him how to shoot, and he began to document his life as a frontliner, which eventually became a documentation of his patient. This apprenticeship was a great diversion, keeping my mind active while giving me a blessed sense that even lying there in isolation I was getting something done.

It will be hard to pay so many selfless people back, but one can pay it forward. If it's true that I will have antibodies in my blood that can help others fight off infection, I'll be glad to donate this accidental gift. It's a small price for all survivors to pay for the chance to see the sun again.

Very often when alone in my room, I'd gaze out of my window into the empty streets, the trees, and a giant bas-relief of the Philippine map displayed in a dry fountain in the hospital's parking lot. It reminded me of a world I was eager to rejoin.

*This essay was first published on GMA News Online on April 7, 2020.*

## My Frontliner, Gab

HG Severino

Most of us take human companionship for granted until it's taken away. That's what happens when you're a COVID-19 patient. Unlike any other illness, this one imposes a ban on visits by your loved ones. No one you know can even peek inside your door to say hello and ask how you're doing.

You spend all day and all night lying in bed in a room by yourself worrying about whether you will live or die. Sleep is a struggle.

That takes a toll on the patient's emotional and mental health.

After I survived COVID-19 and eleven days in isolation in a hospital, one of my main takeaways is that while heroic health professionals exhaust themselves trying to cure you of this terrifying disease, no one is looking after the patient's mental health.

We know that morale and state of mind are large factors in our physical well-being and could affect our chances of survival.

I found this out the hard way, after several days of solitude and feeling very weak. With my fate uncertain, my morale plummeted and I felt like giving up. My calls to my wife became desperate cries for help.

Rather than feel helpless, my resourceful spouse came up with a master stroke. She called up a nursing agency and hired a private nurse to just be with me, PPE-garbed and all.

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At first, I resisted, testily insisting I wanted to be like any other patient, suffering alone. My wife wouldn't listen.

The nurse who showed up, Gab Lazaro, seemed handpicked, although he had volunteered for COVID-19 duty not knowing whom his patient would be.

I thought at first that he would just be an extra pair of hands to assist the other nurses as they did the daily electrocardiogram that monitored the risk of cardiac arrest from my medication.

I quickly discovered we had a mutual interest in college and professional basketball, including hoops history going back to the 1980s.

Then he confided that he was an avid viewer of documentaries and wished someone would do a documentary on the work of frontliners inside their dangerous workplace.

I told Gab, why not you, I'll teach you! After his initial excitement, he tempered it with a realization: there are too many privacy issues. COVID-19 after all is the most stigmatized disease. I told him you only need two subjects, yourself as the frontliner and your patient, me. And we're both allowing ourselves to appear on camera.

I've been training young people in journalism much of my adult life, but this was surreal. From my hospital bed, while attached to an IV line on a pole, I was showing Gab how to use his phone to capture the details of our forbidden place, the isolation quarters of a COVID-19 patient. I sent him links to online tutorials.

He shot the other nurses, none of whom minded since they were all unrecognizable in their PPEs, as they performed tests on me,

and inserted and removed needles. I taught him that if he shoots any action he must have a reaction, which in my case was often a grimace of pain.

I taught him shot length and zooming with your feet, the reverse shot and the tracking shot in the hospital corridor, pans and tilts, the POV.

This unexpected apprenticeship was a godsend for someone who had just plumbed the depths of despair. It gave me purpose and something to look forward to, a unique collaboration between frontliner and his patient. There were times when I even stopped thinking about my illness, my mind filled with sequences that Gab could shoot.

I told him to record his long walk home in the dark, his life in his lonely apartment, and his transformation in the hospital from civilian threads to the layered armor of a frontline warrior. A fast and enthusiastic learner, he executed these with the polish of a veteran.

He interviewed me, and I interviewed him. He was remarkably articulate, gifting me with lines that would later be quoted by viewers on Twitter, like “minsan lang ako lalakad sa mundo, magkaroon ako ng silbi.”

I told him to record himself FaceTiming with his two-year-old daughter Gabrielle, who was at her grandparents' home, separated from her father since he began to care for COVID-19 patients weeks ago.

“I have fears,” he told me in Filipino. “But I want my child to be proud of me some day, to say that her father served during this time.”

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I wanted him truthfully portrayed as an ordinary person with a job that required extraordinary courage every day, like every other frontliner.

We were together just the two of us when he quietly celebrated his fortieth birthday, which was just another day in our battle against the virus.

He was with me recording my discharge from the hospital when other frontliners surprised me with cheers as I exited.

In the end, his constant companionship and our collaboration cured the overlooked affliction of loneliness that accompanies every case of COVID-19.

Frontliners are often and rightfully credited with saving lives. But my case shows they can also save your mind and morale just by being there keeping you company; and in one rare instance, collaborating on a creative endeavor that became an *I-Witness* documentary.

I'm safe at home now on my way to full recovery. Gab texted me yesterday to say he's back on the front lines, taking care of another lonely, gravely ill patient.

(For those who have asked, Gab was negative in his latest COVID-19 test shortly after I was discharged.)



# The Destination of My COVID-19 Dreams

HG Severino

The place where they extracted the treasure from my blood had been emptied by the pandemic.

I thought the procedure would be at the hyper-busy Philippine General Hospital. The actual venue turned out to be an academic building I had to search for at UP Manila's desolate College of Medicine.

I walked down a hallway with desks stacked against the wall, mute testament to classes that were abruptly suspended.

Beyond the security guards at the entrance there was absolutely no one. I thought I was in the wrong place until I saw the room number I was looking for. Inside was a brightly lit classroom converted into a makeshift clinic with two young doctors.

In the weeks since I was hospitalized elsewhere for COVID-19, this simple space with a special machine was the destination of my dreams. Reaching it meant I had fully recovered and I could finally donate my plasma and be of value to someone else.

Before that momentous day, there was a month of suspense and anxiety.

Even while still recovering, I had already been receiving appeals for my plasma from doctors and loved ones of desperately ill patients. There were only a few hundred known COVID-19 survivors at that time (early April), not all of them willing or able to donate plasma. During my illness, the official survivors were outnumbered by the

deaths in the Department of Health's count, filling me with the dreaded uncertainty about which column I would eventually end up in. The appeals for my plasma felt like a vote of confidence in my survival and gave me further motivation to eat well and boost my immunity while in isolation so I could join the thin ranks of plasma donors.

Even after I was discharged from the hospital, the uncertainty about my fate was not over.

My symptoms were gone but I was still not considered recovered until I tested negative twice for the coronavirus. It was not until then that I could end my isolation and rejoin my family. Alas, after one negative result I was stunned to learn that I tested positive again for the virus several days after leaving the hospital.

Had I been re-infected? Or did the PCR test merely detect viral fragments from the original infection, as the latest science now indicates? New theories about this disease have unfolded nearly every day, sometimes upending conventional wisdom. Now even the vaunted immunity supposedly bestowed on recovered patients, the one major consolation from suffering from COVID-19, is in doubt.

Demoralized and lonely in my Quezon City quarantine, I decided to go home to Batangas where I could see my family without getting near them. But seeing them was enough. Perhaps the solitude in Quezon City far from loved ones was a source of stress that was affecting my ability to recover or at least rid myself of the virus once and for all.

The municipal health office of my small town sent a frontliner team to test me twice. After a few days, both PCR tests yielded negative results, making me officially a recovered COVID-19 patient. On

top of that, I was positive for antibodies on two rapid tests, further proof that I had in my blood the anti-virus warriors coveted in the battle against the disease.

I was now an automatic member of a growing club of COVID-19 survivors worldwide blessed with a special power.

I think that was the reason I was met by looks of appreciation by the PGH medical staff in that converted classroom. They explained that the plasma donation clinic was created in a classroom to be physically separate from the hospital, which served as a COVID-19 referral center.

First though I had to be screened through an interview by a pathology resident and a blood test.

After waiting for an hour I learned I had qualified to donate my plasma.

They sat me in a permanently reclined chair and casually mentioned that there might be some “discomfort,” an occasional code word I’ve realized for “pain.” I proudly said, “*Pagkatapos ng karanasan ko sa ospital, kayang-kaya ko yan!*” (After my experience in the hospital, that’s easy!)—brave words to mask a sudden unease.

A needle was inserted in my arm, a tube was attached to the needle, and I was connected to an apheresis machine, the equipment that would separate the plasma from my blood and return the rest of the blood components—red cells, white cells and platelets—to the donor, me.

To divert my attention from any discomfort, I got into a long geeky conversation about Magellan’s voyage with the baby-faced director of the PGH blood bank, Dr. Mark Ang.

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As the blood components were moving back into my veins from the machine, I did feel a little sting, but it was tolerable. I actually felt more giddy than anything else.

This was an important moment in my journey as a COVID-19 patient, a kind of graduation with honors. Not every patient survives, and not every survivor qualifies to donate plasma. I was able to do both.

But this personal achievement matters only because it can save the life of another person.

There are still many unknowns about COVID-19, but there's a growing medical consensus about the life-giving value of plasma that came from a recovered patient with anti-bodies.

That's why the doctors present during my donation called plasma "liquid gold." With far fewer recovered patients than confirmed cases, the plasma from the two or three donors a day at PGH is treated like treasure. There is a great need for donors, which is why those who have already donated need to assure fellow survivors that it is a safe process that will make the donor happy that they gave.

I dare say what I gave is even more valuable than gold. You can buy gold; you cannot buy my plasma. I was told that a committee of doctors would decide on the recipient, surely a patient with my blood type and probably someone who may not survive without the infusion of plasma. It would be given to the patient for free.

As I sat there with that tingling feeling of blood moving out of and then back into my veins, I felt a sense of fulfillment from having lived up to a promise. Still very sick in the hospital, I vowed to myself and to the cosmos that if I survived I would pay it forward, doing things like donating my plasma, a crucial favor to an unknown stranger.

I had a recent conversation with Senator Sonny Angara, a fellow COVID-19 patient and plasma donor. He found out that plasma referrals and inquiries among doctors and hospitals were an informal process, and suggested that the Department of Health try to centralize the information and orchestrate the matching between patients and blood type availability. As infections and hospital admissions mount, this role will become more critical than ever.

After less than two hours, the procedure was over—the plasma was separated and the remaining blood components returned to my veins. The medical technicians handed me the small bag of the yellow plasma they just extracted from my body, so I could hold it like a mother with her newborn. After all, from my body just came this gleaming symbol of life.

They had me pose with it as the medical staff gathered around me for photographs. I held it up like a trophy as they applauded and cheered for me. From being COVID-19 Patient 2,828, I was now also PGH's Plasma Donor 38.

Returning home that night, I reflected on the personal significance of that event. One of the worst things about being a patient is the feeling of being a burden. For all of its terrible attributes, COVID-19 enables a beautiful epiphany: if one survives this disease, that feeling of being a burden can be replaced by a sense of wonder that you gave another patient out there a chance to live.

*This essay was first published on GMA News Online on June 10, 2020.*

## My Antibodies and Me

HG Severino

I went back to the Philippine General Hospital last Monday to see if I could donate plasma again. I was more curious than hopeful.

I had already been told the last time I donated plasma a month earlier that maybe I shouldn't be donating anymore. As expected, my antibody level was declining. According to calculations based on the tests done by PGH, I was losing about 12 percent of my antibodies every month.

Since my high of 9.38 last May in the antibody unit of measurement, I was down to 6.30 on August 3, the last time I qualified to donate. The cutoff is 5.0, below which the antibodies are believed to be too diluted to cause any improvement in the recipient. Some doctors believe that donating plasma hastens the decline of antibodies, but it's still in the realm of scientific mystery.

However, I kept reading the heartbreaking appeals for plasma from loved ones of patients gravely ill with COVID-19. My blood type even matched those of some of the patients.

I was advised by my doctors that the best course of action was to donate my convalescent plasma to a blood bank. Then a committee of medical experts would decide to whom to give it based on need and the likelihood of a good outcome.

So there I was again last Monday in the PGH plasma clinic (located outside the hospital) engaged in the familiar ritual of being asked very personal screening questions (have I ever done any intravenous

drug use, have I ever been in prison, have I recently engaged in sex in exchange for money, etc.). Then my blood was extracted for testing, and the anxious waiting for the results began.

All this time, since I got out of the hospital and realized I possessed a substance in my body desperately needed by others, I had been following the unfolding drama of convalescent plasma worldwide. (Convalescent plasma is the term used for plasma that is taken from the blood of someone who has recovered from disease and transfused into someone still fighting the same disease.)

When doctors nearly everywhere were grappling with this confounding disease in the earliest days, convalescent plasma was already a go-to therapy for the most gravely ill. It was so precious that doctors called the yellowish substance “liquid gold.”

And only recovered patients could give it. The theory is COVID-19 survivors like me host an antibody army that could be transfused into other patients to help them battle the disease. Anecdotes were increasing of patients suddenly improving after a transfusion of plasma from a survivor (including a three-year-old child with leukemia who was struck by COVID-19 last June).

At first, many believed that antibodies gave recovered patients immunity forever, leading to smug ideas like immunity passports so survivors could go anywhere they pleased without fear of reinfection or infecting others.

But that idyll didn't last long, as reports of purported reinfection began to appear, as well as speculation about new strains of the coronavirus that the original antibodies were helpless against.

As the pandemic got older, doctors were observing that antibodies could be gone as early as three months after recovery, further

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deflating any feeling of great consolation among survivors. So there is an uncertain deadline not only for donating but for the protection that antibodies confer on a new tribe of people.

But last August 3, a full four months since I was discharged from the hospital after an eleven-day solitary confinement, tests showed that I still had a fairly high level of antibodies—it had declined for sure, but I had easily beaten that common three-month expiration.

My plasma could still save lives.

So last month, I donated nearly 500 milliliters of liquid gold, the maximum my body could give and just enough for a single patient. For reasons of confidentiality, I would never know the patient's name and he or she would never know mine. But I like to think that person is alive and getting well. Those same antibodies enabled me to survive, so they have proven healing powers.

I was curious to know now whether I had beaten the dreaded expiration yet again.

It used to be that convalescent plasma therapy was seen as a last resort for critically ill patients.

But some studies now show that it may be most effective with moderately ill patients who receive it early so their condition doesn't progress to severe or worse. One study by the renowned Mayo Clinic in the US concluded that this approach helped reduce mortality by over 30 percent.

But those kinds of findings just boost the demand for convalescent plasma of which there is a dire shortage.

Only a small fraction of recovered patients decide to donate, and most of those don't come back as repeat donors. One can't blame



them, after what is usually a harrowing experience in the hospital, for wanting to avoid being in a clinical setting again so soon.

But it is soon after recovery that survivors have the most antibodies. The golden period is within twenty-eight days after recovery.

Not all antibody-carrying survivors are created equal. Recent findings point to males over forty-five years of age who were hospitalized for COVID-19 as having the most abundant and lasting antibodies—exactly my profile.

Five months after my discharge from the hospital, having any antibodies at all is a bonus.

After a couple of hours of waiting in the plasma clinic, three young doctors came to me with somber looks. Tests revealed that my antibodies had declined even further, but no surprise there. From 6.30 on August 3, the date of my last donation, my antibody level on September 1 was 5.90, a loss of 16 percent, a faster rate of decline from previous months.

Considering the alternative, I was happy. I had more than enough antibodies to protect me for now. No guarantees against reinfection, but the likelihood of that is very low. I can still be my family's errand boy whenever they need anything in the outside world.

And I am still qualified to donate plasma, although close to the cutoff of 5.0. If I don't donate now, I will probably never get the chance again.

But could donating plasma speed up the decline of my antibodies to the point where my own health and remaining immunity are compromised? That is yet another unknown in the epic saga of COVID-19.

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Despite the urgent need for plasma, the doctors at PGH were not trying to persuade me either way and told me to go home and think about it—but not too long.

*First published on the author's Facebook account on September 3, 2020. He would later be advised by his doctor that due to his declining antibodies count, it would be wise not to donate anymore plasma.*