



COURTESY CLEAVON GILMAN

BATTLEGROUND AMERICA — Dr. Cleavon Gilman has traveled to COVID-19 outbreaks across the nation in the fight to save lives. He called the work grueling and exhausting, but he is glad to be part of the team fighting the novel coronavirus.

Alum battles virus inside and outside the emergency room

COVID WARRIOR

BY JULIA WOOCK
Editor-in Chief

Dr. Cleavon Gilman returned from Iraq to find an even more deadly war raging in America. Coronavirus trumps even Isis.

Gilman, a Southwestern College alumnus and emergency medical physician, is in the trenches of a pandemic battle that has killed more Americans than the Revolutionary War, World War I, World War II, Korea and Vietnam combined. Gilman and his colleagues have engaged in hand-to-hand combat with the novel coronavirus and its enablers — denial, misinformation, political cowardice and anti-maskers.

Gilman said he recently worked a fortnight of 14-hour shifts. Even for a war-hardened former Navy corpsman, battling this pandemic is a nightmare.

“I’ve seen more death in this pandemic than (six months in) Iraq,” he said with a sigh. “I’m in a war zone at home.”

Former President Trump and his supporters created and regularly fed the misery, Gilman said, with politically-motivated coronavirus denial and damaging rhetoric. Gilman said he was saddened and offended by the disregard for the health of Black, Latino and Native Americans by the government.

“I’m watching people who do not care about this war (on COVID-19),” he said. “Returning to America was like going back into the war zone, being traumatized again and watching my (Black) community die.”

SOUTHWESTERN COLLEGE SPRINGBOARD

Gilman was a U.S. Navy veteran of five years when he enrolled at Southwestern College in 2005. Professor of Chemistry Dr. David Hecht said he recalls Gilman as a young man with laser focus. Not satisfied with 100 percent on his labs and exams,

Gilman craved a deep understanding of the subject matter, Hecht said, that made him a generational student. Besides being a talented scientist, Hecht said, Gilman was a gifted public speaker who, as a student, gave one of the best and most professional presentations he has ever seen.

“He was on a mission to become a doctor and nothing was going to get in his way,” said Hecht.

No one outworked Gilman, whose legendary 14-hour days on campus usually began before dawn and ended with security asking him to leave at 10 p.m. General Chemistry was hard, he said, but fascinating, fueling an intense passion to learn. Hecht was a crucial mentor, Gilman said, who was always there with support, advice or a swift kick to the rear when required. Both men were from New Jersey, which completed the bond.

“Like-minded souls, Jersey boys,” said Hecht.

Hecht was also there with the right advice at a crucial moment. Gilman had the pleasant problem of choosing between UC Berkeley, UCSD and UCLA.

“You got into UC Berkeley?” Gilman recalled Hecht saying. “You gotta go there! That’s where all the Nobel laureates are and they even have (chemical elements) named for them!”

An East Coast guy, Gilman said he was unfamiliar with California universities, so he decided to drive to Berkeley. When he saw Cal’s Gilman Hall he figured it was a sign, he said.

Hecht also saw Gilman himself as a sign. He was a young teacher and Gilman

PLEASE SEE **Gilman** PG. 3

Gilman: Emergency physician fighting COVID-19 across U.S.

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was one of his first students, Hecht said. Gilman was exceptional and a pleasure to teach.

“A great way to get into teaching,” said Hecht.

Transferring into an elite institution was very hard for a Black Jersey kid, said Gilman. He said attending UC Berkeley opened his eyes to the privilege other students had, but also proof that someone from humble beginnings can succeed. He attended UCSF for medical school and then did a four-year emergency medicine residency at New York Presbyterian Hospital in Manhattan through Cornell and Columbia universities.

POLITICS AND THE PANDEMIC

Gilman said the Trump administration inexplicably downplayed the pandemic from the beginning, even though Trump and members of his inner circle told Washington Post journalist Bob Woodward they knew from the beginning exactly how deadly this virus was. Trump’s ill-advised comparisons of COVID-19 to the flu, flippant remarks about masks and disparagement of scientists were damaging, he said.

“It doesn’t work when you have a president that is saying this (misinformation) to his followers,” said Gilman. “We were really doomed. I knew at the beginning it was going to be a test of American solidarity like 9/11.”

Gilman worked in New York during its grim COVID-19 outbreak last spring when hospitals and morgues were overwhelmed. Refrigerator trucks that usually hauled beef and dairy products to supermarkets were brought in to store bodies as they piled up. Affluent travelers who had returned home from Italy and Spain unknowingly brought the novel coronavirus with them, Gilman said, launching one of America’s worst ever urban contagion episodes. Coronavirus got loose in crowded low-income neighborhoods of color, he said, killing thousands.

After months of grueling work in New York, Gilman transferred to Yuma, Arizona. There he saw firsthand the stark differences between Democratic- and Republican-led states and the effect governors had on public health policies during a crisis. New York lost 20,000 people in 10 weeks, he said, but moved assertively to enact stringent measures to curb the spread of the virus. New York’s efforts were painful, but worked, Gilman said.

Arizona, on the other hand, politicized the virus and took little meaningful action. Masks were never encouraged, much less required, and everything remained open to such an extent that COVID deniers from California and other states traveled to Arizona to engage in sports events, political rallies and other super spreader activities. Politicizing the novel coronavirus, blaming it on Asians and downplaying its danger in an inexplicable effort to prevent an economic slowdown were all catastrophic moves by conservative elected officials, he said.

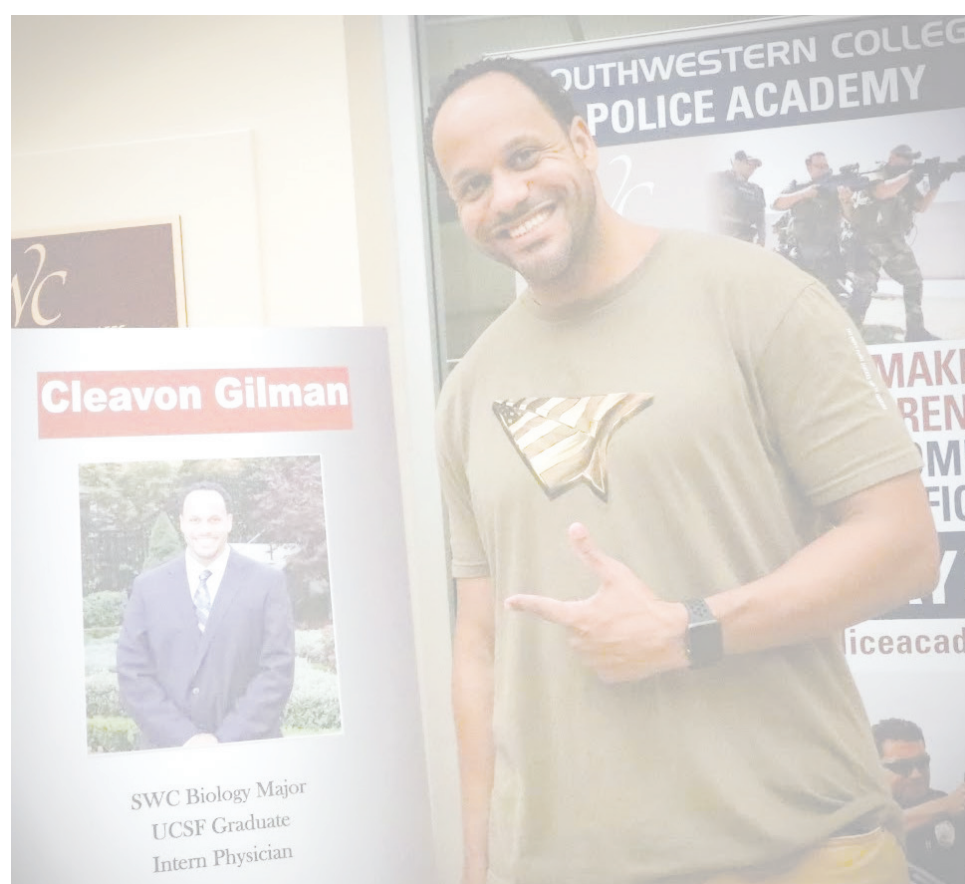
Yuma, much like the San Ysidro-National City corridor of the South Bay, is still getting hammered by COVID-19, Gilman said. The U.S. Army has deployed personnel to Yuma due to a severe shortage of doctors and nursing staff, he said. Almost 90 percent of Gilman’s patients are people of color, including Latino and Indigenous people. He said there is an enormous and uncountable population of Mexican farm laborers considered essential workers that have been hit particularly hard.

PEOPLE OF COLOR DISTRUST HEALTHCARE

The U.S. has a long and dark history with people of color and health care due to heinous experimentation on African-Americans and Native Americans. Cells harvested from Black cancer patient Henrietta Lacks without her knowledge in 1951 continue to be used in laboratories across the nation without compensation to her family. “HeLa Cells” are used in cancer research, in



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HIS YOUNGER SELF — Dr. Gilman is a cherished Southwestern College role model. (top) Honored by former SC President Greg Sandoval and mentor Dr. David Hecht. (above) Gilman supporting a career day event.



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— DR. CLEAVON GILMAN

vitro fertilization, immunology and — most recently — development of COVID-19 vaccines.

An even more notorious case, the brutal Tuskegee Syphilis Study, was a 40-year observation of the effects of untreated syphilis in Black men. It began in 1932 when syphilis had no cure. Even when penicillin became available for treatment, the U.S. Public Health Service made sure study subjects did not receive it so researchers could watch the gruesome disease run its course, blinding victims, infecting their brains and

fatigue the next day, but I documented that,” he said. “I told people about it, ‘here’s what I have.’ I’ve been normal ever since (and) nothing’s happened to me.”

Gilman said he thinks people of color need people they trust to show the way out of the pandemic. He is trying to be one of those role models, he said, by being authentic and transparent.

Gilman said other physicians are also documenting on platforms like Twitter. He said being kind and truthful is essential in a nation where procedures against people of color are still taking place, such as hysterectomies in ICE detention centers in Irwin County, Georgia.

ON THE FRONT LINES

Gilman said he has lost track of how many of his patients have died due to the virus. He was finishing his residency in Manhattan when New York City became ground zero for COVID-19. For a stretch he was calling at least three families a day to inform them that loved ones had died. Most of the patients he intubated did not survive, he said, and their deaths were difficult.

“The amount of trauma and the amount of patients that I’ve lost, that I’ve had to intubate, the families I’ve had to call, the shrill cries when I tell them that their loved ones (are) dead was extremely difficult,” he said. “It just chips away at your heart, chips away at your soul.”

Ghosts inhabit his fitful nights, he said, as he dreams of patients he could not save, he said.

“It’s really hard, because I feel like we’re alone in that there is no way out of this and that all this trauma, all this burden, all this emotional stress is being put on those healthcare workers,” he said. “I have to live with the fact that these patients died and I was at their bedside.”

Gilman said it is insulting to health care workers when belligerent people are out and about without wearing a mask. Listening to legions of Americans whine about “lost personal freedom” and “individual liberty” is a narcissistic manipulation of American values, he said. Selfishness has replaced altruism, belligerence has replaced patriotism, indulgence has replaced sacrifice, cowardice has replaced heroism.

While entitled gym rats and foodies bellyache about missed weight lifting and fancy dining, healthcare workers are battling Post-Traumatic Stress Disorder, marathon shifts with few days off to rest and their own brushes with COVID-19 illness and death. Each dead, ill or overwrought healthcare professional means the survivors have to work even harder with less help.

“Intubating a patient is a very dangerous thing,” he said. “The process releases aerosols full of the virus. The new hurtful (rhetoric) is that healthcare workers are vaccinated and have nothing to worry about. (It is nonsense) because I can still contract the virus and bring it home to my fiancée, and she can die. I can still bring it home to my mother in law who is in her 60s. There has been a constant narrative to try to downplay the severity of this pandemic at the expense of healthcare workers. (Many people downplay) what we’re going through.”

Watching people die never gets easier, Gilman said. He recounted an episode in a COVID ICU where he witnessed sobbing members of a young family say goodbye to their father, who was on the brink of death. The man’s wife and young children lost something that was wonderful and irreplaceable, he said. Gilman said he has endured similar encounters hundreds of times in a dozen settings.

“These young children lost their father, who was also young,” he said. “Then I go home and see (on TV) people galavanting, like at the Super Bowl, without masks.”

Gilman said it is frustrating and lonely to be a healthcare worker under these conditions.

“I’m in a constant war where it’s not supported (by the entire nation) and I’m being traumatized,” he said. “My staff of healthcare workers are being traumatized.”

Thousands of experienced healthcare workers are leaving the profession because they feel unsupported and are no longer willing to risk themselves and their families in an endless war, Gilman said. Many have collapsed under the depressing and exhausting conditions, he said, and the aftermath is alienation from their own families, nightmares, trauma and constant stress due to the

emotional toll of working under brutal conditions.

“(We are losing) the ICU nurses who have been there for years and who know how to work everything,” he said. “They are being replaced with new grads who haven’t really had any experience.”

To compensate, the remaining experienced nurses overextend themselves in a heroic but unsustainable effort to pick up the slack, said Gilman.

“Instead of caring for the norm of two ICU patients, some people are caring for five or six, because they just aren’t enough nurses to go around,” he said.

Gilman said healthcare professionals are not receiving adequate PPE and are often forced to attempt to re-sterilize N95 masks and other items meant for one use. Cleaned up PPE is never as effective as new equipment, he said, and can be a cause of coronavirus spread among doctors and nurses.

Even with the sunny narratives cropping up in COVID-exhausted America, the reality in many parts of the country is still grim, Gilman said. There are still not enough beds for all COVID-19 patients and ICUs across the nation are still jammed. Non-COVID patients suffering other ailments are often unable to be admitted to hospitals or treated, he said, which is also unnecessarily driving up fatalities. Thousands of very ill people are parked in emergency rooms or makeshift facilities because COVID-19 wards have swallowed up so much of America’s hospital footprint.

MISINFORMATION A LEADING CAUSE OF DEATH

Coronavirus has been a two-front war, Gilman said. COVID-19 is one front, misinformation the second. Misinformation, magical thinking and denialism creates a never ending stream of patients and perpetuates relentless suffering and death, Gilman said. Misinformation comes in many forms, he said, from the ignorant (“young people cannot spread COVID”) to the preposterous (“hydroxychloroquine will save us”) to the flat-out delusional (“Bill Gates is using the vaccine to inject us with microchips”). People died when Trump suggested ingesting bleach and some of his followers did it.

Anti-vaxxer groups are capitalizing on the crisis to fan misinformation and further their anti-science agenda. Vaccines are the key to leading humanity out of the pandemic, he said, and time is of the essence.

“We just haven’t gotten a break as healthcare workers and as educators throughout this pandemic,” said Gilman. “We are constantly battling to stop the spread of misinformation. During the (Trump) administration there was not a clear public health message, so the misinformation filled in.”

Misinformation and political denialism led to the COVID-19 breakout in America, Gilman said, and these forces have slowed progress against the pandemic. Trump’s attempt to convince Americans that the novel coronavirus was not dangerous and his administration’s slow roll of countermeasures was catastrophic, Gilman said, and could well be again.

“There are new variants of the virus spreading and hopefully the vaccine holds up against these,” he said. “It may be (that Americans will require) an annual vaccine because when you let a virus spread uncontrollably, this is what happens.”

ESCAPING THE PANDEMIC

Emerging from this pandemic is going to be difficult, Gilman said. A critical percentage of the population must receive the vaccine, continue to wear masks and social distance for the foreseeable future, he said. Though he has great faith in the medical profession, he said, he has grown wary of Americans who lack the courtesy and discipline to remain vigilant. Gilman said watching televised super spread events like maskless Trump rallies, careless holiday gatherings, the Capitol Riot and the Super Bowl were demoralizing to him and his colleagues. Super spreader events overwhelm hospitals and their staffs, knocking down all the coronavirus dominoes again.

“I think it’s patriotic to wear a mask,” said Gilman. “It’s the most patriotic thing that you can do right now at this moment for your country and for other human beings here and around the world.”