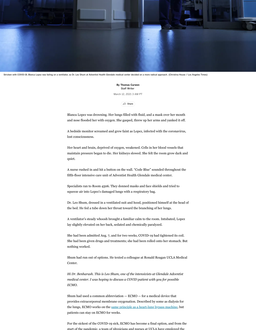
She was dying of COVID-19. Her last hope would save her or kill her



Nirmala Lopez was dressing, her lungs filled with fluid, and a mask over her mouth and nose flooded her with oxygen. She gasped, flown in her car to a hospital and ...

A bedside monitor screamed and grew hot as Lopez, infected with the coronavirus, ...

Her heart and brain, deprived of oxygen, weakened. Cells in her blood vessels that maintain pressure began to die. Her kidneys slowed. She felt the tissue grow dark and ...

A nurse rushed in and hid a blanket on the wall. "Code Blue," sounded throughout the fifth-floor intensive care unit of Adventist Health Glendale medical center.

Specialists ran to Room 4506. They dictated masks and face shields and tried to squeeze air into Lopez's damaged lungs with a respirator bag.

Dr. Leo Bloom, dressed in a ventilated suit and hood, positioned himself at the head of the bed. He let a tube down his throat toward the beaming of her lungs.

A ventilator's steady whooshes brought a familiar calm to the room. Isolated, Lopez lay slightly elevated on her back, sedated and chemically paralyzed.

She had been admitted Aug. 1, and for two weeks, COVID-19 had tightened its coil. She had been given drugs and treatments; she had been rolled onto her stomach. But nothing worked.

Bloom had run out of options. He texted a colleague at Ronald Reagan UCLA Medical Center.

Hi Dr. Rosebrough. This is Leo Bloom, one of the intensivists at Glendale Adventist medical center. I was hoping to discuss a COVID patient with you for possible ECMO.

Bloom had used a common abbreviation — ECMO — for a medical device that provides extracorporeal membrane oxygenation. Prescribed by some as a cure-all for the lungs, ECMO works as the same principle as heart-lung machines. Yet patients can stay on ECMO for weeks.

For the sickest of the COVID-19 sick, ECMO has become a final option, and from the start of the pandemic, a number of doctors and nurses at UCLA have employed the device when ventilators are no longer sufficient.

"Doctors have a choice," said Dr. Yashu Gulamhusein, an intensivist at UCLA, "other than to ECMO or a dial there or stay the course and see how it goes." Far from his experience, patients on ECMO would have died without ECMO.

Tracking the coronavirus in California

Of the 40 COVID-19 patients given an ECMO at UCLA, 15 recovered and were discharged, a deep, tight sum still on the machine and two remain in the hospital. Gulamhusein said. Infection, organ failure, stroke and cardiac bleeding are the causes of mortality.

ECMO is risky. But it was Bloom Lopez's only hope.

Three weeks earlier, Lopez had called Dr. Ramesh Dhanjamjoo, her primary care physician for 25 years. She was congested and had a headache and sore throat.

She and her family lived in two quiet shared houses next to the alleyway in Glendale. Lopez, 48, shared one home with her mother and father and eldest son. Her mother has Parkinson's and dementia, and her father has diabetes and glaucoma. Her eldest son, 24, has developmental delays.

Lopez's exposured from her husband, Arturo Ramos, who lives in the other house with their son Cristiano, 18, and daughter, Arlene, 15. Cristiano describes himself as mildly autistic, and Arlene was recently diagnosed with dyslexia.

Dhanjamjoo prescribed an antibiotic and steroid. Lopez's fever continued, and on Aug. 4, her coronavirus test came back negative.

Lopez was not worried. COVID-19 was no worse than the flu, she believed, by comparison exaggerated by politicians who used fear of the disease to control people. But her chest was tight, breathing hard. She thought she was having an asthma attack. Her flesh is purple five years.

She was tested again, and on Aug. 7, the results came back positive. Oxygenation tubes her lungs are emergency room. But she didn't want to.

Hesitants who go into the hospital with COVID-19, she said, come out dead, but first.

Writing inside a text in the Glendale Adventist parking lot, Lopez dashed a small bag containing clothes, toiletries and a white ruling board she bought at Dollar Tree. Talking was already difficult.

She was certain she had patients sick from her husband, who had gotten sick from her uncle, who had gotten sick from his daughter, who had gotten sick from a woman running without a mask while entering aisles of Costco.

Hitting by herself, she tried not to be afraid. She had recovered so well in her life. Sacking her first husband, getting a job at Costco, rising in membership sales. She had stopped smoking in mid-40s and quit drinking.

Column One
A dilemma for compelling, expanding from the coronavirus
Read more

She traced her inner strength to childhood when she translated for her parents, who spoke only Spanish. She used to climb on the counter at their bar in Ecuador and explain what her mother needed.

The hospital assigned Lopez a bed in a minority unit for COVID-19 patients. Two wood tubes, partially inserted in her nostrils, provided a steady flow of oxygen.

With each inhale, oil coursed into the branches of her lungs and immersed in the alveoli, nearly just million air sacs surrounded by capillaries, where an exchange of oxygen and carbon dioxide occurs.

But the virus was choking off the alveoli, one by one, so that Lopez breathed faster and needed a higher concentration of oxygen.

She worried about her family. Who would remind her parents to take their medications or watch what they ate? Who would keep her children on track at school?

Her husband had just tested positive and was in the room next to hers. She imagined social services breaking up their home.

She clutched a white cross the hospital chaplain had given her. He told her it had been blessed with holy water. "When you feel scared alone, you're not. Call to God you," he said.

She was a private reading scripts inside and was left to pick one so. She tried to reach for an much oxygen as she could, but she was tired and scared, and her mouth kept breathing more shallow and faster.

As her oxygen levels continued to fall, a nurse explained the next step: a larger mask. Relax, she said, as she strapped it over Lopez's nose and mouth. It will breathe for you. And follow along.

"I can't," Lopez said. "I can't."

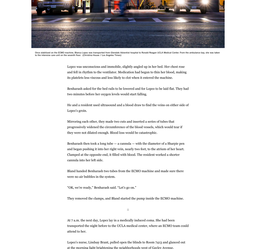
She panicked and yanked it off. The bedside monitor screamed.

The room grew dark and quiet.

At the UCLA medical center, Dr. Thomas Rosebrough was repairing an aortic aneurysm when Bloom's text came in his Glendale Adventist. An hour later, Rosebrough called Bloom.

They agreed that ECMO could save Lopez's life, but they wanted to give her a little more time on the ventilator.

By early evening, Lopez had not improved, and Bloom worried that vacuum the ventilator could hurt her lungs beyond permanently damage her lungs.



Dr. Leo Bloom, left, and Dr. Thomas Rosebrough, right, pose in a hospital room. Lopez's family is suing Bloom and Glendale Adventist Health System. Photo by Jeff Gritchen, Orange County Register, via Los Angeles Times

Lopez was unconscious and immobile, slightly angled up in her bed. Her chest rose and fell in rhythm to the ventilator. Medication had begun to thin her blood, making its platelets less viscous and less likely to clot when it entered the machine.

Rosebrough asked for the bed only to be lowered and for Lopez to be laid flat. They had two minutes before her oxygen levels would start falling.

He and a resident went ultrasound and a blood draw to find the veins on either side of Lopez's groin.

Mirroring each other, they made two cuts and inserted a series of tubes that progressively widened the circumference of the blood vessels, which would tear if they were not dilated enough. Blood flow would be catastrophic.

Rosebrough then took a long tube — a cannula — with the diameter of a sharpie pen and began pushing it into her right vein, nearly two feet, to the atrium of her heart. Clamped at the opposite end, it filled with blood. The ventilator worked a shorter cannula into her left side.

Blood handed Rosebrough two tubes from the ECMO machine and made sure there were no air bubbles in the system.

"OK, we're ready," Rosebrough said. "Let's go on."

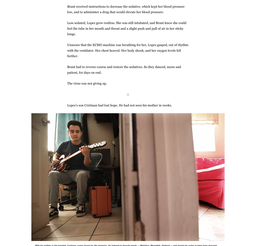
They removed the clamps, and Bland started the pump inside the ECMO machine.

At 7 a.m. the next day, Lopez lay in a medically induced coma. She had been transported the night before to a neighboring hospital and Stephanie Bland, a specialist in ECMO, joined the anesthesiac team. Rosebrough flown his crew out. Two residents joined him.

The anesthesiac, running with stress and lights on side streets, coursed through evening traffic and pass along the freeway over the Sepulveda Pass, through the Valley to Glendale.

By the time the team arrived — their gowns piled high with equipment — Rosebrough was setting up inside a sterile field that the hospital had established in the hallway. He scrubbed in and put on a ventilated hood that smelled of disinfectant. Double gloved and double gowned, he entered Lopez's room.

Bland followed with the ECMO machine, an orbit-lacking assemblage of plastic tubes, circuitry, valves and digital display.



Dr. Leo Bloom, left, and Dr. Thomas Rosebrough, right, pose in a hospital room. Lopez's family is suing Bloom and Glendale Adventist Health System. Photo by Jeff Gritchen, Orange County Register, via Los Angeles Times

Lopez was unconscious and immobile, slightly angled up in her bed. Her chest rose and fell in rhythm to the ventilator. Medication had begun to thin her blood, making its platelets less viscous and less likely to clot when it entered the machine.

Rosebrough asked for the bed only to be lowered and for Lopez to be laid flat. They had two minutes before her oxygen levels would start falling.

He and a resident went ultrasound and a blood draw to find the veins on either side of Lopez's groin.

Mirroring each other, they made two cuts and inserted a series of tubes that progressively widened the circumference of the blood vessels, which would tear if they were not dilated enough. Blood flow would be catastrophic.

Rosebrough then took a long tube — a cannula — with the diameter of a sharpie pen and began pushing it into her right vein, nearly two feet, to the atrium of her heart. Clamped at the opposite end, it filled with blood. The ventilator worked a shorter cannula into her left side.

Blood handed Rosebrough two tubes from the ECMO machine and made sure there were no air bubbles in the system.

"OK, we're ready," Rosebrough said. "Let's go on."

They removed the clamps, and Bland started the pump inside the ECMO machine.

At 7 a.m. the next day, Lopez lay in a medically induced coma. She had been transported the night before to a neighboring hospital and Stephanie Bland, a specialist in ECMO, joined the anesthesiac team. Rosebrough flown his crew out. Two residents joined him.

Lopez's mother, Lindsay Brunet, pulled open the Ubiaki in Room 7a/3 and glanced out of the morning light brightening the neighborhoods west of Bayley Avenue.

Her new patient lay under a white sheet and blankets. Coils of soft tubes ventilated her vitals. Nearly in tubes entered Lopez's body. Electrodes were attached to her skin.

The blues and cadmium aerial nearly in that through a sliver of open drain into a hallway, where staff assessed patients and administered medications without having to don personal protective equipment and enter the room.

At the foot of her bed stood the ECMO machine. Its monitor faced out. Its pump let out a steady purr.

A series of stitches through the skin secured the cannulas in Lopez's thighs. Through one cannula, dark red venous blood streamed at a gallon a minute into the machine, where it was pushed through a membrane that exchanged carbon dioxide for oxygen and a steady purr. Through another cannula, the blood flowed back into her body through the other cannula, a brighter and lighter red.

Brunet had just started her shift COVID-19 and the absence of family support had been a constant. Between minimizing of intimacy and touch, Brunet felt ECMO called another distance between.

Once on the machine, patients take weeks to recover, if they recover at all.

Lopez needed to be awakened. Her medical team had to know if she had suffered brain damage due to oxygen deprivation.

Rising from the depths of sedation, Lopez responded to requests. She opened her eyes and blinked. She made fists and wiggled her toes. But the cross placed have beside her. Her vital signs were erratic.

The next day she started to crash. As her heart sat, blood pressure and oxygen level fell, the limes in the cannulas began jumping and jerking about.

Brunet had seen it before. Treating COVID on requires dicing and the tangle. Detaches from the ventilator and pulling out of the body. Lopez was bleeding of the cannula sites, as well, and would need a transfusion.

With her circulatory system failing, the ECMO machine was choking without enough blood to run through the pump. Brunet wanted to discontinue the dissection but was refused against it.

Her instead tried shifting Lopez's position. Elevating a thigh or angling a hip case direct more blood into the machine.

Brunet received instructions to decrease the aeiatrics, which kept her blood pressure low, and to administer a drug that would elevate her blood pressure.

Less ordered, Lopez grew restless. She was still intubated, and Brunet knew she could feel the tube in her mouth and throat and a slight pain and pull of air in her sticky lungs.

Unaware that the ECMO machine was breathing for her, Lopez gasped, out of rhythm with the ventilator. Her chest heaved. Her back arched, her oxygen levels fell further.

Brunet had her reverse course and restore the sedation. So they danced, worse and patient, for days on end.

The virus was not giving up.

Dr. Leo Bloom, left, and Dr. Thomas Rosebrough, right, pose in a hospital room. Lopez's family is suing Bloom and Glendale Adventist Health System. Photo by Jeff Gritchen, Orange County Register, via Los Angeles Times

Lopez's arm Cristiano had lost hope. He had not seen his mother in weeks.

Hopping outside the family home, he listened to traffic on the freeway. He wanted to visit her, but his COVID-19 sick didn't allow indoors. He called, up to three times a day, but it was always the same.

"She's stable," a voice on the other end replied. "Still no improvement."

Left at home he had changed or stretch without his mother, who was sleeping late. His grandfather fringed on coffee and doughnuts. His brother was living off soda and cups of noodle soup.

Cristiano didn't know what to do. He stopped playing video games. He picked up his guitar and listened to his heroes, Metallica, Metallica, Metallica. Lost in their rumble of chaos and machines, he found his own a little less desperate.

He felt his dreams for the future fade. Surviving and taking care of the family was all there was.

The virus, he believed, had happened because God wanted to humble people for destroying the planet. God wanted to wake them up.

Lopez had stabilized. For days now, her chest read 9a5d0 — an unknown events overnight. The vertigo of blood pressure and heart rate had accelerated. She had a tracheostomy and had stopped fighting the ventilator so much.

The ECMO machine was no longer needed.

When some practitioner Bonnie Valentine started work at 6 a.m. Sept. 9, Lopez was calm. Her oxygen level was good. Valentine sent a text to Bloomfield.

Good morning, sweet so-so plead and determinded half pint seizure in both protocol early 4 Q6 with pain.

"OK," he sniffed back. "Take her off."

Valentine put Lopez into a deep sleep. She and a colleague cut the sutures holding the cannulas in place. They clamped the ends and extracted the tubes from the veins.

For six minutes, they pressed their gaitors against the sites of bleeding, and then, with the stitch in each gone, they closed the wounds.

Brunet had walked the shows, and Valentine told the nurses to rush on cleaning up for at least two hours. She didn't want to risk jarring Lopez.

By 9 a.m. remain, Lopez looked better, and for the rest of the morning, Valentine monitored her. The numbers at a a.m. were good. Her oxygen and carbon dioxide levels were within limits. Her pH level was stable.

"This is great," Valentine told herself. "We did the right thing."

But the virus was not through with Lopez. Her lungs absorbed oxygen, but they had stopped offloading carbon dioxide. Her blood, saturated with the gas, became acidic. Cell and enzyme functions were going haywire.

Her muscles burned with lactic acid. Her nostrils flared. Her shoulders rose and fell with her chest.

Brunet had walked the shows, and Valentine told the nurses to rush on cleaning up for at least two hours. She didn't want to risk jarring Lopez.

By 9 a.m. remain, Lopez looked better, and for the rest of the morning, Valentine monitored her. The numbers at a a.m. were good. Her oxygen and carbon dioxide levels were within limits. Her pH level was stable.

"This is great," Valentine told herself. "We did the right thing."

But the virus was not through with Lopez. Her lungs absorbed oxygen, but they had stopped offloading carbon dioxide. Her blood, saturated with the gas, became acidic. Cell and enzyme functions were going haywire.

Her muscles burned with lactic acid. Her nostrils flared. Her shoulders rose and fell with her chest.

A nurse paged Valentine, who was checked by what she found. She ordered a chest X-ray, a sign of Lopez's lungs and an echocardiogram. A blood test at 3 p.m. confirmed the bad news.

The carbon dioxide level in Lopez's blood was so high it could not be accurately measured. The pH level was falling. Her heart raced, more than two beats a second.

Valentine was not going to lose Lopez. She paged Benhamah. He needed to reinsert the cannulas.

The team injected bicarbonate to neutralize the acidity of her blood. They gave medications to boost blood pressure. They stepped up the ventilator. But none of these measures were sustainable.

"We knew if we didn't get her back on ECMO, she wouldn't live through the night," Valentine said, "or until her family could get here."

She phoned Cristiana. She did not want the only call the family received to be the news that Lopez had died.

"Your mom is not doing well," she told him.

At 4 p.m., Benhamah dashed onto the floor. He pulled on PPE and made a quick assessment. The team had to decide whether it was in vain but life was the right course to follow. Had too much internal damage taken place? Were the prolonged life efforts it was too late?

Benhamah knew that connecting a patient to ECMO a second time seldom resulted in a good outcome, but he also knew that Lopez's death would jeopardize her family.

The team decided to go ahead.

Benhamah and a resident inserted new cannulas. The lines were connected, and the team turned on the machine. The pump's familiar purring filled the room.

Valentine took a step back and watched the dark red blood move briskly in the machine. As a Christian, she prays each morning for her ECMO patients by name. "Please," she asks, "let them recover if it is God's will."

Then she goes to work, knowing that faith — and God's will — may not be enough.

Days later, Lopez opened her eyes and wondered where she was. The room was dark. Everything was hazy, and in this strange twilight, she thought of God.

"I know you're not going to let me go," she prayed. "I know you're going to hold on to me."

She wondered what had become of her white rosary, the one she held when she went into the intensive care unit at Glendale Adventist hospital.

A woman stood nearby. She was beautiful, Lopez thought, and so young. She said she was Lopez's nurse.

She asked Lopez to be still, as someone else began lifting a thin plastic film that covered the cannulas. They were changing the dressings.

Lopez tried not to squirm. She felt the wetted restraints and looked around the room. Two plastic tubes, filled with her blood, fed into a machine at the foot of the bed. The nurse said that it was breathing for her.

Lopez started to grow uncomfortable. Her mouth never felt so parched, so raw. What had Cristiana said? That dying of thirst is worse than dying of hunger.

She remembered the writing board she had packed. She wrote her question, letter perfect and punctuated: *Can I please have some water?*

But Brent, her nurse that day, said no. Her lungs had to stay as dry as possible. Brent offered a spray, then a small sponge for swabbing the mouth.

Lopez tried to be polite. She tapped her pen on the board. *Can I please have some water?*

Brent would not allow it, so Lopez pleaded with a doctor, who agreed to an ice chip every hour, and then, every 15 minutes.

When Brent lifted one in a spoon, Lopez frowned. "What's wrong?" Brent asked.

"That is not a very big chip," Lopez mouthed.

Lopez's body was healing, but she was traumatized and scared.

Patients, starved of oxygen and revived by ventilators or ECMO, don't trust the machines. Anxious, they hyperventilate, which lowers oxygen and increases distress. Medications don't help either. They inhibit breathing.

Her social worker, Cathy Levenstein, entered the room in PPE and asked Lopez to look at her. "You're safe," Levenstein said. "We're taking good care of you."

In a calm and measured tone, she helped Lopez relax. Focus on what's around you, even the television, Levenstein said: Be present and mindful.

But Levenstein knew Lopez needed more. "Do you want your family?"

The hospital made an exception to its one-visitor rule and allowed Cristiana and his grandmother to see Lopez together. They adjusted their masks and stepped into her room. The blinds were pulled, so there was no way to tell if it was day or night.

"Your family is here," the nurse said.

Cristiana thought he saw his mother smile. He encouraged his grandmother to step closer. She held her daughter's hand. Worried she might knock something over, Cristiana steadied her.

After five minutes, they changed places. "I love you," Cristiana told her. "You're going to get through this."

But looking at the ECMO machine and seeing tubes filled with his mother's blood, he wondered.

No one expected the machine to fail.

But its pump, magnetically levitated, running at 30 revolutions a second, was so delicate a blood clot could jam it.

Late on a Wednesday night, its steady power failed and a fatal metallic staccato like the grinding gears of a car. An internal valve had seized while the outside pump still spun.

Alarms shrieked. The flow of Lopez's blood came to a halt.

The hospital kept an auxiliary machine in the hallway, and two members of the medical team rushed it into Lopez's room. They swapped units, quickly plugged tubes back into — and to end, blue to blue — and turned the dial that set the new pump in motion.

Blood started circulating again.

Ten days later, Lopez had a fever. It peaked at 102. Her white blood cell count was up, and once again her blood pressure and oxygen levels were falling. Had she contracted the virus again?

A test revealed a bacterial infection. Sepsis had set in, and if it got into the cannulas, they would have to be changed, or ECMO discontinued. A course of antibiotics was prescribed.

Despite such setbacks, Lopez continued to improve. Her mind grew clearer. She shook off the delirium that patients, besieged with lights, alarms and day-and-night demands, often experience in the unit.

Still connected to ECMO, she started to walk the hallway, do feet the first time, accompanied by Brant, another nurse, a physical therapist and a specialist who pushed the machine in front of Lopez.

"It was kind of shocking to all of us," Brant recalled. Lopez's eyes strength seemed undiminished.

Benhamah one day journed her room and saw a patient he didn't recognize. The nurses told him it was Lopez. She had put on her *pear-flavored* lip gloss.

Later, she let Brant brush her hair. For weeks, it had just been tied up, and Lopez needed help getting out the mesh. She wanted to see herself as she once was, healthy and proud.

But she worried. Cristiana had called to say that Grandpa was eating only doughnuts and that they didn't have enough money for groceries.

She had gotten a notice that she was behind on her car payment, and she wondered whether Medicare and Medi-Cal would pay for this hospitalization.

She thought about her white rosary. She and Brant had looked through the small bag but couldn't find it.

On Oct. 15, Lopez was taken off ECMO for the second time, and when her blood pressure and oxygen levels stabilized, she was transferred to another ward of the hospital.

Gudumba, the intensivist who had watched Lopez's progress, got the news from a colleague. Breaking COVID-19 protocols, he raised a hand, and they slapped palms.

"This constant life-and-death battle makes us analytical and pragmatic," he would later say. "We have to be. You cannot die with every patient, but sometimes we do."

Only now, they had seen. They had beaten the worst of the virus.

By days later, Lopez's feeding tube was removed. She ordered chicken Ritterazzine Alfredo, peas and corn, a salad and chocolate cake. She hardly touched it, but she took a picture.

Obanijesu, her primary care physician, transferred Lopez to Glendale Adventist for rehabilitation. When she arrived at the hospital, he noticed weakness and shaking on her right side. He ordered a CT scan, and it showed an alteration of the left parietal lobe. Lopez had suffered a stroke.

Dr. Rasmik Obanijesu treated Maura Lopez during rehabilitation at Glendale Adventist Medical Center. An internal medicine specialist, he also both Maura and her mother, Maria Esther Lopez, 70, during office visits. (Christina House / Los Angeles Times)

Obanijesu had witnessed this before with COVID-19 patients. Lopez had been on blood thinners, but the coronavirus increases the viscosity of the blood. A clot could have cut off oxygen to her brain.

He tried to reassure her.

Cristiana was grateful that his mother was getting well. He wanted to thank everyone who had risked their lives to save hers. He texted Levenstein, the social worker at the UCLA medical center.

I spent months being depressed and having countless mental breakdowns because I was afraid of my mom passing away, but you all put an end to that and I feel thought it would be good to let you know that not only are you saving lives every day but you are bringing unimaginable amounts of joy to families who have been through lots of emotional pain.

Maura Lopez's family lives in two homes beside the 5 Freeway in Glendale. She shares one house — and mass — with her parents and her oldest son, David Mata. (Christina House / Los Angeles Times)

When he visited Lopez at Glendale Adventist, he sees that she had lost a lot of weight. He sat beside her. Holding her hand, he tried not to cry. He believed showing emotions made him weak, and he still had to hold up his family.

Yet his eyes were watering.

On Nov. 12, Maura Lopez went home. Her father drove, and Lopez settled into the passenger seat and held on to a portable oxygen tank. Her rehabilitation was complete. The stroke was minor.

She had spent six weeks in two hospitals and 21 days on a machine few people had ever heard about, for an intervention that could cost more than $1.1 million. With so many people dying of this disease, she wondered why she was still here.

The sun was setting, and the outside air felt cool and fresh. She said she wanted a Big Mac, fries and a Dr Pepper.

No one said no.

As soon as she didn't need oxygen and could stand at a stove, she said, she'd make the children's favorite meal, *mole de ajo* with shrimp and king crab legs, rice, yellow peppers and homemade sopas.

No more doughnuts for Grandpa.

A week later, she went through the small bag she had taken to the hospital so long ago. In the bottom, tangled with a bracelet, a gold chain, earrings and two rings, she found the white rosary.

When Maura Lopez was at Glendale Adventist Medical Center, the hospital provided her with a rosary. Her family searched for it when she was admitted and COVID-19 patient, but she had never given it to her. "I thought, God is with me," she said. (Christina House / Los Angeles Times)

Behind the story

CULTURE
Explaining ECMO and how it saves lives
The path to developing ECMO included stops at Los Angeles Children's and a Santa Barbara hospital
March 31, 2021

CULTURE
At the order of their body against COVID-19, a medical team embraces life
ECMO patient Maura Lopez survived 21 days in a machine. Now she has a chance to thank her medical team in person.
March 31, 2021

More to Read

An essential medical device falls people of color. A clinic is using to fix that
Nov. 30, 2021

When disease ravaged her body, Sara was crystal clear about what she wanted. Here's what she chose to do
Dec. 12, 2021

How mobile teams are S&B flow our oxygen to prevent overdoses and save lives
Dec. 9, 2021

Coronavirus | Health and Medicine | Science | Health and Medicine

Thomas Curwen

Thomas Curwen is staff writer for the Los Angeles Times, specializing in long-form narratives, and was a Pulitzer Prize finalist in portrait for feature writing.

More Column One Storytelling

CULTURE
'I don't want him to go': An autistic teen and his family face stark choices
Aug. 27, 2021

CULTURE
A Gal Scout troop for young migrant office leaves in a chaotic city
Sep. 23, 2021

CULTURE
Chipperdale vs. Chipperdale: The bank owes a sale only slab couple
Aug. 29, 2021

CULTURE
The Sandhills is Bonelle: Where the dead outnumber the living. This town is fighting back
Sep. 1, 2021

CULTURE
How two strangers found a lost Alzheimer's patient, the mystery of an L.A. woodcarver
Aug. 4, 2021

CULTURE
This high-school marching band 'represents the soul of Compton'
Aug. 29, 2021

Los Angeles Times

Subscribe for unlimited access
Site Map
Follow Us

#Newspaper
Coupons
Find/Post Jobs
Place an Ad
Media Kit: Why the L. A. Times?
Mobile/Apps

Crossword
Obituaries
Weather
L.A. Times Compass
L.A. Times Store
Wine Club

About/Contact
For the Record
L.A. Times Careers
Manage Subscription
Reprints and Permissions
Site Map

Copyright © 2021 Los Angeles Times | Terms of Service | Privacy Policy | CA Notice of Collection | Do Not Sell or Share My Personal Information