

'You do the Right Things, and Still You Get It'

By Sheri Fink

HOUSTON — Elaine Roberts, a longtime bagger at a supermarket, tried to be so careful. She put on gloves and stopped riding the bus to work, instead relying on her father to drive her to keep their family safe. She wore masks — in space-themed fabrics stitched by her sister — as she stacked products on shelves, helped people to their cars and retrieved carts from the parking lot.

But many of the customers at the Randalls store in a Houston suburb did not wear them, she noticed, even as coronavirus cases in the state began rising in early June. Gov. Greg Abbott, who had pushed to reopen businesses in Texas, was refusing to make masks mandatory and for weeks had blocked local officials from enforcing any mask

Texas Family Is Caught in the Unrestrained Spread of a Virus

requirements. The grocery store only posted signs asking shoppers to wear them.

Ms. Roberts, 35, who has autism and lives with her parents, got sick first, sneezing and coughing. Then her father, Paul, and mother, Sheryl, who had been so cautious after the pandemic struck that their rare ventures out were mostly for bird-watching in a nearly empty park, were hospitalized with breathing problems.

Their cases were unusual: Sheryl Roberts, a sunny retired nurse, experienced severe psychiatric symptoms that made doctors fear

she was suicidal, possibly an effect of the disease and medicines to treat it. She is recovering, but her husband is critically ill, on a ventilator, with failing kidneys and a mysterious paralysis that has afflicted about a dozen others at Houston Methodist Hospital.

While no one can be certain how Elaine Roberts was infected, her older sister, Sidra Roman, blamed grocery customers who she felt had put her family in danger.

"Wearing a piece of cloth, it's a little uncomfortable," she said. "It's a lot less uncomfortable than ventilators, dialysis lines, all of those things that have had to happen to my father. And it's not necessarily you that's going to get sick and get hurt."

"Whoever came to the grocery store and didn't wear a mask," she added,



Sheryl Roberts at Houston Methodist earlier this month. She had severe psychiatric symptoms, which may have been triggered by the illness and medications she was given to treat it. Erin Schaff/The New York Times



Mr. Roberts is still being treated at the hospital while the family awaits an opening in a longterm acute care unit. Erin Schaff/The New York Times



Customers must now wear masks at the grocery store where Elaine Roberts works, but they were not required to at the time Ms. Roberts and her parents got sick.

Erin Schaff/The New York Times

Elaine Roberts began working at Randalls in Bellaire, Texas, when she was 16. Erin Schaff/The New York Times

“doesn’t know this is going on.”

What happened to the Robertses is in many ways the story of Texas, one of the nation’s hot spots as coronavirus cases mount and deaths climb. For weeks, politicians were divided over keeping the economy open, citizens were polarized about wearing masks, doctors were warning that careless behavior could imperil others, and families were put at risk by their young.

Mr. Roberts, 67, is among the patients now packing intensive care units across Texas and other parts of the Sun Belt. The surge in virus cases here that took off in June first appeared to involve mostly younger adults, causing milder illnesses doctors believed would respond to new treatments. But the chain of infections that began with people under 40 — many who socialized at bars or parties without masks or distancing — moved to essential workers like Ms. Roberts, and then to their relatives.

“We thought this might be different, maybe with some of the things we’ve learned,” Dr. Pat Herlihy, chief of critical care at Baylor St. Luke’s Medical Center, said last week. But, he went on, “We’re right there now with super, super sick people.”

The same is likely to befall hospitals in other areas where cases are rising; Houston was among the cities at the leading edge of the summer wave, and critical illnesses often lag new infections by weeks.

Nearly 11,000 confirmed coronavirus patients were in Texas hospitals as of Wednesday, the last day for which complete data were available. It was a record high, according to the state health department, five times as many as the peak in the spring.

At Houston Methodist, the city’s largest hospital, beds were filled disproportionately with Hispanic patients and with multiple members

of families. There were people who believed they were invulnerable to the virus and others, like the Robertses, who knew that they were not. Coronavirus deaths across Methodist’s hospital system have multiplied, as they have elsewhere: 31 in May, 47 in June and 144 in the first three weeks of July.

Administrators have created I.C.U. after I.C.U. to tend to the growing number of severely ill patients who often require weeks of resource-intensive treatment. In recent days, doctors were told to stop offering a remedy used as a last resort — treatment with a heart-lung machine — to any more patients because staffing was too stretched.

With patients on ventilators awaiting beds in I.C.U.s, physicians have been pressed to move patients through as quickly as possible, including urging families to make decisions about removing life support when there is little chance of recovery.



Dr. Faisal Masud, the head of critical care at Houston Methodist Hospital. Erin Schaff/The New York Times

Dr. Herlihy and Dr. Faisal Masud, the head of critical care at the Methodist hospital system, said that because so many patients were so severely sick, they had been forced to turn away some transfers from other institutions.

“I get desperate calls, desperate emails,” Dr. Masud said. “I have to make the call as to who can come and not come in. That’s a huge burden, because in my heart, with my saying no, they will more than likely end up dying.”

Masks Were ‘Kind of 50-50’

Elaine Roberts began working at the Randalls grocery store in Bellaire, part of a larger chain, when she was 16. Nearly two decades later, she is one of its longest-tenured employees.

Diagnosed in childhood with a form of autism that she says has made learning difficult, she didn’t speak until she was 8, when the words came in a burst during a Disney World trip. But her parents have

raised her to be as independent as possible.

She completed a four-year vocational program after high school and applied to countless other jobs over the years, to no avail. Outgoing and chatty, she has a boyfriend whom she’s known since elementary school and a circle of good friends. She loves old television comedies and the color pink.

“She’s so sweet and very caring and will do anything you ask of her,” said her manager, Cindy Fletcher.

To protect against the virus, Ms. Fletcher said, the store devotes many hours a week to cleaning, and employees are asked to stay home if they have viral symptoms.

Until late June, the company did not require patrons to wear face masks. Postings asked customers to put them on, but “it wasn’t anything we had to enforce,” Ms. Fletcher said. “It was kind of 50-50,” she added, with “younger customers not as much.”

Ms. Roberts had no choice about coming into close contact with

shoppers, whether they wore masks or not. “I ended up sacking their groceries,” she said. “I couldn’t say anything to them about it. I didn’t want to be bossy.”

Public health officials acknowledge that masks and social distancing are not complete defenses against the virus, but studies suggest they can have a significant impact in protecting others. In Harris County, which includes Houston, a local order directing businesses to require people to wear masks went into effect on June 22 after the governor relented. A sign went up at the Randalls entrance saying that masks were mandatory. Compliance, Ms. Fletcher says, has been good.

But it was too late for the Roberts family.

Paul Roberts, a former musician and carpenter turned computer programmer for NASA, now works at a software company. He and his wife, a retired Methodist Hospital nurse who calls herself a “glass half full person,” ran an online fanzine and attended Comic Con events years ago. For years, they gathered



Ms. Roberts isolated at home alone when her parents were both hospitalized. Erin Schaff/The New York Times

weekly with their two daughters, son-in-law and now-7-year-old grandson for jigsaw puzzles and fierce games of Uno.

“They are amazing nerds,” Ms. Roman, 38, said of her parents.

Sheryl Roberts, 65, understood the perils of the pandemic — she had diabetes, asthma and heart disease, which could put her at higher risk. Her husband had chronic lung disease and a stent to open a blocked coronary artery.

“We have been so careful, so very careful, and stayed away from people,” Ms. Roberts said. Her husband began working from home in the spring when Washington State, New York and then other areas around the country were hit hard. Mr. Roberts occasionally made a supermarket run during “senior” hour; the couple’s only “big, hot date” in recent months, Ms. Roberts said, was to view wildflowers from their car.

Their younger daughter was diligent as well. But then she came

back from work sneezing one day in mid-June and thought it was allergies. Soon she had a cough, fever, headaches and diarrhea, and lost her senses of taste and smell, telltale symptoms of the coronavirus.

“She told me, ‘I don’t know what’s going on, Mom, but I wore a mask, I wore gloves, I washed my hands,’” Ms. Roberts said. “You do the right things, and still you get it.”

Elaine Roberts, who tested positive for the coronavirus, did not become seriously ill. But for her parents, it would be much worse.

Daughter, Sister, Caretaker

Mr. Roberts and his wife started sneezing, then coughing, just like their daughter, and developed fevers and severe body aches. Then he got “awfully sick, awfully quickly,” Sheryl Roberts recalled. He became confused on June 22. Alarmed, she tested his oxygen level. It was low, and she called her older daughter to take him to an emergency care

center, the second visit in two days.

Before he left, his wife asked him to make a promise.

“He and I made a deal,” she recalled. “He was going to get well, and I was going to do the same. We were going to live through this.” But a few days later, his lungs ravaged by the virus, Mr. Roberts was put on a ventilator. “He cratered,” his wife said.

Within a week, she, too, was admitted to Methodist after becoming short of breath.

Neither daughter could see their parents: Methodist, like many other hospitals around the country, blocked visitors to contain the virus’s spread. The couple were isolated in separate buildings, and could not communicate with each other. Mr. Roberts was gravely ill, and his wife’s condition was deteriorating. Ms. Roman, an oil industry engineer, tried to fill the gap.

“I’ve known for a very long time that when the time comes, I get to step up,” said Ms. Roman, 38. “I

have to take care of my parents. I have to take care of my sister. I just didn't expect it all to converge at once."

After about a week in the hospital, there was a crisis: Ms. Roberts became delirious and repeatedly pulled the tubing that supplied oxygen out from under her nose. Doctors put restraints on her, stationed a sitter outside her room and called Ms. Roman to say they thought her mother's turmoil might be a result of medication side effects combined with her illness.

Ms. Roman called her sister in tears. "I said, 'I'm scared, Lainie, I'm scared.' She said, 'I am, too.'"

After Ms. Roberts's steroid dose was cut, the symptoms resolved over a couple of days. "They said that I had said that I was going to kill myself," Ms. Roberts recalled the doctors telling her. "This is not me."

Her breathing gradually improved, and she did not need a ventilator. A few days later, she said she was

keeping herself going by imagining a trip on her bucket list: taking her husband to see macaws in the Amazon.

Doctors called Ms. Roman with updates on her father and requests to give consent for procedures, including a catheter for emergency kidney dialysis. He received steroids, which work against inflammation, and experimental medications. Mr. Roberts was put under deep sedation and given drugs to paralyze him so the ventilator could work more effectively.

There were some glimmers of hope — Mr. Roberts's lungs seemed to be healing — but whenever the medical team reduced the sedation over the next few days, his blood pressure rose and his heart raced, signs of agitation. On July 9, Dr. Mukhtar Al-Saadi called Ms. Roman with an update. "It was very difficult for us to wake him up meaningfully to see if he can breathe on his own," the doctor said.

'Believe Me, It's Real'

Last week, after she was discharged and just about to be wheeled out of the hospital, Ms. Roberts received a terrifying call. Her husband was still not waking up or moving, and doctors believed a massive stroke or another neurological problem was the likely reason. Ms. Roberts and her daughters gathered that night, discussing the difficult decisions they might have to make.

"Do we just let him go, if he's brain-dead?" Sheryl Roberts said they wondered. As they considered what the "very bright, very proud man" would want, Ms. Roman said, the three women wept.

A brain scan the next day showed that he had not had a stroke, but additional studies were delayed to avoid exposing the few available technicians to the virus. On Friday, Dr. R. Glenn Smith, a neurology attending physician, performed neuromuscular testing that indicated severe damage to Mr. Roberts's nerve coverings.



Dr. Mukhtar Al-Saadi with a lung X-ray of Mr. Roberts, who has chronic lung disease as well as the virus.
Erin Schaff/The New York Times



Dr. Al-Saadi and a resident physician preparing to replace Mr. Roberts's dialysis catheter.
Erin Schaff/The New York Times



Extended intravenous tubes connect Mr. Roberts to his medications outside the door.

Erin Schaff/The New York Times

About a dozen other patients at the hospital have developed a paralysis or profound weakness that doctors believe may be a complication of the virus, according to Dr. Smith. Doctors had already begun treating Mr. Roberts with a medication used for Guillain-Barre syndrome, a similar paralyzing disorder that occurs rarely after some viral infections.

They don't know how much function he will be able to regain; he has begun showing some limited progress. On Tuesday a staff member brought a tablet into Mr. Roberts's room and made a video connection. "He nodded, I chatted," Ms. Roberts said. "He blew me a kiss."

While her husband waits for a bed in a long-term acute care unit to begin rehabilitation, he remains on a ventilator. Even if there are no more challenges, his recovery will take months, Dr. Smith said.

"It's going to be slow," Ms. Roman said. "It's not going to be easy." But, she added, "it seems like he's still Dad upstairs so I'll take it."

The family's ordeal has made her mother more outspoken about the toll of the pandemic. The misinformation and confusion about the virus that she sees on social media scares her, she said. "The ignorance kills me. 'It's really not that bad, it's not really fatal.'"

She said she now responds to such statements. "I'm always happy to show right up and say, 'You know, I just lived through it — believe me, it's real.'"

She still requires oxygen, and Elaine Roberts is taking care of her, cooking meals, helping her shower and maintaining her breathing device. When her parents were both gone, she assumed new household tasks. "My youngest has proved to me she's far more capable of things than I ever dreamed," Ms. Roberts said. "I'm so proud of her."

On Monday, Elaine Roberts has a coronavirus test scheduled. If it is negative, she hopes to go back to work at Randalls.