

TRANSCRIPT:

Lester Holt, NBC News: "...let's begin with the latest on the pandemic...officials acknowledge what was widely feared -- that the number of dead is far higher than reported..."

Nurse - "Dystopian. Apocalyptic. I am seeing people die every single day..."

Gov. Andrew Cuomo: "How do you start the economy back up, how do you start getting back to work as quickly as possible? It's going to come down to testing."

President Trump: "When somebody's the president of the United States, the authority is total. And that's the way it's gotta be."

Gov. Gavin Newsom: "...science, or public health, not politics, must be the guide. Let's not make the mistake of pulling the plug too early, as much as we all want to."

(Proximity Theme Music)

Sandy Delonga: This is Proximity -- Medical Stories from the Frontlines -- and I'm your host, Sandy Delonga.

On today's episode, we'll hear stories from people facing the Coronavirus pandemic head-on -- the amazing doctors and nurses working in emergency rooms turned into war zones.

Dr. George Leach: "...you know, you really start to think about the actual risk of your job exposing you to something that, I mean, quite frankly could kill you."

Sandy Delonga: We'll also talk to the everyday people that are taking on this challenge, each in their own way. An Amazon delivery driver keeping commerce afloat. Grocery workers helping us keep food on the table.

Kate, grocery store worker: "I've never had a job where I had to wear a face mask before. Or constantly wear gloves, or sanitize everything. It can be draining. Absolutely it can be draining."

Sandy Delonga: Day after day, despite horrible odds, these people find a way to keep going, to put others' needs before their own personal safety, and hope for the best.

Also, as this crisis evolves, we're slowly beginning to realize that it may be weeks, or even months, or longer, before life as we know it returns. The threat of an unseen enemy, the uncertainty about the scope of the pandemic, and the complete disruption of our normal routines is taking its toll on our mental well-being.

What will it take to get through this pandemic? We'll speak with mental health experts that have tips for coping with the anxiety and depression we're all facing.

Paulo Gonzalez "One of the things that we're trying to put together is physician networks that are working with a lot of front liners, healthcare workers, and make sure that we can provide the services for them and make it accessible to them."

Sandy Delonga: But first - how did we get here? And why was the US so unprepared to deal with this pandemic? It's been more than 3 months since COVID-19 gripped the nation -- from the first reports of cases in a Seattle-area nursing home, to the overwhelming impact of the coronavirus on densely-populated New York City, and the surprising hotspots that sprung up in more rural areas of the country -- often due to prison populations and staff that can't practice social distancing, or close working conditions at meat-processing plants that helped to spread the virus.

As of this podcast, the number of confirmed cases in the US has topped one-point-three million, a third of all cases reported worldwide, and over 80,000 citizens have died from the virus. (May 11th.) The economy is in free-fall, with a record number of people out of work, unable to meet their basic needs of food and housing. Major companies across all sectors have begun filing for bankruptcy protection. Despite some states easing restrictions, millions in the US are still living under stay-at-home orders. Handwashing, social distancing and wearing masks in public has become the new normal.

Early reports out of Wuhan, China, say that the first case of coronavirus was toward the end of 2019, but some reports suggest there were cases evident in early December. By January 23rd, Wuhan would be in complete lockdown, with Chinese officials admitting they were "likely facing a pandemic."

The first reported case in the US was January 20th, in Washington state, where a US traveler returned from Wuhan with symptoms of the disease.

The World Health Organization didn't officially name the outbreak a 'pandemic' until March 11th. On March 13, President Trump issued a national emergency. By this date, the US has nearly thirteen-hundred cases of coronavirus. COVID-19 had begun to spread exponentially.

Just two weeks later, on March 27th, the US would have the distinction of surpassing all other countries, with over one-hundred thousand confirmed cases.

Three days later, on April 1st, that number would double, to two-hundred thousand.

The question remains: Why weren't we better prepared for this?

Elected officials usually don't spend money on hypotheticals like a possible pandemic. Effective preparation for a pandemic requires an agreement to tie-up resources on something that may or may not happen. That's hard to do when people have more pressing concerns, like employment, housing, education, and public safety.

All in all, since the Spanish Flu Pandemic of 1918, seven notable epidemics have been recorded, five of them within the last 20 years.

The SARS pandemic hit in 2003.

Avian, or "Bird Flu," made headlines in 2006.

Swine flu, or H1N1, took over a half-million lives from 2007 through 2009.

MERS, a respiratory epidemic, hit in 2012.

And by 2014, Ebola claimed nearly 12,000 lives in West Africa.

Each outbreak through the years prompted concern, but after the initial scare, world leaders and the public soon moved on, and action faded.

In early February 2020, even after top officials recognized the potential threat of the coronavirus, several weeks were spent downplaying the scope of the pandemic, instead of shoring up obvious deficiencies in protective gear, medical equipment, and accurate test kits.

On March 12, Dr. Anthony Fauci acknowledged America's flat-footed response to the pandemic, when asked about the lack of testing and supplies for medical workers.

Dr. Anthony Fauci: "The system is not really geared to what we need right now, what you are asking for. That is a failing. (Reply: A failing?) It is a failing. Let's admit it."

Sandy Delonga: The pandemic turned a spotlight on a glaring problem -- medical supplies and protective gear, like masks and gowns, once produced domestically -- were now almost exclusively produced overseas - the majority in China.

Two decades ago, after the 9-11 terrorist attacks, the country formed a new agency to purchase antidotes, bioweapons, and medical supplies to prepare for the next disaster. This accumulation of goods would become known as the Strategic National Stockpile. At that time, 90% of all surgical masks used in the United States were produced here. By 2005, due to industry consolidations and outsourcing, nearly all of the mask production moved overseas.

Mike Bowen is a co-owner of Ameritech, one of the remaining US producers of N95 masks. Since 2007, he has lobbied the Bush, Obama, and Trump administrations to focus on the mask supply, with little to no response. In his words, he said "the world looked at me as a mask salesman who was saying the sky was falling."

Mike Bowen: "I've been working on this damn issue for thirteen years, trying to save lives. Nobody listened."

Sandy Delonga: By 2009, 11 years ago, the nation's supply of N95 masks were seriously depleted in response to the Swine flu outbreak, and the stockpile was never fully replenished. That year, CNN interviewed Mike Bowen on the manufacturing floor of his plant about the mask shortage in the US.

Mike Bowen: "America won't be able to supply its own needs, because we're pretty much it, uh, and all the other manufacturers have left the country."

Ed Lavendera, CNN: "Is there just no stockpile of masks available?"

Bowen: "What I was told by government representatives in November of 2007, is that for a Category 5 pandemic, they have only about a one percent stockpile of what they need."

Lavendera: "One percent?"

Bowen: "One percent."

Sandy Delonga: Bowen estimated, in the event of a pandemic, the US would need 5.3 Billion N-95 masks, 50 times more than were in the national stockpile. His prediction would prove to be true. In the

weeks after the news from Wuhan, Bowen continued to email the government asking to ramp up domestic production.

Frontline medical workers confronted the coronavirus head-on. Without a coordinated federal response for personal protective equipment, ventilators, and a universal plan to handle the epidemic, hospitals and public health officials in each state were forced to provide for themselves. To get a better sense of the scope of the problem nationally, we spoke with an ER doctor in hard-hit New York, an ER doctor in Atlanta, Georgia, and a registered nurse and an EMT in Bloomington, Indiana.

New York City became the epicenter for coronavirus in the US. Across the city, hospitals were slammed with new cases, and doctors and nurses had to use the same protective gear, or P-P-E, again and again. Many of those frontline workers became sick. New York also racked up the most deaths, with nearly 30 percent of the nation's total casualties. Cases there peaked in mid-April, and spiked again a week later, but have been steadily decreasing -- an effective case of flattening the curve. But hospitals are not back to normal. An ER doctor from New York University's Langone Hospital in Brooklyn agreed to speak with us provided we not disclose his identity. Here's how he described the situation during the COVID-19 outbreak there.

ER Doctor, NYU Langone: "So the current state of the hospital right now, is not as bad as it was in early April. That was when the peak was. But still now, we're beyond capacity. There's not enough beds. There's not enough protective equipment, not enough ventilator equipment, not enough space even. And we're just doing our best to work around the fact that there's beds in the hallway, there's no space to even just debrief. All in all, it's definitely been very hectic. And we're basically going by trial and error for a lot of the times."

Sandy Delonga: As of this podcast, New York state's reopening plan is underway, depending on measurable progress in each region. The New York City metro area, the most densely populated and hardest hit, will be the last to reopen.

In stark contrast, Georgia re-opened some non-essential businesses on April 24 -- a day before the date the CDC projected to be the peak for Georgia's cases. Many public health experts think Georgia's move to restart it's economy is too early, and fears the state risks another surge in cases as increased mobility and the inevitable relaxing of social distancing starts to happen.

Dr. George Leach, an emergency room doctor from Emory Hospital in Atlanta, was critical of the government's response to the pandemic.

Dr. George Leach: "I feel like my hospital's got my back. I feel like my colleagues and my medical directors have my back. But this stuff has just been so minimized for so long when it was an obvious problem. I kind of felt like, Okay, this is coming. But I didn't necessarily think that our country would allow it to infiltrate us like we did, without ever having the opportunity to stop it. So I didn't see that coming. You know, I thought we would have been a lot better because we're the United States, right? I mean, I thought we'd be a lot better at finding those first couple people that landed with the disease, quarantining them and preventing it from becoming a pandemic through the entire country. Right. That part I didn't see coming, because of my opinion of our country."

Sandy Delonga: Georgia currently ranks 14th in the list of states most impacted by COVID-19, with most of the cases in the five counties that comprise the capital city of Atlanta. In America's heartland, Indiana's statistics parallel that of Georgia's -- the state of Indiana ranks just behind Georgia, at number 15, with

most of its cases in the capital city of Indianapolis. An hour south of Indianapolis is Bloomington. Margie Klaus has been serving there as both a nurse and paramedic for the past nine years. COVID-19 has had a profound impact on her work as an E-M-T first responder.

Margie Klaus, EMT: “Oh my gosh... I will say that we’re not having as many 911 calls that are coming in. We have had a lot of patients who are trying to wait until the very last second to call because they don't want to go, they don't want to be exposed, they don't want to endanger themselves which I completely understand. And so, the call volume has gone down, but also the level of acuity has gone up. So because people are waiting till the very last minute, we are seeing a lot more sicker patients than what we were. There's also the fact that we in EMS, EMTs and paramedics alike, we chose this job for a reason (pause) you're not thinking about yourself, you're thinking about other people. And that is your passion is to take care of these people. And with the COVID, it's made us have to stop like we aren't allowed to do things that we used to once do. You have to stop and you have to put your mask on, you have to put your gown on, you have to put your goggles on, before you can even help that patient. And that has been a big adjustment, I think, for a lot of us is we feel like we are wasting precious time because we have to protect ourselves.”

Sandy Delonga: At the same hospital, Katy Howe is a Registered Nurse and director of Emergency Services. She describes preparations there.

Katy Howe, RN: “So kind of interesting. You know, we've been prepping for this for quite some time, just watching, anticipating, knowing and being kept up to date by our epidemiologist and infection prevention teams. So we knew the possibility of it coming our way was very real. And here in the Midwest, we watch the coasts, right. So each side of our country, we watch because it hits them first. This is usually the way that it happens, it hits them first and then it comes to the center. And where I'm located currently, it has changed very rapidly. And we do have an increased number of cases and we're considered a hotspot. So it's rapidly changed.”

Sandy Delonga: Despite their preparation, Katy said that dealing with the virus is fraught with uncertainty.

Katy Howe, RN: “In the ER setting over the years, you know, we've experienced H1N1, we've experienced SARS. We've done disaster management and, you know, managed multiple trauma patients at the same time or an influx of patients because of flu. But we have never experienced anything like that COVID-19 that we're experiencing now, just a lot of unknowns. With the COVID-19 pandemic, everything changes every day, and everything changes, you know, within the day, and we're learning more and more and we just don't have all the answers. So that uncertainty I think, has raised a lot of emotions amongst, especially the ER nurses that I work alongside with.”

Sandy Delonga: Emotions, as nurse Katy Howe mentions, are running high among frontline workers. Every day, news headlines make the case for more masks and gowns, worry over the lack of respirators, and point out the need for testing. Those concerns are more immediate. But long-term, what will be the lasting legacy of COVID-19? For those on the frontline, the toll may be psychological.

Post-traumatic Stress Disorder, or P-T-S-D, is commonly linked with war veterans, but healthcare workers on the frontlines of this pandemic are expected to experience a surge in trauma-related illnesses. All of the medical workers we spoke with discussed the stress on the job.

ER Doctor, NYU Langone: “A lot of our staff is experiencing burnout, we're really stressed, we are chronically tired.”

Katy Howe, RN: “We really, we just don't stop until we feel like we can't stop. That's, that's one of the things that's hard during this pandemic is right now everybody feels like, you know, we have to keep giving of ourselves and in turn, what happens is, you know, we don't take care of ourselves, right? Where you go, go, go, I can tell you right now, I haven't slept more than three hours at a time. In the past six weeks. I, I, I look like I've aged like a president in an eight year term of presidency. So, you know, it just takes its toll on you.”

Dr. George Leach: “You know you really start to think about the actual risk of your job exposing you to something that I mean, quite frankly could kill you. And that's, that's not an overwhelming strain, but it is this slow burn all the time. So I'll go through a day and I feel okay, but then maybe I'd try to go asleep and my brains just churning. I'm just staring at the ceiling for an hour before I fall asleep. You know, this invisible threat, existential threat that's in the air and stuff could, could get me you know.”

Margie Klaus, EMT: “Some people are really struggling. We do have, we do have some staff that they are really having a hard time with it. They're depressed and you know, concerned rightfully so. And then we have some that kind of blow it off and they just try to be strong, and so they kind of hide it all and then so you know, it's really hard to tell like because everybody is... they only show you what they want you to see. And there have been a couple that have reached out to me and said, You know, I'm having trouble sleeping, I'm having trouble staying asleep. I'm having some nightmares. Um, you know, so we have had things like that.”

Sandy Delonga: Dr. Jerome Lubbe, functional neurologist and founder of Thrive Neuro Health in Atlanta, describes PTSD this way:

Dr Jerome Lubbe: “Post-traumatic stress, one, is not exclusively related to somebody who's been in combat situations, and it's not exclusively related to somebody who's had physical impact as if they've had some assault, right? What it means is that if you've had stress exceed your threshold, and it's moved from discomfort to trauma, and you live through that again, in hindsight or secondary to your experience, are we going through things that are outside of our depth, outside of our comfort zone, and exceeding a threshold? And is it moving into a trauma?”

Sandy Delonga: Dr. Lubbe's discipline in functional neurology has been involved in promising studies around the treatment of PTSD. Long considered a psychological disorder, PTSD has a physical side as well.

Dr. Jerome Lubbe: “So the way I tell everybody Functional Neurology is it's kind of like being a personal trainer for the brain. Most people know that they have a brain but they don't know exactly how it's built or how to use it. So I help give them specific exercises and resources that help to make their brains more fit and more healthy.”

Sandy Delonga: These exercises can help rehabilitate your brain from PTSD by calming overactive areas of the brain, and activate areas that are under-firing. The goal is to calm and regulate your fear-focused brain.

Dr. Jerome Lubbe: “As for folks who are in the front lines, this is going to be a conversation around fatigue. This is not something where I can ask somebody who's in a triage situation to go and take a

break, if a lot of these folks don't have that space. So although it may sound too simple, there is nothing more important than just being able to take an intentional breath, right, because we're dealing with a pulmonary disorder, we're dealing with a virus that affects somebody's capacity to breathe effectively. So when there's this change in the environment, specifically related to breathing, being more aware of it, and being more intentional about it and being more in control of it actually turns on the part of your brain that deals with cognition, and lucidity and decision-making and deductive reasoning and logic, and helps to calm down your fight or flight response. So when everybody's in these really high stress situations, and they're being put into pressured situations literally and physically and physiologically, it's really important to go, can I just maybe slow my breathing?"

Sandy Delonga: The healthcare workers we spoke with all say that some efforts are being made to address the stress level on the job. For Nurse Katy in Indiana, she says their approach is fairly holistic, meeting their physical and emotional needs.

Katy Howe, RN: "I would say, overall we're coping, we're managing, we've set up areas where they can go and relax and chill out with chair massagers. (laughs) And you know, I do daily phone calls to them. I probably call 10 people a day, just to check in. How are you doing? What do you need? We do have a hotline they can call if they're experiencing any kind of psychological or emotional turmoil. And I've asked that our chaplains and social workers make frequent rounds in the emergency department on our staff and our team. You know, I've had days where everybody's laughing. And I've had days where it's just they just kind of maxed out for that time period and they're in the office crying. And so it's, it's, it's kind of just a surreal time and just making sure that you support them in a way that that person can receive."

Sandy Delonga: For the E-R doctor in New York, relief comes from the volunteers who have flocked to his city from across the nation, as well as confidential meetings where medical staff can vent about the day's events without fear of repercussion.

ER Doctor, NYU Langone: "Basically people from all walks of life are helping out. And it's helping us tremendously. I can't under-state that. Our staff alone would not be able to handle this as well as we did without them. The meetings that I'm primarily speaking of are the M&M meetings, the Morbidity and Mortality meetings, and that's when we just talk about what went wrong and what we can do better. And there's the side goal of also just venting and getting out our frustrations. And there is a facilitator. A lot of times we're focused on one or two cases that really went wrong. And then we sort of branch out from there. But yes, those meetings happen throughout the day. And that is one way that a lot of us do cope with just the stress and emotions that build up."

Sandy Delonga: As this pandemic unfolds, therapeutic apps are trending. Digital therapies such as Headspace and Calm have begun to meet the needs of healthcare workers dealing with anxiety, stress, and sleep disorders. Again, Dr. George:

Dr. George Leach: "You know, one of the cool things that we've had as a resource, the people at Headspace had given free memberships to anybody with a National Provider number. So there's things like that that people are doing. To try to de-stress."

Sandy Delonga: Until COVID-19, Telehealth -- or the use of technology or video calls to a doctor -- has been available for years, but never really caught on. Now, in the midst of this pandemic, there has been a wave of "virtual visits," allowing patients to speak directly with their doctor without the fear or risk of an actual office visit.

Wellnite is the first comprehensive mental healthcare platform that provides same-day doctor consultation via video chat, and it is this convenient and immediate access to mental health providers that may be the key for time-pressed doctors, nurses and EMTs. Wellnite co-founders Elisa Swan and Paulo Gonzalez explain the startup's mission, and how they're responding to the COVID-19 crisis.

Paulo Gonzalez: "For anyone that comes to Wellnite, the services and the access to mental health care is pretty easy. They can schedule an appointment with a physician within the same day. If the doctor assesses that the person needs medication, we can deliver it within three days to their home. If they need extra support, all of our plans provide chat-based mental health coaching. And if they feel that they actually need to talk to someone and see someone, we also provide video calls with licensed therapists."

Elisa Swan: "A lot of people are stressed out. They're very anxious. And then like all their previous coping methods doesn't work, for example, like they couldn't go and talk to their therapist in person. So a lot of people are coming to our platform, you know, just to get anxiety and depression medication and to talk to therapists via video call."

Sandy Delonga: Since the pandemic began in the US, traffic through Wellnite has increased by sixty-five percent. A lot of the increased demand has come from frontline workers seeking assistance.

Paulo Gonzalez: "Those are the people that we're most concerned of, because those are the people that are living, you know, the experience and the anxiety as a frontliner in first person. One of the things that Elisa and I discussed is like, how can we help those people? One of the things that we're trying to put together is actually platforms or physician networks that are working with a lot of these front liners, healthcare workers, and make sure that we can provide the services for them and make it accessible to them. So trying to figure out what are the initiatives that we can do to help those people because they are, they're taking most of the responsibility and most of the punch right now."

Sandy Delonga: The "punch" that Paulo describes not only impacts the hero on the frontline -- it impacts their families as well. Lives are upended, and routines have become tiresome ritual of isolation and sterilization to guard against an unseen enemy.

Katy Howe, RN: "And then my two youngest daughters, they both have chronic medical conditions, and so I made the decision three and a half weeks ago when things started to kind of amp up. You know what? You're going to go live with your grandma and grandpa right now."

Dr. George Leach: "We live in a small house, I don't really have anywhere to go. So, you know, it's a challenge to try to decontaminate myself leaving work that's an extra 20 to 30 minutes of work that I didn't have before."

Margie Klaus, EMT: "Hmm. Yes, um...it's really hard to...For me in particular, my mother has respiratory issues. And so I haven't been able to see her (pauses) and that's been pretty tough. Sorry. (cries) I talk to my mom every single day."

ER Doctor, NYU Langone: "We have wipes and we just wipe down all our common counters just very frequently every time we do something, we cook, whatnot after we finish, we just wipe everything down. And that's the way we've been trying to minimize exposure to any of us..."

Katy Howe, RN: “Easter dinner was interesting. My mom cooked a great Easter meal and I sat outside the window in the rain on her front porch. And we were able to eat as a family but I was outside and they were inside but at least we got to see each other.”

Dr. George Leach: “And then my son runs up when I get home. Now I said he's four, he's at that great age. He comes up and says, Hey, you know, he wants a hug and he's like “Daddy!” and yells at me but I have to basically tell him, “Don't touch me.”

ER Doctor, NYU Langone: “Each of us would have a basket where we as soon as we stepped into it would get rid of all our scrubs, and then we would just go straight to the shower and just a wash off that way.”

Margie Klaus, EMT: “When we come home every night, we take our clothes off all in the garage. I put my robe on. I come straight to the shower, completely shower, wash my hair. And then once I am completely clean, then I'm allowed to hug my family.”

Dr. George Leach: “Then I walk in and I throw all the scrubs -- the ones I'm wearing, the ones that were at work -- throw everything in a washing machine. I'm in my birthday suit. I walk straight back to the shower that we've basically reserved just for me and I shower. And then I'm finally done. (laughs) So it's pretty, it's pretty intense. Yeah, that's, it's work man.”

Katy Howe, RN: “So it's definitely been a challenge of balancing emotion, but yet in the back of your mind as a parent, you know you're doing the right thing to protect them. And as a parent, that's what you have to do.”

Sandy Delonga: Leanna Adams is a freelance writer and the wife of Dr. George Leach. She gave us her perspective on life with a spouse facing the uncertainty of COVID-19.

Leanna Adams: “You know, I've been the wife of an ER doctor for a good while now, but it's been particularly stressful. I can honestly say. It's just been so close to home and I've had so much fear and stress and sometimes you can't even face it all. It's just a feeling. It's overwhelming to think about it all. So, I don't want to add to his stress. But it's so difficult when you're very alone, right? But I'm trying, I'm trying my best as well, I can tell you. I mean, on all fronts. I think we're entering this acceptance phase of what it's happening in a good way and finding, finding our path within that, you know. Well, our marriage it has really taught me that we can face things together and that they could be that will that we will find our way and find our happiness within. Right. I mean, I truly believe all happiness is internal, right? So I'm thankful to be reminded of that, that I have to have it from within and that he and I can do this together. We can get through this, you know.”

Sandy Delonga: The importance of critical health care workers during a public emergency can't be understated. The doctors, nurses, paramedics and hospital support staff are the essential heroes battling on the frontline of this pandemic. After the break, we'll speak with a few others that have emerged as essential -- those who help keep our grocery shelves stocked, who deliver supplies to us when we can't leave home. Stay with us.

SPONSOR BREAK :30

Sandy Delonga: Since the pandemic began, essential services remained open while many other businesses in the US shut down to keep people apart, protect their workers and help flatten the curve. Of those deemed essential, some of the most visible have been grocery store employees and delivery drivers -- thrust onto the frontlines during a public health emergency. Some businesses, like Kroger and Walmart, enacted what amounts to 'hazard pay' bonuses to compensate for the added risk they face working in close proximity to the public. We spoke with an Amazon delivery driver in San Francisco, and a grocery store clerk in Atlanta.

Isaiah Brown has worked for Amazon for the last two years delivering packages in the usually bustling city of San Francisco. At 25 years of age, he's working at Amazon while taking a couple classes at Skyline Community College in San Bruno, California. His third try at college, he thinks this time it will lead him to a career at a non-profit organization doing ministry work. Despite the risks of exposure that comes with frequent stops and multiple touch points, Isaiah finds his new normal to be a positive one.

Isaiah Brown: Yeah, it's changed a bit. So, I guess we came straight from the Christmas season where things are very crazy. You're working more hours delivering more packages. And now going into this pandemic um, funny enough, things haven't really gotten harder, because there's no traffic at all. I kind of like it. If I can be 100% honest, because you know, you feel more safe when there's no like cars rushing at you, and yeah it speeds things up a lot. I can usually deliver 15 stops an hour, but lately it's been like 20 to 25 an hour. So that cuts a lot of time off of our routes. And at the same time, we keep hiring more and more people. So our routes are fairly small at the moment. So my stops have been around 80 lately, and I've been finishing early, but we get paid a day rate. I just get to go home early and still get paid. So it's pretty awesome."

"Yeah, I'm loving it too. To tell the truth, people are a lot more grateful now. There's a lot more gratitude. They weren't that grateful not saying thank you that often. Sometimes just grabbing the package then leaving, but as of lately, they've been very grateful. And always saying thank you, thank you for what you're doing. They're hanging signs outside their house just saying, "Thank you delivery drivers for what you're doing", handing out food and drinks, and even giving me like a mask and gloves if I don't have any. I really say a shout out to the customers, my favorite customers who deliver to our moms in particular, because they're just so awesome. They're like, fearless, and they're always considerate, they will open the door. They have a baby in one hand trying to hold back the dog. And even through all that, you even see the tiredness in their eyes, and they're like, Hey, how are you doing? And I'm like, man, you have such a large capacity of consideration and just thinking of others. So just little things like that people you look forward to seeing to every day and just building those relationships."

Sandy Delonga: When pressed to explain how he's coping with the stress of being an essential worker, well... Isaiah still found the silver lining in all of it.

Isaiah Brown: "So I work Monday, Tuesday, Thursday, Friday, so I have a little break in between, on Wednesdays, that's why we're able to talk right now. And it just gives me time to catch up on homework, hang out with friends... You know, it's a lot of physical work, doing deliveries. So I feel a bit more relaxed with that day in between, and then I go back to work tomorrow and the day after, and then the weekend hits. So I think that's a good way to cope with the stress. But I still get to go out, see the sunshine every day and interact with people. And, yeah, it's been great. It's been a great blessing for me and to not have to lose my job and to know that it's very stable as well, to a great comfort to me as well."

Music lyrics: "I will follow the sun, until I see you again... until the dust fills my lungs, I'll keep driving until the end..."

Sandy Delonga: Try as we might, Isaiah Brown is seeing his glass as more than half full. His essential service is happening outdoors, in the sun, on nearly empty streets, with little actual contact to those he delivers to. But is post traumatic stress a real possibility for, let's say, the other folks on the frontlines, like grocery store clerks? Or the rest of us, who aren't necessarily on the frontlines, but are still stressed out? Here's Dr. Jerome again.

Dr. Jerome Lubbe: "Absolutely. I mean, this is the first time in human history that you've seen 100% of the population go through the same stressor to varying degrees. But realistically, what does it look like to either quarantine or be in the midst of a crisis like a healthcare worker?"

"So the reason I say that is, first and foremost, we have to be, you know, gracious enough and we have to be compassionate enough to realize that your grocery store worker who is afraid to come home and give the Coronavirus to their kids, but they can't quit their job because they're on a minimum wage job is going to experience their own level of stress related to their threshold in comparison to a nurse who excels under pressure, and somebody who's capable of saying 'I live in this triage environment all day.' So you could also sometimes make the argument that the person who's got the stamina and the capacity to handle the triage may in fact have a lower rate or lower degree of PTSD than the average person who got it and has no familiarity with that level of stress.

Sandy Delonga: In short, the answer is yes. Anyone -- including grocery store workers -- can experience enough stress to be debilitating. In fact, they may be less-equipped than the nurses and doctors who regularly work in triage conditions.

We spoke with a grocery store worker to get her perspective on life on the frontlines. Kate works at a national grocery chain, and she agreed to speak with us as long as we didn't disclose the name of the chain or the location where she worked. Unlike Isaiah, her surroundings are indoors, with less space and greater contact with the public. Social distancing is a challenge, since the store's footprint is smaller than some of the big-box stores, like Kroger. Customers with varying attitudes about wearing masks while in public add an additional layer of anxiety on the job.

Kate, grocery store worker: "So I think, especially right now, there seems to be -- because the state that I live in is open for business -- and so I'm seeing sort of a tension between people who are wearing masks and maintaining social distancing, and people who are not, and making sure everyone is safe and everyone feels seen and taken care of, is even more of a challenge than it has been. Just because the virus is unseen. You know, we don't exactly have the ability to, to lay eyes upon what we're fighting against. And also just making sure that we stay calm throughout the day that we're taking the necessary precautions to keep people safe, so that we don't need to live in that sort of space of fear while we're at work. But, you know, I've never had a job where I have to wear a face mask before or constantly wear gloves or sanitize everything."

"I think everyone is handling this pandemic as best as they can. But some people already had a lot of weight and issues and struggles that they were dealing with before this ever hit. And this is just another addition to the weight that they were already carrying. And then some people are choosing to reach for the positive and reach for light and to sort of power through it. And there have been also people who just don't think this is a real thing. They think that this is, you know, something that's been concocted that it's blown out of proportion. So being able to respect every single person who comes through the store is definitely necessary because that's what makes the world go round right. But also ensuring that I am taking you know, the the measures that are necessary to protect myself as well as other people who come into the store and have to commingle you know that we have enough space between people so that

the person who doesn't believe that it is something that is serious and the person who is taking it very seriously can be in a space safely together.”

Sandy Delonga: Kate heaps praise on her store and its managers for steps they've taken to sanitize the store, care for the employees, and limit the amount of foot traffic to help maintain proper distances. Despite this, she still understands that self-care requires concerted effort, so she takes time to recharge.

Kate: “I have been finding that maintaining my mental health and maintaining time to breathe and wind down and to not do anything except sit in my garden and watch the birds is an essential part of my day before I go to work or after I get off from work. Things that I would have definitely not made time for before are now becoming integral moments of my day. And we have to be thinking in terms of longevity of, you know, running sort of a long distance race and putting good food into my body and nourishing myself is going to be something that is unnecessary change for that to happen.”

Sandy Delonga: As a final question, we asked Kate if she had any special message for essential workers like herself. Here is what she had to say.

Kate: “I think the thing that I would say is just thank you to the people who are showing up day after day. I mean, the people who are in hospitals who are on the front, front lines. I'm considered an essential worker because I work in a grocery store, but I'm not with people who are suffering from this and to continue to show up to your job where supplies are limited, where there's a lot of question marks and unknown information surrounding this virus. But those people are superheroes to me. They're incredible. So yeah, thank you to the people who continue to show up, even when things are tough.”

Sandy Delonga: We couldn't have said it any better. Thank you Kate.

A little housekeeping before we go...If anyone is interested in finding out more about functional neurology or the work of Dr. Jerome Lubbe, simply log onto his website, which is D-R Jerome, dot com, or on Instagram at D-O-C-T-O-R dot Jerome.

Also -- if you're feeling the stress of COVID-19 and would like someone to talk to, check out Wellnite's offer for a free 30 minute chat session with one of their mental health coaches. All you need to do is go to www-dot-Wellnite.com and look for their “compassion” plan.

Sandy Delonga: A final thought here as we wrap up this episode... It's hard to sum up something as massive and impactful as this global pandemic, but the overriding theme today as we speak to people across this nation is HOPE. Despite the odds, through all adversity, people often have a way of stepping up and presenting their best selves. We'd like to leave you today with some positive thoughts from the heroes we've met on the frontlines.

From all of us here at Proximity, I'm Sandy Delonga. Be well, and stay safe.

Katy Howe, RN: “I want to give a shout out to every frontline worker, including grocery store workers and everybody out there, but especially Just because it's my heart, those badass nurses. I'm very proud of them. And I love that I am one of them.”

Isaiah Brown: “You never know what someone else is going through. So I'd really encourage you if somebody just crosses your mind, even for a second, just reach out to them and see how they're doing.

Whether it's your grandpa or a friend you haven't seen since high school, just call them up. And I'm pretty sure they'll answer and appreciate the call.”

Leanna Adams: “I'm really just so inspired by the acts of kindness I'm experiencing and witnessing all around and, and just feeling so much more hope in humanity and, and neighbors and community. What a miraculous thing we're all witnessing, right? Every day in so many ways. So just trying to hold on to that. That's a big silver lining for me.”

Margie Klaus, EMT: “So my big thing is just don't take things for granted. The sunshine. Being outside. For goodness sakes, your beauticians because I cannot wait to see mine because it's killing me! It's true - - my hair needs done, but just just don't take anything for granted, especially your families and your parents and your children and... Just enjoy every single day and if there If something bad that happens in your day, try to find something good out of it because there's got to be a silver lining somewhere.”

Kate, grocery store worker: “I think the biggest message that I would send would be more of a request. To be kind, to be considerate. If we can be considerate of each other, and make sure that we are giving each other grace, I think that that's going to help everyone throughout this pandemic.”

Dr. George Leach: “If someone's done something good for you. Figure out something to do good for someone else and pass it forward. And when you do it, don't get within six feet of them.” (laughs).

Music lyrics: “...I won't give up on you...”

End Credits: This episode was produced by the team at Atherton Hill, which includes Jyn Hall, Dan Brown, Randy Garmon, Yi-Min Minja Chun, and Nancy Cramer.

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