Leadership and Responsibility: Weeks of April 13 and 20 and 27

LT: SWBAT summarize how each of the following among the twenty stories below manifests, shows, the characteristics of leadership and responsibility during this crisis using at least two details from the text. Please do one story each day and use the name, job and place the person lives of the person whose story you are summarizing in your summary. Please define any words in bold letters on top of your summary. There are 22 pages for three-weeks of assignments Miss you. ☺

Possible topic sentence: In the article on Chelsey, a flight attendant from Colorado Springs, the manifestations of leadership and responsibility are __________ and __________ because...

EXPOSED, AFRAID, DETERMINED
In their own words, workers across the country who have no choice but to confront the pandemic describe life in a changed world. April 1, 2020

FLIGHT ATTENDANT
Chelsey, 29, Colorado Springs

Usually, people on flights are bumping us, tugging on our dresses, touching our legs, elbowing us in the hips to get our attention. When they go the bathroom, you can feel their hot breath on your neck. It’s an intimate space. A metal tube with people coughing, sneezing, picking their noses, every day. It’s eerie now. On my recent flight from Orange County to San Francisco with 166 seats, there were only nine people in coach class. They were spread out, rows between one another, mostly in window seats, some of them in masks and gloves. People don’t want drinks because they don’t want to go to bathroom. They don’t want snacks because they don’t want to touch you. You can see fear in their faces.

The other day, I washed my hands 20 times on a two-hour flight. My hands are raw. Typically, flight attendants use gloves only for cleanup. But I’m using them to arm and disarm the doors and to close the overhead bins. I’m going to start bringing my own gloves. The hospitals are low, so it’s only a matter of time before the airlines run low. I’ll have three sets of gloves for each flight leg. We are allowed to wear masks, but I haven’t yet, and those may run low, too. I watched a tutorial last night on how to take a kitchen towel, fold it in thirds and then use a rubber band to secure it around your ears. I may do it on my next flights.

It’s quiet everywhere. In the airports, the restaurants and bars are closed. Some food stands are open. Kids and adults are in masks and gloves. One guy walking through the Denver terminal was wearing a rain poncho. It wasn’t raining.

On my layovers, the hotels are almost empty. The other night we arrived at a small Jackson Hole hotel around 9 p.m. I didn’t see any housecleaning crew. I wiped down the toilet seat and the flush handle, the sink and the faucet. The kitchen was closed, so some crew members walked about half a mile in 27 degrees to a gas station for food, probably a hot dog cooked 18 hours earlier. I had a chicken burrito I bought on the way to the airport that day. There was no microwave, so I ate it cold. Now a lot of hotels don’t have breakfast. I ate leftover pizza for breakfast last week. We recently got an email from the airline that we can take food with us from the airplanes. I’m also packing extra food.
The public sees us as dumb flight attendants, but we are the silent first responders. We aren’t there to serve you Cokes; service is about 1 percent of our training. We have a lot of the same training as police officers, firefighters, nurses. We were the first to die in the Sept. 11 attacks. We know how to evacuate a plane in 90 seconds. We have to fight fires. We have to do CPR. We notice if someone is too drunk. We are on the front lines looking for signs of domestic violence, sex trafficking. When we do a compliance check — seatbelts are buckled, tray tables are stowed — we are also looking at each passenger. Now we have strict instructions from pilots and from operations that if a passenger is coughing excessively, we alert the captain. If anyone looks too sick to fly, he or she will be taken off the plane.

What makes me nervous are the symptoms I can’t see and the 14 days of incubation. But I compartmentalize. I trust my own hygiene — flight attendants are clean freaks — and it gives me a sense of security. I’m OK when I’m flying. I freak out when I’m at home with all the news. I’m a divorced mom with a 3-year-old daughter, and normally when I get home, I would pick her up at her dad’s house. Or he would bring her over right away. Now I tell him to wait. I spray my suitcase with Lysol in the garage, which I’ve always done because my daughter has dust allergies. The rest is new: If I have to touch anything in the house, I try to use my knuckles. Then I take off my uniform and put it in the washer on a two-hour sanitizing wash. I put all my clothes from the suitcase, even if I haven’t worn them, in the laundry basket. After my ex-husband pulls into the garage, my daughter comes running out, her arms stretched. I hug her and pick her up, tell her I missed her and sway her side to side in my arms as we walk inside.

I want to teach my daughter the difference between caution and fear. I’m still going to work not just because I have to, but also because I want to show my daughter how to be strong. It hurts leaving her, knowing that I may not come back for whatever reason, or that I may come back with a virus that could severely affect our lives. But I’m hoping that through all of this, she sees that I’m doing my best and that I’m trying to do my best for her.

My mom was a flight attendant for 31 years — through Sept. 11, SARS, Zika, Ebola. But she says this is worse than all of them. Early last month, the conversation among flight attendants on my airline was about the new uniforms that everyone hates. Now it’s about unpaid leaves and furloughs. Most of the class I trained with have taken leaves of absence. But I have a daughter and a mortgage. And I love my job. This is the job I signed up for, and it’s not as if I can quit and find another job. No one is hiring. I’m going to keep flying until the wheels fall off.

PHARMACIST
Tanveer Hussain, 68, Poughkeepsie, N.Y.

I have been with City Drug for about 15 years. The day-to-day has changed now because of the fear of Covid-19, among practitioners and patients. The volume of prescriptions we fill has gone up because people are afraid that they might run out of their medication, that the store might not stay open or that we might run out of the drug. In the last few weeks, I’ve noticed delays and limitations on certain drugs from some of our distributors. But hopefully that will change. This area is predominantly poor, so we are dealing with people who are supported by Medicaid. We try to do whatever we can to help them.
As a pharmacist, my job is to fill the doctor’s orders. We go through the prescription and review the name of the drug and the dosage. We check if the directions and the strength of the drug are correct. We maintain active profiles of all patients, so we also check if the prescription might interact negatively with something they are already on. And if it will, we talk to their physician to get it changed. We **dispense** medication, we maintain inventory and we counsel patients constantly. We are always talking to patients. Sometimes we have to talk with insurance companies — the drugs might not be covered, or the patient might not be covered. That can be a waste of time, but we do it anyway. Some people came in last week and they needed to buy medication, but they didn’t have the money. We just gave them the medication and said don’t worry.

In addition to giving patients enough medication for a month or two, we have to take care of the panic and calm them down. From my 30 years of experience, I know that customers always expect pharmacists to have the answers to all their questions. The main things people ask me about are masks, gloves, alcohol, sanitizers, Clorox and Lysol. When someone doesn’t see these items on the shelf, they come running and start screaming, “You don’t have Lysol anymore?” I can understand that panic, you know, so we have to be patient. We recommend whatever we can. The store owner is constantly ordering from different sources, and so we tell our customers, “Try again tomorrow” or “Give us a call before you come.”

I wasn’t worried about Covid-19 in the beginning, because it sounded like a typical flu. But now we know more and have started taking **precautions**. You wouldn’t believe it, but we have hung clear plastic shower-curtain liners from the ceiling to the counter, so the customers are standing on one side and our staff is standing on the other. Every time somebody comes up to the counter, we have instructions for all the technicians to wipe the counter with alcohol. Our employees are wearing gloves and masks. We just got a shipment, and we expect to get more on Monday. We plan to tell our local emergency services — like fire stations and police departments — that if they need any gloves and masks, we will give the equipment to them free of charge. We are also thinking about making little packets of gloves and masks to give to people in need. We have a sizable homeless population in Poughkeepsie, and if they come into the store and we see that they would benefit from it, we would just give it to them. We are fighting some kind of war, and we are one part of the team.

My biggest concern is that I am in my late 60s, and I have a heart condition. I feel nervous, and it is concerning when I see people who are coughing or have a runny nose come up to us. I know that my immune system may not be as strong as I think it is. My wife doesn’t worry, but she does remind me every day to take precautions. She is stronger than I am. I’m wearing a mask, and I’ve started wearing gloves, too. But, you know, I took an oath when I became a pharmacist to provide service at any cost, and I am doing that.

**FIREFIGHTER**
Chris Reade, 36, Bell, Calif.

The nickname of my station is the “House of Pain,” mostly among the guys working here, because we get a lot of calls. We also cover the neighboring cities of Maywood, Cudahy and Huntington.
Park, in Los Angeles County. My station goes on 15 to 20 calls a day. We respond to all emergencies that are noncriminal; if someone calls 911, we respond. We also have a paramedic unit, so we do a lot of emergency medical services, which can be anything from delivering babies to treating heart attacks. This is like a regular flu season, but it’s on steroids. Now we’re scanning people constantly to make sure there are no signs or symptoms. Everyone could have Covid-19.

Early on, one Friday morning, we had a patient that had flulike symptoms and hit all the red flags. The nurse from the hospital wanted to confirm that the patient had a spike in fever, congestion, runny nose, that cough, all the signs that indicate Covid-19. This person had all of that. We were gowned up. We practiced our six-foot distancing and wore all our proper equipment. When you put something on, it’s called donning, and taking it off is called doffing, and there’s a way to do that to not contaminate your body parts. We did everything right. If a patient tests positive, we’ll have to self-quarantine, isolating ourselves from our family, co-workers and the public. Typically, the hospital will let us know. But the hospital is understaffed and overwhelmed, and it has its own employees dealing with symptoms.

We are going through protective gear quicker, because during a normal flu season we wear only gloves. We fully gowned up on five or six calls over the last three days. The gowns are all one-time use. Right now we’re doing an inventory of supplies once a week, to find out how many gowns, masks, gloves and eye protection the department has. All of us don’t have to be fully gowned to assess a patient. We just try to be mindful, because we don’t know how long this will last. We have what we need, but that could change quickly if we see a spike of these calls, so we’re rationing what we have.

Several of us in the department have had symptoms. I’m pretty sure I did. My 10-month-old did, too; we took him to the hospital a month ago, and he was admitted for two nights. It was when the pandemic was in the newer stages here in California. We didn’t think to ask the doctor. Looking back on it, we both probably had it. It was the worst flu I’ve ever had. I was fatigued and had a sore throat, a fever and a runny nose.

At the station, we try to take care of one another. If you’re a little sick, we tell you to stay home. But we’re also short-staffed. During the recession after the 2008 financial crisis, we slowed down hiring to save money, and we haven’t picked up since. We have 250 openings right now in L.A. County Fire, which means we all have to work more. We have mandated overtime. If you’re called in to work on your time off, it’s called a recall. It happens all the time — we get recalled despite our kids’ birthday parties and holidays. No one wants to recall, but anyone who’s sick right now has to be sent home. Sometimes it just has to happen to make sure the rest of us don’t get sick. Every morning, as captain of the engine company, I do the lineup, and we talk about our day, what drills we’re going to do, current events. Captains evaluate all our members, and if anyone shows signs or symptoms, we send them home. But none of us have been tested.

Out of the last three days and nights, each night I got three hours of sleep, and those three hours were interrupted by calls. We did nearly 60 calls, including two structure fires. We had a house catch fire on Friday, and we had a hotel fire this morning in the city of Maywood, a small boutique hotel. We were able to get everyone out safely and even rescue a cat. One person staying there left the cat behind. When we went door to door to make sure no one was left in the rooms, we saw the cat run across the room. So we brought her out to her owner.

A lot of people, when they see the fire department, want to shake our hands and thank us for our service, but we’re trying to social distance. If it has to happen, I give them the elbow.
MAIL CARRIER
Debra Holloway, 36, Wisconsin

I’m a U.S.P.S. rural mail carrier. My regular route is in Brigsville, Wis. — 26 miles, 226 boxes. I often pick up the mail at the Wisconsin Dells post office, except for on Sundays, when we do Amazon deliveries. On those days, I might be in Pardeeville or Poynette or Portage, which is where the Amazon hub is. And that’s what makes me the most nervous. On those days, you don’t know whom you’re dealing with or what you’re getting yourself into. At least on my usual route, I know the people.

Early on, our boss held a meeting about the coronavirus, and she said: “Right now, we’re just taking it day by day. If people come out to the porch to get their mail, just ask them politely to stay inside. Don’t let them touch the scanner.” At one point, we were leaving a lot of redelivery notices for packages that require a signature, asking people to come pick them up at the post office instead. I just saw a thing in a Facebook group for rural carriers: “Is it safer for the clerks in the office or for us?” There are still a lot of unknowns. I heard a report that technicians for the electric company around here have started to wear protective suits. I haven’t heard anything about that for us.

Right now, we have the option to wear gloves, and I wear them. At the end of the day, I take them off and wash them. My customers have been really understanding, but every day I get a lot of questions, like “Can germs live on the mail?” I’ve been doing the best I can to keep my distance, but I’ve been on my route for eight years, and I’m so used to talking to everybody. My customers are like my friends and family. They buy my kids Christmas presents, or I give them birthday cards. I have a few gentlemen who are 80-plus years old, and they look forward to my visit everyday. It’s been hard for me to say, “Hey, you’ve got to stay away.”

Running a rural route has always been a high-risk job. You’re out there alone, in your right-hand-drive vehicle, dealing with everyone — criminals, pedophiles, druggies, whomever. I’ve delivered mail through all kinds of storms. Working for U.S.P.S. is a kind of public service, a civic duty, like being in the military. People around here depend on us to deliver things like medicine, and I know they are going to depend on us more and more as this unfolds. I don’t think the mail will stop at all. The bigger unknown right now is actually Amazon. My boss thinks Amazon deliveries are going to blow up, because nobody wants to leave their house. But I’m thinking: Nobody is going to work! Nobody is going to have any money!

These past few days have been the quietest days I’ve ever had. Parcel volume has just plummeted, so I’ve been finishing early. On an average day, we have about six pallets’ worth of packages; the other day we had just 57 packages total. I’m happy to spend more time with my kids, but I’m hoping it picks up again because I usually get paid hourly. I need the money. This whole thing just shakes your sense of security. Usually, the roads are really busy, like an Interstate, but now nobody is out there. The world is desolate. Four or five times the other day, I just stopped in my tracks because you could hear things you never heard before. That’s how quiet it was. You could hear the birds.
I’ve been delivering food in Brooklyn for three years. Bicycle-delivery boys, we’re mostly Latino guys. You know, from Guatemala, Mexico, Venezuela. My friends, the other delivery boys, know me by my nickname. They call me Gato con Botas — “Puss in Boots,” like the children’s movie. Because I’m a short guy, and I always wear big boots.

The company I work for is an app-based delivery service. You open the app, it tells you which restaurant to get the food from and the address to deliver it to. Now, with the coronavirus, we’re getting different kinds of texts every three or four hours: “Leave your deliveries outside the customer’s door.” “If you feel sick, please stay home and rest.” “Please wear gloves and a mask. If you don’t have gloves and a mask, please don’t use the app.”

All the delivery boys had to scramble to get these supplies. Everywhere was sold out. I called my friend: “Do you know any place that has masks?” I managed to find a case of masks. I got a case of gloves. I got a case of hand sanitizer. Now I have a whole new routine. I wipe down the handles of the bike. When I do my pickups, I go into the bathroom as often as possible to wash my hands and my face. I change my gloves a lot. Once a day, I change my mask.

I’ve been in New York City for 14 years. It has never been like this. It looks like a disaster movie — empty streets, everything closed. The traffic is down by probably 70 or 80 percent. Everybody is scared. You can see it in people’s eyes. The customers are scared of us delivery boys, because we work in the street. When I make the delivery, I call the customer: “I’m letting you know that your food is in the main lobby.” They say, “Just leave it downstairs.” Maybe five minutes later, after they’re sure that I’m gone, I guess they’ll come down for their food.

Usually, in an hour you do, like, four deliveries. When the virus first hit, we were only doing one or two deliveries an hour. But now, after a week, I am up to six or seven every hour. People are worried that Cuomo is going to shut the city down completely. But we need to pay the rent; we need to pay the bills. I’m going to keep working as long as I can, because I need the money.

I’m from Guatemala City. I came to New York when I was 17. I came here first; then my three brothers followed me. I have five sisters who are still in Guatemala. My mother and father are in Guatemala. My parents called me yesterday. They were begging me: “Please be careful. If it’s safer to stay home, stay home.”

I’m single. I live alone. Someday I want to have a family, here in New York. In Guatemala, if you work eight hours, you make, max, $12. As a delivery boy, I can make $120, $130 a day. I try to send $400 or $500 home every month to help my family, so my sisters can go to school. I want to stay in New York for the rest of my life. This is the best city; this is the best country. I like Brooklyn because it’s a little quieter, and it’s not too far from Manhattan, if you need to go there. Always, I use my bike. I don’t have a car. If you cross the Manhattan Bridge, it takes, like, 10 minutes. It’s beautiful up there. You’re over the river, with boats passing underneath. Sometimes I stop and take a photo of the water.
I work in Downtown Brooklyn. Brooklyn Heights, Park Slope — this is my area. A lot of wealthy people live here. New Yorkers are generous. They’re good tippers. That’s why you see a lot of delivery boys on the street. Now, with the coronavirus, the tips are going up. I got a $20 dollar tip for delivering a sandwich.

I’m not going to lie, I’m frightened. I’m on the street all day. I deal with a lot of people, all day long. That’s why I always use my mask. I must talk to a hundred people a day. It’s dangerous. When I wake up every day, I tell God, “God, please take care of me.”

I’m not usually worried on the bike. I have a strong bike, with an e-bike attachment. If you charge the battery for six hours, you can use the battery for six hours. Some delivery boys are scared of the police. But if you respect the laws, they won’t give you tickets or repossess your bike. I’ve never been concerned about getting in an accident, even with the crazy traffic in New York. But the coronavirus is different. You can see the cars on the street; you can get out of the way. But you can’t see the virus. You can’t ride away from it. It’s invisible.

EMERGENCY-ROOM DOCTOR
Dawn Adams, Washington metropolitan area

A few weeks ago, the cases started hitting our area, and it felt as if everything changed overnight. Once word got on the street about coronavirus, more and more patients began walking into the emergency room, and it got quite chaotic. But at that time, during the early days in the beginning of March, we were testing only people who had a history of travel to China. So even if they had fever, cough, upper-respiratory symptoms and exposure but hadn’t been to China, we didn’t test them. The next direction was to test them if they had symptoms, had exposure and had traveled either to China or Italy. That made some sense for us. We are a military facility with an international presence, and our biggest component is active-duty military people, retirees and their dependents, who tend to travel.

During that time, with that old protocol in place, one of my colleagues was working at another E.R. and saw a 50-year-old patient who had a cough and a fever and was in severe respiratory distress, but had no travel history or close contacts who had been exposed. Though that patient was very sick and needed treatment, according to our screening criteria, he wasn’t tested at the time. At that point, because his patient wasn’t high-risk, my colleague didn’t have a mask on and was exposed. He was placed on quarantine and couldn’t work.

I ended up working for him, and other people have picked up his shifts as well. In the past week, I worked a 25-hour shift and two 12-hour shifts — and I’m about to start another 12-hour shift. I know my colleague feels bad, because the E.R. culture is really not to miss work. We know that if we don’t work, somebody else is going to have to work for us. I can count on one hand the number of days of work I’ve ever missed — when my mother was sick, and then when she died. Being sick means you’re off your game; that’s what’s been ingrained in us. But it’s also understood that if someone steps out, you step in.

The same week my colleague was exposed and went on quarantine, we had our first positive case. Since then, one of our colleagues tested positive. And another doctor has had to step back. She’s the caretaker for her mother, who has been ill and is in very fragile health, and my colleague is worried about exposing her. I understand deeply that people must make personal choices, but I am also very, very afraid of losing more doctors while cases are rising so fast. Our facility now has three confirmed
cases. And those numbers will only continue to compound. About the time that first colleague was exposed, we think around the weekend of March 11, the D.C. area had something like 60 cases. Now we’re up to more than 1,600.

As each week, each day, brings a new surprise, it has become very clear to us that we have to really protect ourselves, because we don’t have enough physicians to lose. We have N95 masks but not an abundance of them, and we were recently told to **ration** protective gear. We were already using masks to go into rooms of people we thought were suspected cases, but then we were told to wear a surgical mask to go into every patient room. As things have escalated, we have now been directed to wear a mask all the time for the entire shift.

I think one of the other hardest parts for us is the conflicting information from government officials, saying there are enough tests for everybody and everyone can be tested. That is not the guidance we’ve been given, and it has caused a problem with people demanding a test, and they have to be turned away if they aren’t symptomatic or have no exposure. I’ve had colleagues who’ve been cursed out by patients who couldn’t get tested. As a woman of color, I am used to being second-guessed or having patients ask me, “When am I going to get to see a doctor?” When I walk into a patient room, I automatically say, “Hi, I’m Dr. Adams.” But I get that people are desperate and want answers and help, so I try to bring in understanding. Our E.R. has only so much capacity, and people use us for their primary care. So in the midst of all that’s going on, we’re still treating people with everything from sore throats to asthma, chest pains and strokes. But these people are sort of commingled with patients who might have Covid-19, as well as those who are coming in wanting to get tested.

You often have only a thin curtain separating our examining rooms. Our **facility** has only one negative-pressure room, a separate facility where the air doesn’t circulate around to other areas, where you put somebody with a high-risk respiratory disease. We thought the negative-pressure room would be a place where we could separate out people who were really high-risk, but with so many potential cases and so many people, that is not going to work out. So it has been hard to figure out. How are we separating all these people so that we’re not increasing their risk and we’re not increasing our own health care providers’ risks? To manage this problem with the testing, our facility now has set up a tent outside the E.R. to prescreen people before they come inside the doors.

The culture of the E.R. is that we don’t stop. That’s part of the reason I went into emergency medicine. I’m a hands-on person and find that being on the front line, the first person to lay hands on a patient, to get them **stabilized** — that’s what’s rewarding to me. In my job, we don’t have **designated** breaks; there’s no lunch. You do your work. You eat at your desk as you’re seeing patients. You try to take your water break, and if you’re really not slammed, you hope to get to the bathroom. It’s the same but more intense now, so that doesn’t really give me time for paralyzing fear when I have a job to do.

My real fear and my main concern is my son. I’m the sole caretaker of a 10-year-old child, and his school just let out. School was my child care, so I’ve had to scramble, especially because I frequently have to travel between facilities. I have two child care providers, and I don’t know what I’d do if there is some kind of lockdown and they couldn’t get to him. I also don’t want to endanger him or his caregivers. Increasing evidence suggests that they may have underestimated the risk of younger people getting Covid-19. That means that I have to balance family and work in a way I’ve never had to before. It is a lot of stress. I know I’m really putting myself out there, and I’ve read about health care providers who have gotten sick and died. So I try to do the best to protect myself. I’m washing my hands like 5,000 times a day, cleaning everything and wearing the mask. But I also know what I signed up for.

**HOMELESS-OUTREACH WORKER**

Nikki Grigalunas, 41, Chicago
I work for Thresholds in Chicago. My team scours about two-thirds of the city. We identify people who are living outside. We take people to the hospital or to the Social Security Administration office. We take people to lunch. And over time, people will begin to talk about their needs. If we feel that somebody is homeless and experiencing mental illness, we visit again.

Covid-19 makes the work different. We’re staying six feet away from everyone. We’re not taking anyone to lunch. We’re not taking anyone to the doctor. But we want to make sure that whatever basic needs people have, we help address them. “Hey, my sleeping bag is wet. Can I get another one?” “I haven’t eaten in three days.” And for folks on medication, we’re still out there monitoring how their management of it is going. It really is about survival.

We were out one morning recently. It was raining pretty hard. I spotted one man in his usual spot, under an awning in a park. We were able to meet his immediate need for food: McDonald’s No. 9 combo meal. We talked to him a little bit about the coronavirus. He typically practices social isolation anyway, because of his mental-health symptoms.

McDonald’s closed its seating areas. That has really impacted our population. They can’t access their regular fast-food restaurants to use the bathroom, warm up, grab a glass of water or even order food. We’re currently handing out bottles of water because people can’t get water anywhere.

I would be lying to say I’m not worried about exposure to Covid-19. But when I’m in the field, the first thing I’m thinking about is helping our people cope. We make sure that somebody sees them. We hold hope. Seeing someone underneath a bridge for the first time in five or six days might be the thing that carries them into the next day. That’s the first tenet of social work. We show up. We show up. That’s it.

FUNERAL DIRECTOR
Steve Barton, 52, Seattle

I have three funeral homes. The Covid-19 situation in the United States started in a nursing home right near my Kirkland office. At that point, I knew — we were going to be taking care of a lot of the victims. Probably about 25, so far. We’re the only funeral home in Kirkland. A lot of the families who have lost someone live nearby. They’re not going to say, “Well, we just had this death, let’s go 30 miles away and pick a funeral home over there.” They’re going to go to the funeral home that is half a mile up the road.

The funeral industry has always taken care of epidemics. We had the Ebola epidemic and the AIDS epidemic. So it’s not something that we’re not used to. The only concern I have is: How many? Right now, it’s very manageable. It’s tragic, but the numbers aren’t so great that it’s chaos. But when will it not be manageable? Or will it not get there? Will we all come together and figure out what to do? They’re still trying to figure out how the coronavirus is transmitted: Is it droplet transmission? In the case of a deceased body, it’s not breathing or talking, but there are still droplets. We’ve heard that it can
live on surfaces for days. So I don’t know that anyone could say, “Oh, yeah, you’re completely safe with the deceased.” But I don’t think the risk is any more dangerous to us than a lot of the other things we see — meningitis, hepatitis and everything else.

We’re just reinforcing the fact that this is really important — to wear gloves, to wear your mask, to disinfect as you go. We may wear more personal protection, more gowns. Because this is so big, we don’t want to be flippant. You wouldn’t normally go into a nursing home with masks and gloves on to pick somebody up; you first go in and talk to somebody at the front desk, and then they show you the room where you’ll be going, and then you bring a cot in. But we’re going in with masks — and we go in, and they’re all in masks. We may wrap that body in a plastic sheet — it may be for only a brief period of time — but once we wrap them, we may spray that whole bag with disinfectant, just in case there’s anything on the outside.

We have supplies, but how bad will this get? Will we run out? I am currently trying to find and organize some helpful community members, perhaps from our Facebook page. People who are stuck at home but have a sewing machine could help sew washable masks for the funeral homes in our area. My mother will be sewing them to start with.

I’m in the funeral home almost every day, because I myself take care of all the bodies — I do the dressing, casketing, cosmetizing and ceremonies, like burials. I have office staff who are meeting with families, making arrangements. Everybody has been very understanding, especially if it’s a family that has been affected by Covid-19. A lot of those relatives have been in a room with the deceased, and they’re now unable to even leave their houses. They know they’re exposed, and they don’t know what to do, because they’re not being tested. They say, “Well, we know we’re exposed, but I don’t know who has it, or if we have it, because there’s no tests being done.”

We have always offered to do arrangements over the phone and by fax. We’ve just set up a system where everything can be done online. But a lot of the people who are passing are elderly, and their elderly spouses have no idea how to work a computer. I get told, “I don’t know how to turn the computer on; he used to turn the computer on.”

People have an idea that funeral homes must be making an enormous profit now, with the people that are passing away. But it’s quite the opposite, because all services, other than very basic things, have come to a halt. When this all started, we had families that had planned for a Mass in a Catholic church — a big Mass with all the family there, and afterward, motorcycle escorts guiding us to the cemetery for the burial. All the churches are closed, so services are over. A lot of families are just postponing their funeral services. Even if it was live-streamed online — I mean, are we going to live-stream a funeral service that has no one in attendance? We can’t have anyone at a service now, so we have an empty room and a coffin; what am I actually showing people?

People never talk about death. They don’t even really want to think about it. When parents talk to their children about wanting to plan their funerals, the kids say: “I don’t want to talk about this. Don’t even bring it up.” I’m sure people, because they never talk about death, are probably a lot more scared of it than somebody who deals with it day after day. You get a different perspective on life and death when you do this. Life is really, really short. Even if you make it 100 years, it’s still pretty short. And we take care of teenagers, and babies, dying of every possible thing you can imagine, and nobody puts that in the news. You don’t hear about every child who passed away, sometimes for no reason at all; nobody can tell why. Human beings are fragile.

My mother is here with us every day in the office, and I’m very concerned for her, but we’re a funeral home. I try to keep her sheltered from it. Our family is cursed with being workaholics, and I don’t see that changing — and in this case, we don’t have any option. We have to get this taken care of. There’s nobody else to put it off on. You can’t say: “Well, we don’t have to worry about it. We’ll let somebody else do it.” That’s just not an option.
We made the call late on March 16 to make our two clinics “client free” buildings. The next day, we called all our clients to let them know that there would be much more stringent policies in place. When you request an appointment now, we will call you to find out what is going on. Appointments are scheduled only for sick animals or animals overdue for vaccines. At that point, we explain the protocol: When you get here, you will stay in your car or stand outside. We will take the animal’s history over the phone, the same way we would during an inside-the-building exam. Once we do that, we will come outside and get the patient — veterinarians refer to the cat or the dog as the patient.

We have orange tape around our entryway, six feet from the front door, to give us room. Clients have to stand behind that line for social distancing. We wear gloves and masks, and we use a new leash on dogs, so we don’t have to touch the client’s leash. For cats, clients set the carrier down and move away, and we use our own towels to take the carrier inside. We do the exam inside, formulate a plan, call the client and let them know what we think is going on.

We’re finding that because the patients are coming inside only to be weighed, examined and treated, appointments take maybe 10 to 15 minutes, and the animals are doing amazing. Think about when you go to the doctor — that terrible time in the waiting room, when the anticipation is often worse than the actual procedure. We’re taking that anticipation away. There was also a certain amount of stress when you knew that Mrs. Smith was going to give you a hard time or that Mr. Jones was going to second-guess everything you did. We’ve noticed that we’ve all been smiling more since the changes, despite the pandemic, and I think the animals feed off that positivity. Those that have been difficult to work with in the past seem to be easier now.

During the first week, we often spent time outside talking with the clients. It’s a personable profession, and veterinarians want to chat. But we were having some problems. If someone talks to you and you can’t hear them well, you lean in. It’s natural, right? We decided we couldn’t trust ourselves with that. So now the conversations are strictly over the phone, and so far, that has been well received. I think clients appreciate that we are putting ourselves at risk to try to take care of their four-legged family members.

The veterinary world is small. We’re all reaching out to one another for support and recommendations. The “good news” for us is that we’re used to dealing with infectious diseases. We deal with zoonotic diseases all the time, and the interplay between the animal and the person and what they can give to each other, like ringworm. So we’re used to wearing gloves; we’re used to changing our clothes; we’re used to sterilizing our world. We’re reminding clients to be careful; it doesn’t matter if it’s Covid-19, influenza or a cold. If you’re sick, putting your face in your animal’s face is probably not a good idea. There is always the possibility of mutation, or the animal’s fur, leash or collar could be a fomite; fomites are objects that have the ability to spread infection or disease. If clients wiped their hands across their lips and then wiped them on their dog, could we infect ourselves by snuggling with that dog? Yes, possibly. There have been no confirmed cases of this happening, but still, we say as a general rule: If you’re sick, separate yourself from your cat or dog. But think about these poor people — if you’re self-quarantined and the only thing you have in your life is your companion animal, do you really think people are keeping separate?

The one exception we made to “client free” is euthanasia. We feel that being able to be there to say goodbye is too important. We actually have a separate room with a side entrance at our Bay Village...
location, so we decided it would just be the veterinarian. No other staff members would be exposed. To be honest, you can sedate the animal, still keep your distance and allow the client to have that special moment without putting yourself at too much risk. Things I never thought I would have to think about.

OFFICE-CLEANING MANAGER
E., 52, Northern Virginia
As told, in Spanish, to Marcela Valdes

I’m in charge of 14 buildings in Virginia, six of them medical buildings. After 5 p.m. is when the hard work is done. Imagine a building with four floors, 125 wastebaskets in a single suite of cubicles. One person vacuums for four hours — four hours without stopping. We need to mop every inch of hard floor. Then we need to take the trash out to a dumpster that is, many times, a block and a half away from the office building. Seven, eight trips carrying trash bags in rain, in snow, in heat. And I’m talking about a small four-story building.

During the Ebola outbreak, I was working with a company that had a contract with Kaiser Permanente. But at Kaiser, the cleaning staff was treated like technicians. The director of maintenance at Kaiser — for me, an angel sent by God — made sure that we were trained to properly confront any epidemic. He demanded that the companies he contracted with give us training in how to use personal protective equipment (P.P.E.), in how to disinfect, in how to clean an operating room. But training in the business sector, where offices are cleaned, isn’t like that.

People don’t realize that we should be much more protected because we are the front lines for them. If we don’t have the right cleaning products and the right training, we’re all going to get infected, maybe not with coronavirus but with something else. How can people who are cleaning 5,000 square feet an hour do a proper job of disinfecting? They can’t. There isn’t enough time. You barely have enough time to take out the trash and wipe away finger smudges. I’m telling you, there are lung clinics and infectious-disease clinics in regular office buildings. And we don’t have P.P.E. when we enter those places. We have to go in with our uniforms, with gloves, and do the best we can. We can’t provide face masks to our employees even if we want to, because there aren’t any available.

I’m afraid of bringing something home. So I take off my shoes outside the house and try not to have any contact with my daughters until I have changed my clothes. I’m afraid that if something happens to me, my daughters will be left alone. But as long as my company doesn’t tell me to stay home, I can’t say I won’t go out, because I’d lose my job.

We’re all afraid. I have single mothers working for me, mothers whose husbands are about to be deported, men who are their family’s only support, men who worked during the day in restaurants, and now their only check comes from cleaning. I find my women crying. They’re tired from another job, but they have to keep working. It doesn’t matter how, or whether they’re given gloves or not. I have older people in their 60s who are cleaning bathrooms. Everyone is afraid of getting infected. But even more than being infected — it makes me so sad to say it — they’re afraid of being without work. So they put themselves in the hands of God and hope that he will have pity and that they will not get Covid-19. The thing is to get food on the table.

As a manager, I’m trying to keep the buildings open as long as possible so that they can have a check. We never get a rest. Yesterday I saw a man taking out the trash, and I said to him: “Don’t press the bag against your body. There could be a needle in there.” And he said to me: “There isn’t time. We have to finish by 11 tonight, and it’s already 10:45.”
On March 16, my phone lit up like a Christmas tree. Calls, texts and emails all saying one thing: Be ready to come into work. Two days later, I was sworn in on state active-duty orders. Some people are nervous when they hear the National Guard is being mobilized to help with the coronavirus response. But I don’t want them to be scared. We’re just waiting to help wherever we’re needed. That’s it.

We mustered at the armory in Frederick, Md., got some of our gear ready — radios, trucks, things like that — and started talking through things. Shortly after lunch, we left for the 175th Infantry Regiment’s headquarters in Dundalk. We were medically screened to make sure we didn’t have a fever. We started filling out a whole stack of paperwork. Had a legal brief. A finance brief. A medical brief. We had a battalion-level brief that evening.

I have a number of soldiers who are first responders in their civilian lives — paramedics, nurses, police officers and firefighters. We have had to excuse some of them for this deployment, but others have told us they want to do this mission. We have told them that if any of their family members contract Covid-19, they have to notify us. We’re not interacting with positive cases or people at risk, so right now our P.P.E. directive is to use hand sanitizer. I am absolutely not worried.

We were given PowerPoints and PDFs on the C.D.C. guidelines. We’re infantry, so we train on medical tasks. There’s a high probability of catching diseases overseas, so our medical tasks, our combat-lifesaver tasks and all our training is applicable to this mission.

I’m the acting first sergeant for my company because our actual first sergeant was showing symptoms. I’ve got about 50 soldiers working for me, and we were just handed our first mission. Our whole battalion has been going to southern Baltimore to help distribute food to children who need meals that they would normally receive in school. The first day, we handed out bag lunches — a sandwich, a drink and some snacks — at eight different recreation centers, but it seemed like most of the kids were staying home. At one point, a lady pulled over in her car with a flat tire. We changed it and got her on her way. On Thursday, March 26, the Baltimore mayor stopped by a food-distribution point and thanked me and the rest of the soldiers.

We might be sent to help set up a field hospital inside the Baltimore Convention Center, but we don’t know when. I don’t know how long this mobilization will last, but there are plans to get soldiers home to spend some time with their families. Folks shouldn’t have to be here every day.

My wife has been with me through my two deployments overseas, and she was with me when I mobilized in Baltimore after Freddie Gray died. Is there a fear of the unknown? Yes. Is there stress for her? Yes. Is she worried? Yes. But as of now, I’ve been able to go home at night and be with my family.

My two sons are 4½ and 1½. The younger one can tell that life at home has been disrupted, but he doesn’t know what’s going on. My older son knows that there’s “a corona thing” out there, but he doesn’t understand what a global pandemic is. I told him the world was sick and I was trying to make it better.
NURSE MIDWIFE
Erika Sawyer, 39, San Francisco

No matter what, women have babies. It doesn’t matter if there’s a war or a pandemic or a catastrophe. As a nurse midwife, I’ve done 10 missions with Doctors Without Borders — to South Sudan four times; to Kenya, Mozambique, Central African Republic, Zimbabwe, Honduras; and to a Burundian refugee camp in Tanzania. In an emergency, it’s 24/7 logistics. You have to make decisions about the flow of people through services, how those services will be provided, which things are important and which things aren’t. You have to write new protocols, knowing they’re going to change again tomorrow. That’s what it feels like in the hospital right now.

Everyone is scared. Patients are scared. Staff is scared. We don’t have tests. All masks are being rationed, and we don’t know how many we have. Nurses and staff members are squirreling them away to make sure there are still some around for emergencies if we run out. We’re trying to figure out recycling and reuse protocols. There are rumors of N95 masks being stolen. It feels as if I’m in South Sudan, which is ridiculous for the United States. This is really not the greatest time to be at the end of your pregnancy. For patients, there are two kinds of fear: Am I going to get the virus? Is it going to hurt me and my baby? Then there’s what I think is a more immediate fear: Is our health care system going to collapse while I’m in labor?

It’s as if I’m standing on the shore watching a tsunami come in. Right now, things are pretty calm. We’re all just waiting and doing a lot of contingency planning for when our doctors start getting sick, when our nurses start getting sick, or, God forbid, we lose anesthesia. This is the kind of stuff I don’t really want pregnant women to worry about. I’ve worked in places where you don’t have an anesthesiologist or you have to go somewhere four hours away for a C-section. It can get really scary. Many medical providers here are not used to working in emergencies. Because of my experience, I’m doing a lot of logistical planning and a lot of cheerleading for the staff. I didn’t realize it was a skill, but it is: You have to understand what’s important and what’s not. What matters is keeping people safe, keeping people calm, keeping your team unified.

In this country, we’re so anxious about pregnancy that we actually see people way more than we need to. All the hospitals in the city have scaled that back. Women take their own blood pressure at home. We’re trying to figure out how to do fetal monitoring. Women still come in for their anatomy-scan ultrasound, but otherwise, unless there’s a problem, we’re just talking to them on the phone. We moved our entire labor-and-delivery floor to another hospital at the beginning of the fourth week of March. Our old space will be a respiratory floor for Covid-19 patients.

In an emergency, you have to be flexible. Hospital administrators here aren’t used to that. We’ve all seen the movie when it’s like an asteroid coming to Earth, and people are trying to save the planet, and then there’s, like, this mean boss saying, “Wait, no, you can’t do that.” We’re already battling with bureaucracy. We tried to set up a temperature-screening station in front of our clinic office, and the guy in charge of the building says no, because of some rule. People are used to these top-down corporations that are our hospitals in this country. Everyone is waiting to follow orders. In an emergency, you have to be more autonomous by necessity. You just have to do what you think is best,
which is why, when the building people said no, I’m just like: “Put a table out there, and have someone sit there with a thermometer. Who’s going to stop us? No one is going to fire us right now.” It’s not like I’m never scared. I have days where I’m freaking out. I started sobbing the other morning when I saw that the virus had arrived in Africa in a serious way. I’m very worried about what that’s going to look like. What really hit me was the fact that my society is becoming unstable. I’ve worked with so many people in so many different countries who work so hard for so long in such insane instability. I’ve always had an out. I’m there for three months, or six months, or nine months, and then I go back to my secure, first-world life.

Every day that passes that is not getting insane, I’m like: Wait, maybe it won’t be so bad. Maybe I have gotten so worked up over nothing. But I don’t know. I keep watching Italy and now New York. If things get really crazy and we have enough coverage on labor-and-delivery and they need me in an I.C.U. operating a respirator machine, I’ll do that.

DEFENSE LAWYER
Cathryn Crawford, Chicago

At the end of the second week of March, the criminal courts in the Chicago metropolitan area suspended most matters because of the coronavirus. The chief judge said we could still go to court and ask for the release of people being held in jail. That gave me hope, but I’m frustrated about how much time and going back and forth to court it is taking.

Our clients at the Lawndale Christian Legal Center are young people, up to the age of 24, from one of the most poverty-stricken parts of Chicago. Our case managers normally go to the Cook County Jail once a week to see them. That’s important, because people get depressed and scared in custody, which makes them much more inclined to plead guilty so they can get out.

Now we’ve been told by our executive director not to go to the jail. That makes sense, because we could be carriers of the virus. But the main way we can talk to our clients is by telling their family members to tell them to call us collect. Whatever information the jail is giving on Covid-19 isn’t getting through to my clients, so they’re getting information from their families that isn’t always accurate, and they’re panicking. We’re hearing about appalling conditions. The jail is a facility with more than 5,000 people in close quarters, closed ventilation and shared food preparation. Our clients say there was no hand sanitizer for more than two weeks after the pandemic began, and when it finally appeared, it was for only the guards. They also say that they’re given only a small bar of soap or two liquid packets to last an entire week, and they have to buy more if they run out, and that some guards have gloves, but nobody they see is wearing masks. The guys are still sitting together and using the same phones.

The lawyers on my staff and I have written motions for all our clients asking to lift their bonds or dismiss the charges to get them out. Some lawyers are nervous about going to court because of underlying health conditions. I’m the director of litigation, so I said, “I’ll go to court for you.” I live with just my husband, no kids. We’re not high-risk, and we’re pretty self-contained. At first I wasn’t giving much thought to the risk to myself. But the more I have to go back to court, the more I think, Why are we having these individualized and sometimes multiple reviews on cases, especially for misdemeanors?

On Wednesday, March 18, we were in court, and one judge told everyone to stand away from the bench, far from her and the court reporter. She had us taking hand-sanitizing breaks. She was clearly concerned about the spread of the virus, as it affected the people in the courtroom. Still, she postponed
deciding my motion to release a 19-year-old who has no criminal convictions and has been jailed for weeks because of a misdemeanor shoplifting charge.

Across the hallway, we argued before another judge for the release of a different 19-year-old who had been in jail for 186 days after being charged with a misdemeanor for gun possession. I said: “The state’s proof is weak. And this kid has asthma, and a bullet lodged in his body. He has already had to go to the hospital twice since his incarceration. Let him go home with electronic monitoring.” But the prosecutor minimized the health risks in the jail, and the judge wasn’t ready to lift his bond. It was really baffling and disheartening. We’re trying to give clients what they need, but the combination of the safety recommendations for the virus and the cruelty of the system in some instances really makes that difficult.

The next week, I went back to court for the 19-year-old being held because of the shoplifting charge and sat for an hour and a half, only to be told I would have to come back another day — even though, by then, two people detained at the jail had tested positive for the virus. The criminal-justice officials in our county just aren’t responding urgently enough. They just aren’t.

PHYSICAL THERAPIST
Kate Doolittle, 45, Malden, Mass.

I see patients at home who have been discharged from a hospital and maybe aren’t ready to go to physical therapy in an outpatient clinic. We get a lot of orthopedic patients, but also people with heart failure, C.O.P.D. and elderly health issues. Most are between 70 and 90 years old. We work on walking and getting in and out of bed, in and out of the bathroom and up and down from a chair. We also focus on safety, endurance, strength and balance. I’m often there two times a week for months, so there’s a lot of trust. So even now, although people are uneasy about letting non-family members into their houses, a lot of patients are like: “Oh, it’s just you. You can come in.”

We have a couple of therapists who are out right now. I was covering for someone yesterday, and one patient I saw expressed a little bit of frustration that so many different people were coming in and out. I have had other patients who didn’t know me refuse to let me in. One patient’s wife asked my travel history. I understand. Those are questions we ask them, too. Over the weekend, my agency, Partners HealthCare at Home, announced a new protocol that we have to wear masks at all times. Normally I don’t wear protective gear. Should I be wearing gloves? Should I be wearing goggles? I don’t know. I’m trying to make sure that patients see me use hand sanitizer, so they know that I’m keeping my hands and equipment clean. I take their vitals when I first arrive — I have to touch everyone when I put on the blood-pressure cuff. I sanitize my equipment in front of them, before and after. I think it’s probably reassuring to see that.

Patients often get attached to you and don’t want you to ever stop coming. But I think it’s better if we can limit our visits, better for everyone. I’ve been starting conversations about discharge sooner than I usually would: “It might be good for us to consider stopping for a while, for your own safety, so there’s less risk of exposure.” A patient asked me if I had been tested for the coronavirus. I tried to reassure him that we have a screening process, but I haven’t been tested. I would like to be tested, but I don’t meet the criteria. I don’t think I’m at risk of getting infected from my patients, but I’m worried that could unknowingly be carrying it. That would be devastating to my patients because they’re in the
population that’s most at risk. So that stresses me out, even though I’m being careful and following all the protocols and social distancing. But you don’t know.

I think it’s only a matter of time before my team gets a patient who might be positive for the virus. I was notified that I was at risk for a secondary exposure last week, so now I have to call occupational health for a screening. The first person to die from coronavirus in Massachusetts was an 87-year-old man who lived in the territory I cover. It’s scary how it keeps hitting closer and closer to home.

They keep giving us new patients. But what if they decide that it’s going to be nurses only, because physical therapy isn’t considered essential? If that happened and I got sent home, I’m lucky because I have tons of vacation time that I’ve accumulated. But that lasts for only so long. Theoretically, I could work remotely with some of my patients, especially if they have someone with them in case they fall. But in the population I work with, there are very few tech-savvy people. I went to see a lady today in an assisted-living facility. It started screening people at the door last week. Workers check our temperatures and give us a little questionnaire. It shut down its dining room. It’s sad, because it’s a huge socialization aspect of living there, and it gets people to leave their room and walk a little bit. The lady was like, “Do you know what’s wrong with my iPad?” It had done an update. I helped her restart it. Because she can’t even go to meals in the dining room, she was alone all day. I’m not sure if she’s allowed to have family visitors, but I don’t think she gets a lot anyway. So once we got her iPad going and she was able to turn on Facebook, she was so excited. That’s completely unrelated to my job, but I felt like, That’s the most important thing I accomplished today — getting you online while you’re isolated.

Jennifer Peverill, 41, Waterloo, Iowa

I have worked for the Waterloo public schools for nearly 14 years. I’ve been a food-service manager for the past five years, and I manage four of the kitchens for the Waterloo schools. I’d always managed restaurants, and my father was a custodian at the schools, and I figured I’d apply. I’ve loved it ever since.

About three weeks ago, everything seemed pretty normal. But we heard so much about the coronavirus on the news that I started to realize it was serious and probably coming to our community. I don’t think we had any idea when we left school on Friday, March 13, that things would change so quickly. We learned that the schools were going to close starting on Tuesday, March 24. It’s so surreal. We just don’t know what tomorrow is going to hold.

My first thought was that we have so many kids in our area who depend on our schools for breakfast and lunch. So I contacted my food directors and asked if there was anything I could do to help. They told me the school system would be offering curbside meals for our students while schools were closed. We were on spring break at the time, so I volunteered that week to get things ready for curbside service. I have two children of my own, and I just feel I need to help in any way I can.

I am obviously being very cautious and doing things to make sure I’m keeping myself safe. There are one to four people working at each kitchen site, and we are practicing social distancing, washing our hands, using hand sanitizer. You can tell people are nervous. We’re trying to keep our six-foot distance, and we each work in our own area of the kitchen.
I know our parents are probably a bit nervous about having their children out to collect meals. We will have gloves on and will hand them meals through the car window. Or if they walk up, we’ll hand them their meals and send them on their way so that there isn’t much interaction. Working outside the home right now is a bit worrisome. I would not want to bring anything home to my family. My mother, who is 67, is just getting over surgery for cancer last month, so of course I’m not going anywhere near her since I am still out and about. That’s hard. But these students depend on those free breakfasts and lunches every day, and a lot of their parents do, too. So we are doing this to help relieve stress on the parents, because this is a tough time for everyone.

GROCER
Donell Johnson Jr., 35, West Oakland, Calif.

I’m a worker-owner at a worker-owned cooperative. We worked really hard last week, restocking the shelves. We did run out of stuff. But we’re a small store, so we’re able to be more agile— we’re able to shift and replace things that are out of stock very quickly and make decisions together very quickly. Now we have more canned goods, things like that. Our sections are very precise to who we serve, and if they’re not, then we can shift quickly. Us being a cooperative, the way we make decisions helps with that. Cooperatives are very important now, a vital piece of the community, because we are able to adapt.

We’ve always had what’s called a karma jar on the counter. People put money in it, and we use that money to help community members who may not be able to afford all their groceries. We’ve just put that online, so people can give without having to come to the store. We’re working right now on doing deliveries, starting with service for seniors specifically, so we’ve been working rapidly to develop that. And people can also buy gift cards here. Each card has a unique number, so you can share the number with people in need. They don’t even have to have the gift card to come in, just the number.

Working during this time, I’m taking precautions by making sure that I’m resting, wearing gloves at the register and, of course, just cleaning up around the store and sanitizing the surfaces and PIN pads. I keep my distance when I’m at the register and follow the C.D.C. guidelines. I don’t think I’m actively worried, but I feel that I am subconsciously. I feel as if my body is manifesting a little bit of stress and anxiety, even though it’s not at the forefront of my mind.

But I need to continue to work because we need to make sure that this community is fed. When people are home, they’re going to be cooking a lot more. And I still have to make a living. I know that if I were in the situation of so many people in food service or hospitality — not being able to work — that it would be a big blow to me and my family. My fear is that a lot of businesses will be closing down, and so this economic impact is going to be everlasting.

POULTRY-PLANT WORKER
A., Central Valley, Calif.
As told, in Spanish, to Elisabeth Zerofsky

I work in a large poultry-packing plant in California’s Central Valley. The plant has thousands of employees, and the company is worth billions of dollars. There are several belts, and we’re either hanging chicken or cutting it or grabbing the identification bands. And we’re packing it.
To enter the plant, you walk through a narrow hallway that fits only about two people at a time, but there are people leaving from the night shift and people entering for the day shift. I have to show my badge, so we’re in pretty close contact. The locker room is packed with people. I leave my lunch bag there and put on my apron and boots and long rubber gloves, because I’m handling raw meat.

On the plant floor, in my line, we’re frequently standing about three feet away from each other, with the conveyor belt between us. We stand right next to another person, almost within touching distance. Nobody in my section has face masks. The few people who do have them, it’s because they bought them themselves. We’re handling everything with our hands, so if you have to cough or sneeze. For lunch, different departments go at different times. There are several microwaves inside the lunchroom, but there are no wipes to clean anything. There are now hand-sanitizer dispensers on the walls and in the bathrooms. They’ve put up signs that say, “Wash your hands.” That’s all I’ve seen that’s new.

It’s a lot of elderly folks at the plant. A lot of them with pre-existing conditions. Those are the folks who are really at risk. Those in their 60s, but especially those in their 70s. Diabetes. High cholesterol. Asthma.

If somebody were to catch it here, it would spread, because there are so many people who are elderly, and they’re in such close contact in the lines, when they’re working, but also when they’re passing one another, especially when coming in and out.

I decided to do this interview because I’m hoping that it will literally save somebody’s life, that companies will take measures to do everything they can to protect their employees. At the same time, I’m holding the fear that if they were to find out it was me, I would be fired from my job after working here for so many years.

To say that I am terrified would be an understatement. In the Central Valley, our health care system is already lacking. The region has some of the wealthiest areas in the state, but it’s hard to get doctors to come to some places. So even before Covid-19, we lacked health care resources. We don’t have enough doctors, and to see your primary-care physician, you have to schedule a month or two ahead. Our clinics are already overwhelmed; the emergency rooms are overwhelmed. People here understand that, because they’ve lost loved ones who’ve had inadequate health care in the past, and they’re carrying all of this with them. God forbid there would be someone that was contagious here, and the disaster that would cause.

GAS-STATION ATTENDANT
Karen Raaf, 28, Sisters, Ore.

Sometimes it still surprises me when people try to pump their own gas, but I have to remind myself: There are only two little states on opposite sides of the country that still require attendants. You make small talk in this job, and now all the small talk is virus, pure virus. My brain feels melted from it. Every single customer throughout the day: “How’s business for you guys? Is it sideways?” Well, we’re doing the same as we always have. Highway 20 runs right through town, and there are obviously still the big rigs and still plenty of people in their cars. “What precautions are you guys taking?” Well, we’re washing our hands. In my work vest, I have a miniature hand-sanitizer thing. We’re taking it seriously — not just for ourselves but also for our customers.
Some customers crack a window maybe an inch, and they hold onto a wipe, which is holding onto a credit card as they hand it to me. They’re like, “It’s for your protection, too, honey.” You get those ones, and you also get the ones who might wipe it off afterward, but they’re not going to be O.C.D. about it, not going to pretend you’re a dirty scourge. And then we get plenty of people who are like, “Whatever, dude, here’s my card.” We have a lot of older folks — it’s a huge retirement community — and some happily accept hand sanitizer from me, and we wash our hands together and are happy about it. Because I want to see them back as a customer, not read their obituary in The Nugget.

My mom’s a nurse. She’s definitely been monitoring the virus, mainly looking for anomalies outside the old or super young or immune-compromised, like young people getting sick or dying of it. But my dad’s the one who is Mr. Emergency Preparedness. He has done a lot of disaster-preparation work for the state, and he has always been in that frame of mind. During H1N1 and avian flu and the other fun bugs we’ve had, he went out and ordered a ton of hand sanitizer and cleaning products to help keep state buildings clean. Even if it wasn’t needed, he felt it was important to keep every public place stocked up on hand sanitizer, and he always did the same for our family. He was supposed to be up here next week, but I talked to him — he and my mom have a house over in the valley, away from Sisters, and they will be staying there for a few weeks. He said I work with the public a lot, and I have a pretty good chance of getting it even if I’m healthy, and it would be pretty bad if I got them sick.

Am I a vector for it? I don’t know if it’s worse getting gas in Oregon than in other states. Their pumps are going to be dirty to some degree. Say a customer has the coronavirus on their hand and they go touch the keypad — the virus is now on the keypad. A bazillion people are touching that, and chances are that only a fraction of them are going to stop and use any hand sanitizer, because people just want to get in and get their gas and get going. At least with us in Oregon and New Jersey, with the gas-attendant system, we wash our hands regularly. I have that hand sanitizer. We spray down our pumps and wipe down our pumps as a nightly requirement, a mandatory part of our job. I just brought in Clorox wipes, because they’re even easier to use. I think that’s really what it comes down to — literally just cleaning everything, just trying to do the best you can with that.

People who know I was in school or graduated sometimes ask, “Why are you back at the station?” Well, because I didn’t know what to do with the psychology degree. I don’t want to go on unemployment. And now I have one of the few secure jobs in town. Gas has been deemed an absolute necessity. They’re keeping us open while the rest of Sisters is like the Twilight Zone, nobody in the stores, nobody in the parks. I’ve jokingly told our customers that I’ve never been so glad that I decided to not only get into pumping gas but also to come back to the station. I’m glad I did. I’m really glad I did.

POLICE OFFICER
Patrolman Scott C. Campbell, 24, Providence, R.I.

We’re the largest police department in the state. We don’t have roll calls in the station anymore. We just arrive for our shifts, get in our cars and go. They give us masks, gloves and hand sanitizer for the cars. The cars are on a schedule to be cleaned three times a week. We can get them cleaned with a professional cleaner if there is an incident. A prisoner in a cell threw up a couple of days ago, and the professional cleaners did the cleaning.

When I go to work, I take Lysol and wipe down the steering wheel and the keyboard for the computer, but I did that before all of this, just to keep up with cleanliness. The station is closed to the
public, but we have 25 to 35 patrol officers out at a time, and at least four sergeants, plus one who is back at the desk. Every supervisor has a protective suit in the car and a larger set of masks, gloves and eye protection.

Our calls are assigned a code. Code 1 is life-threatening — a shooting, a suicide attempt or maybe an officer in need. Code 2 is not life-threatening but an emergency — a disturbance, an assault in progress, an alarm bell. Code 3 is routine, like a quality-of-life call or a car with a broken window that needs a report. Residents with Code 3 calls are being told by dispatchers to use an online reporting system, and patrol officers are not going to as many as we used to. That has taken away a lot of contact with residents, for our benefit and for their benefit, while the virus is spreading. Car stops have diminished, too — not just because there are fewer cars on the road, but also because I don’t want to stop a car for no blinker on a turn and risk getting sick for a traffic violation. The department’s management has been good about pushing information. I got an email about how, when we make a traffic stop, we should not touch a vehicle registration but should have the driver hold it up.

But we’re still policing. I got a call for a suicidal male. He said he had slit his wrists. We called for rescue and kicked down the door. There was a couch, a desk and a fridge against it. We climbed over, and the man was in the corner in a ball on the hardwood floor, in a puddle of blood from his left wrist. They were shallow cuts. We searched for weapons, finding a razor blade and a pocketknife, and took him to the hallway. We had to search him more. We couldn’t have him hop on the rescue truck with a weapon, because then we would be the biggest idiots in the world. So we searched him, and he was bleeding on us and breathing on us. We haven’t stopped. When people need help, we’ll go out and put ourselves at risk, and it could be fatal. That guy in that room? He could have Covid-19.

FOOD-PANTRY DIRECTOR
Diane Carioscio, 62, Chicago

The food pantry is in North Lawndale, on the West Side of Chicago. This is where the Rev. Dr. Martin Luther King Jr. moved his family when he was making people aware of redlining. When he was killed, mourners set fires here. There are still blocks that are leveled from the fires; because it is a poor community, no one is interested in redeveloping the area. Forty percent of people in North Lawndale are insecure about where their next meal is coming from. If you’re talking about 40 percent in good times, when you add a pandemic, you see the need for the food pantry grow even higher. On a normal Wednesday, we serve 220 to 240 people. On the week of March 18, the number of people who came through our line increased by almost 50 percent.

At the same time, we are an all-volunteer food pantry. We have 34 regular volunteers, and 26 are 60 or older. When someone says, “If you’re 60 or above, stay home” — which includes me — that would leave eight people. Then there are some with underlying conditions, like someone with a fragile immune system. Three workers have asthma. At least 10 have stayed home. We have had a couple of college students help us, a minister, high school students. People are stepping forward.

We have redesigned how we address needs. Many requirements we normally have are being lifted. One is “client choice.” That’s like a grocery-store setting — you get to choose what you want, as if you’re shopping. That is no longer in place, allowing us to go back to the old model, which is
prepackaging. Another thing that has been waived is a physical signature from the recipient. There’s no accidental touching or sharing of a pen.

This past week, we haven’t allowed patrons into the building. That keeps them safer, and us safer. We arranged with our alderman and the police to make the alley one-way, so we now do a drive-through. Patrons pop their trunks; we load the food. No physical contact. I live in the suburbs, but I’ve been with the Harmony Church food pantry for eight and a half years. For a lot of the volunteers still coming in, it’s being the hands and the feet of Christ — it’s very much a God thing, a calling. A lot of volunteers from the neighborhood are also doing it because they need food. When we’re done for the day, if we have anything left, those volunteers get to shop also. They get the pleasure of serving others, of doing good, but they’re also taking home some food. I don’t want to minimize their serving; they’re so faithful. We have a group of female volunteers who arrive by 6:30 on Wednesday morning, no matter the weather.

I’m telling many of our volunteers to stay home, because I know their circumstances. “You have a husband getting out of the hospital; you shouldn’t be bringing an illness home.” “You have asthma; you get a disease that affects your breathing, and it complicates things.” One person with asthma had no idea this illness would affect her breathing. She chose to leave at that point. I have no problem with anyone leaving. I have a problem if they don’t understand the chance they’re taking. They should realize that it can affect the mother they live with, or their spouse, or that they need to be there for their child. And the health of the people in the area — they’ve got asthma, they’ve got diabetes caused by poor food when they were growing up.

So many people live so close to the edge that when anything small happens, they have no cushion. They’re living day to day, so that’s how they take this. They’re not thinking about what this means in the same way as those of us who have the luxury to plan — “How will we spend our money?” “If we change jobs, we can do this but not do this.” But when you’re right on the edge, you just have to see what each day brings. And it’s humbling to see people be thankful for that — to wake up and say, “Thank you, Lord, for this day.”

We’re taking as many precautions as possible. We’re taking temperatures as volunteers come in. We’re washing hands and standing six feet apart while making bags of vegetables. But the need for food is there, and the need to be there is also in us. I’m not going to say, “Nothing bad will happen to me, because I’m doing good.” I know we’re taking chances. But it’s something I need to do. I can’t always find words for that.