

What's it like to be an Arizona health care worker during the COVID-19 pandemic?

KAILA: Welcome to Valley 101 a podcast from The Arizona Republic and azcentral.com where we answer the questions you ask about metro Phoenix. I'm your host, Kaila White.

KAILA: A couple weeks ago, you heard from Jimmy Flores, who potentially contracted COVID-19 after a night at the bars.

Jimmy Flores: I just remember sitting there sick, you know, like friggin sick as a dog and I'm contemplating going to the hospital,

KAILA: And you heard from Kristin Urquiza, whose father died from the disease.

Kristin Urquiza: My father ended up dying alone with only a nurse holding his hand.

KAILA: But today we're taking you to the other side of the fight against the pandemic. We're exploring the stories of health care workers on the frontline against COVID-19.

[ABC Good Morning America](#): Health care workers are now starting to test positive.

[CBS 17](#): Health care workers are on the front lines of the covid-19 crisis are working under extreme physical and mental conditions. So much so that experts say it could have long term effects on them .

Miranda Dunkelbarger: I think that it's funny because I think at the beginning of this, everybody was like, go healthcare workers! And you guys are amazing! And everybody was very supportive of everybody. And I think that that's starting to wear off a little bit.

Dr. Brad Dreifuss: I've been away from my family for three months. My wife and daughter are together and she's essentially a single parent right now.

KAILA: We'll dive into the stories of two health care workers: a nurse and a doctor -- to understand what they're experiencing and what they want people to know about their work. Here's producer Taylor Seely.

music fades out

TAYLOR: At the time COVID-19 started breaking news, Miranda Dunkelbarger was on maternity leave. She's an ICU nurse in Apache Junction, and with a newborn at home, she was in no rush to get back.

Miranda Dunkelbarger: I think that if I hadn't had her, I think that I would have been a lot more gung ho about going back to work. I would have been more of like, let's let's go and fight this thing, whereas it's brought a lot of anxiety and a lot of fear for me instead.

TAYLOR: She watched on TV and heard through the grapevine from other health care workers the horror her colleagues in New York and around the world were experiencing.

CBS This Morning: New York state now has more reported coronavirus cases than any country in the world.

Miranda Dunkelbarger: You know, when you're sitting at home and you're seeing everything, especially with everything that happened to New York...

CBS This Morning: This is a mass grave being dug for coronavirus victims in New York City's potter's field where unclaimed bodies were laid to rest.

Miranda Dunkelbarger: I just was very scared to go back.

TAYLOR: Other health care workers were concerned too. Dr. Bradley Dreifuss, an emergency physician in Tucson, is one of them.

Dr. Brad Dreifuss: A lot of us are really trying to fundamentally depoliticize the COVID-19 issue. This is a public health crisis. There's nothing short of that. And it potentially will cause the collapse of our healthcare system.

TAYLOR: But what hit New York and Seattle first, eventually made its way to Arizona. And when it did, Dr. Dreifuss said healthcare workers faced enumerable problems. Problems which he feels could cause irreparable damage to the industry. These were things like housing ...

Dr. Brad Dreifuss: Being able to house your health care workforce separately away from their families with supports.

TAYLOR: An issue that was made worse by pre-existing socioeconomic disparities...

Dr. Brad Dreifuss: If you have lower wage health care workers who are living in multigenerational extended family housing, where people don't have the ability to isolate or the ability to really separate, what are we actually doing to our communities most at risk?

TAYLOR: There's also a lack of psychological support for frontline workers.

Dr. Brad Dreifuss: We know just from previous research and experiences with emergency situations, 9/11 being chief among them, that the psychologic trauma that happens on frontline health care workers is huge. And we need to find a way to to help build some resilience.

*slowly transition to more ponderous, contemplative music

TAYLOR: And then there's the problem of being caught in limbo as conversations about COVID-19 have become more political. As debates about when to reopen the economy or schools rage ... as mask mandates are questioned around the country.. This has left many in healthcare feeling like they're collateral damage. Are they cared about? And are they cared about not just in words, but in action? In the form of using science and data to drive decisions that affect society?

Dr. Brad Dreifuss: I think they need to feel like there's substantive support. From the community, from their health care organizations, from the government, that we're actually using data. And we're making good decisions and we're not just being put in harm's way.

TAYLOR: This might include things like testing all health care workers - not just nurses and doctors but assistants and cleaners and more -- for COVID-19 as frequently as possible. It could also be re-thinking how hospitals design shift schedules.

Dr. Brad Dreifuss: Staffing for preparedness, not staffing for productivity. ... We have to start thinking about health care as a team sport, which means you need people on a team to be training together, just like you would a soccer team or football team or the military. We need to be structuring our workplace more toward even a deployment mentality if we're going to be at this for nine months to 18 months. Right. We need to figure out how we rotate staff on and then off. So there's time to decompress. We've been in this high alert stress state. You're being in battle for three to four months already. And it's absolutely exhausting. And people can only do that for so long.

*fade music out

TAYLOR: To combat some of these problems, Dr. Dreifuss created a platform called HCWHosted. HCW stands for health care worker. And its main focus is finding solutions to all these problems.

Dr. Brad Dreifuss: We're now a formal organization and working as with a startup incubator accelerator to really build out a sustainable model for community based pandemic preparedness and support for health care workers and families.

TAYLOR: When HCWHosted first started, at the beginning of the pandemic, it started out as a sort of scrappier AirBNB for health care workers. That way they could find housing separate from their families to reduce risk of exposure to the virus.

TAYLOR: Dr. Dreifuss said that was helpful when the virus started infecting and hospitalizing droves of people in Arizona.

PBS NewsHour: As hospitalizations and deaths related to COVID continue to rise nationwide, Arizona's downward spiral stands out...

PBS NewsHour: Early hopes that the extreme heat would keep the Valley of the Sun safe from COVID-19 are gone. For weeks now the greater phoenix area has reported among the highest rate of COVID positive tests on any place on the planet.

TAYLOR: Around the beginning and middle of June, it became abundantly clear that Arizona's number of coronavirus cases and rates of infection were heading in the wrong direction. This was around the same time Miranda had ended her maternity leave and returned to work.

Miranda Dunkelbarger: *We started to take up more beds for COVID than we ever expected. And it really started hitting bad. And that's when a lot of the anxieties and the fears and the nightmares that I had started coming back. ...* It was like baptism by fire. You know, I, I walked in and they're like, oh, they're giving you a COVID on your first day. Ha ha. And now you have COVIDs every single shift. There's I mean, there's no possibility of not having a COVID for the most part.

TAYLOR: As the number of hospitalizations hit record highs, Miranda had more patients to take care of in her rotation. And that was a lot to handle.

Miranda Dunkelbarger: Trying to stay on your schedule like every two hours, you have to do this, this and this for your two to three patients, you know, passing meds, talking to doctors, talking to family members, setting up and calls for my patients that their family members can see them. Yeah.

TAYLOR: Miranda said she's glad to at least set up video calls, but she misses the time when families could come in and comfort their loved ones. That way, they could also see the process. They could see what she did for the patient, rather than having to explain it all over the phone.

Miranda Dunkelbarger: It's heartbreaking. You know, they they get on the phone, they can't touch their family member. *[slow, somber music slowly fades in]* They can't hold their hand and say, hey, mom, I'm here for you. Hey, Dad, I'm here for you. You know, you're gonna get through this. They have to look at them through a screen as I try to hold it above their head. And they're they're just wondering, you know, why are they breathing like that? You know why? Why do they look like that? They aren't seeing the whole progress of the day. They're seeing a snapshot. And they're not they're not able to be there to comfort their family member. And it's just heartbreaking to hear some of the conversations that happen between those family members and my patients.

TAYLOR: And in the final moments, when family often can't be there, people like Miranda and Dr. Dreifuss have to assume those roles.

Miranda Dunkelbarger: You realize, you know, you're gonna be the one there when they're passing, you know, you're gonna be the last person that holds their hand for them. And you're

going to be the last person you know is able to be present for them. And I mean that that weight is just huge.

musical interlude

Dr. Brad Dreifuss: I mean, we're seeing a broad swath, including our younger population, all the way up through our elder population. ... **Dr. Brad Dreifuss:** We had at one point three people in one family on ventilators. Another point, we had six members of a family admitted to the hospital.

TAYLOR: Dr. Dreifuss worries about the long term consequences on society at large.

Dr. Brad Dreifuss: This is just gonna be devastating to the community and the long term disability, that we have a total failure of imagination for what that is going to do to our communities. And then the psychological toll that this is going to take on our communities, our communities are what drive the economy.

TAYLOR: For example, he said, if small business owners who contracted COVID-19 have residual symptoms that affect their ability to work or function at the same level before, that can start a chain reaction that he fears could harm the economy as a whole. And he worries that PTSD or residual symptoms might also lead to fewer health care workers.

Dr. Brad Dreifuss: People are leaving medicine. You're leaving health care because just like anyone else in the community, we're always evaluating what our own worth is, what risks we're willing to accept and what our families are willing to accept. And when it becomes more risk and benefit, people switch gears or retire. And we had a workforce shortage to begin with. And so this is potentially devastating to Arizona and even the national community.

TAYLOR: Marjorie Baldwin, a professor of economics at Arizona State University, was wary to the idea there would be *such* disastrous consequences.

Marjorie Baldwin: Short term, I understand the concerns of healthcare providers. Long term, I think it really just depends on whether we get the virus under control. If we get the virus under control, then I don't see any long term impacts on the choices of people to enter the health care industry. If the virus should spin out of control, if other viruses follow suit, that this just becomes the new normal. And there are new risks associated with being in the health care professions, then we might see shortages. But what typically happens is wages will increase to compensate for the increased risk of going into that field.

TAYLOR: So essentially: If the virus eventually gets under control, we'll probably go more or less back to normal. If the virus is long lasting, and it becomes something we live with, the healthcare industry may struggle in the short term, but eventually it will make its way back to stability. That could be in the form of higher pay for health care workers if it's considered to be a riskier job in the future.

TAYLOR: Of course right now, we are in the short term. Health care workers are struggling. For Miranda and Dr. Dreifuss, they're in the thick of it. And what makes a hard day at work even harder is leaving the facility and entering a society in which they feel rejected. Both Miranda and Dr. Dreifuss said they feel there's a stigma against health care workers out in public. Things like, getting funny looks at the grocery store if they're wearing scrubs. Or, when they see posts on social media that they feel politicize the disease and their profession. In fact, Miranda said she's had to delete Facebook a few times just to get her mind off things.

Miranda Dunkelbarger: It makes me sad because I just wish the people could understand, you know, what really goes on. My husband and I were joking yesterday. He's like, you know, if people want to not wear a mask and go out, then we should sentence them to come in and help us in short staffed hospitals. And I'm like, yeah, that's brilliant because we're just struggling so bad. And if people could just, you know, help us a little bit, you know, just by just simple things, you know, we're not trying to control you. We're not trying to dehumanize you. We just want to keep you safe.

TAYLOR: And while being at home with her husband and newborn helps, she often worries about bringing COVID home. At the time Miranda and I spoke, she'd been back at work for 7 weeks and hadn't caught it yet. So she feels like her PPE protocols are working when she's in the room with her patients. But ... she is concerned about getting it from her coworkers or members of the public.

TAYLOR: Dr. Dreifuss shares the same concern. And for that reason, he simply hasn't gone home.

Dr. Brad Dreifuss: I've been away from my family for three months. My wife and daughter are together and she's essentially a single parent right now. And a lot of my colleagues are single parents, whether in nursing or techs, paramedics, et cetera. Across the board, how are we expecting folks to function at the top of their game in the clinical setting if they have all these extra considerations without support? It's a real challenge.

TAYLOR: Exacerbating those challenges is the fear health care workers have of speaking up to their employers or speaking out to the press. I can confirm that several health care workers I reached out to for this episode politely declined to be interviewed for fear of retribution. But they echoed the concerns of Miranda and Dr. Dreifuss about being inundated and exhausted.

Dr. Brad Dreifuss: People are afraid to speak up, especially those who don't necessarily have positionality or are made to feel like they're easily replaceable, which in the last 10, 15 years includes all of us. Physician, nurses, doesn't matter. We're a line item on a profit loss spreadsheet for most healthcare companies.

musical interlude

TAYLOR: This is where Dr. Dreifuss hopes that his organization HCWHosted will pitch in by creating innovative solutions. But for as long as the virus is around, the public will also have to do its part. And reckoning with some people's refusal to wear a mask or respect social distancing is yet another disappointment to Miranda.

Miranda Dunkelbarger: I really feel like the American mindset is I'm going to do what I want to do because I want to do it. And, you know, the government can't control me because I'm a free American and I am proud to be an American, but I am not proud to have that mindset anymore. You know, this is really opened my eyes to not even just this issue, but so many issues that, you know, I had different opinions on. And now I'm looking at it thinking, you know, maybe if I just shifted my mindset, maybe if I just, you know, thought about things a little bit differently, maybe it would actually help somebody else and be a minor inconvenience to me, you know? And it really has shifted my political beliefs.

TAYLOR: This idea of encumbering one's self for the greater good is what Dr. Dreifuss calls good health citizenship. He wrote about it in an OP-ED he wrote for the New York Times in June called, "I'm a health care worker, You need to know how close we are to breaking." In it, he asked all Americans to see masks as patriotic and practice social distancing. But most importantly, to support health care workers.

Dr. Brad Dreifuss: And then support your frontline health care workers and your and your frontline essential workers. Not just in applause or donuts or half-priced Taco Bell *chuckles*, but really fundamentally asking what folks need. Right, encouraging and writing to your legislators on both sides of the aisle. This is not a partisan issue ... Because it can't just be the minority of us who are making sacrifices in order to have us be successful long term.

***musical interlude**

TAYLOR: So, Kaila, that's a little snippet of what the experience has been like for two health care workers in Arizona. And like I mentioned, there are others I spoke to who did not want to be interviewed but echoed the concerns. ... I think it's fair to say, overall, the experience has been stressful and tiring.

KAILA: Of course. I can't imagine what that must feel like. I know that Dr. Dreifuss' overarching concern was the future of the industry. Did you learn anything about how health care could change after this?

TAYLOR: Well, Marjorie Baldwin said health economists are asking a lot of questions right now. So, for example, they're exploring telemedicine and pop-up clinics at places like CVS. If those were to become more common, that might cut costs for health providers which would then translate to patients, too. They're also wondering how public perception of the pharmaceutical industry will be affected after this.

Marjorie Baldwin, Econ Professor: We provide the vast majority of innovative medications. If there's going to be a vaccine for this disease, I'm betting that it will come from the U.S. and it will come from the private sector and maybe it will give people a new appreciation for what pharma is doing.

TAYLOR: Of course, there's also the question of, will people even take the vaccine? Because in recent years, we've seen parents opting out of vaccines for their children and then a resurgence in vaccine preventable diseases, like measles.

KAILA: So there are a lot of questions.

TAYLOR: Yes, a lot! And it'll be really interesting to see how it plays out. Of course, we'll keep people updated along the way both here on Valley 101 and at azcentral.com!

KAILA: That's right! Well, that's all we have this week. Audio in this episode came from ABC's Good Morning America, CBS 17, CBS This Morning and PBS NewsHour.

KAILA: Thanks for listening to our show. Please leave us a review if you liked it and consider supporting us financially by subscribing to azcentral at azcentral.com/join. Thanks again, we'll see you next week.