

COVID-19 Oral History Project

Transcript of Interview with David Green, Damien Center, Indianapolis, Indiana

Recorded Sunday, April 5, 2020

Interviewer: Emily Leiserson

Topics: COVID-19 impact in Indianapolis, Fountain Square, COVID and HIV, COVID and LGBTQ people, Damien Center, serving HIV+ people during COVID, Linkage to Care, Damien Center, essential workers, economic concerns, COVID and hospitality

Emily Leiserson 0:01

Okay. So you should see a little red button that says that it's recording.

David Green 0:07

Yeah, great.

Emily Leiserson 0:10

So let's quickly introduce ourselves. I'm Emily Leiserson. I'm recording this interview. Today is Sunday, April 5th. We're starting at about 3:11 PM and I'll let you guys introduce yourselves as well, really quickly. So we're interviewing David. Do you want to quickly introduce yourself, David?

David Green 0:40

My name is David Green. I live in Indianapolis and I'm one day shy of my 58th birthday. That's all I've got at the moment.

Emily Leiserson 0:55

Okay. Great. And then Shonda, do you want to introduce yourselves? We're also here with

Shonda Nicole Gladden 1:11

Hi, I'm a co-researcher, I'm Shonda Nicole Gladden. And my plan is to be in the background. So you won't see me or hear from me unless Emily calls for me. But I am here listening.

Emily Leiserson 1:22

Okay. So, and then we are quickly going to go through this informed consent. So we're conducting this oral history as a dataset. It's to create an archive that will be online talking about people's experience through the COVID-19 pandemic. And this is a tool for self-expression. It's also going to be a resource for researchers and the general public. David is doing this as a volunteer. You are actually also our very first interview, so thank you for that. And David, just so you're aware, you don't have to answer anything that makes you uncomfortable, and it's totally voluntary. You can bow out at any point. So we are recording, there will be a transcript, it will not be anonymous. So there'll be a little bit of metadata about it on the website as well. So is that okay with you?

David Green 2:31

That's fine with me.

Emily Leiserson 2:33

Wonderful. And do you have any questions on that before we get started?

David Green 2:38

No.

Emily Leiserson 2:39

Okay. And then I'll also just briefly mention to disclose that David and I do work together at the Damien Center, so we know each other prior to this conversation. We also talked previously about Is it possible to change anything about this recording? So you know, should anything happen ... Do you want to repeat this question, David?

David Green 3:10

It was just a question of ... Let's say I catch COVID-19 and it kills me. Would you go back and change things like put the date that I passed away or or anything like that? [Coughs] Excuse me. That is not COVID, by the way, that's a smoker's cough.

Emily Leiserson 3:34

So yeah. Yeah. So and the answer is yes. If we have some sort of consent, we can make those sorts of changes.

David Green 3:45

I'd prefer that you do.

Emily Leiserson 3:48

Yeah. Okay. Wonderful. Thank you. And so, you know, we've talked about this. I'm getting you the fillable version of the form that you said that you can sign it and get it back. Well, we'll get that signed before we upload it, but are you willing to ... could you please confirm for us that you've read through it and that everything is okay.

David Green 4:15

I have read through and everything is okay with me.

Emily Leiserson 4:19

Wonderful. Thank you. Okay. And then so one little bit of housekeeping. You guys, you can chat with me or ask me questions if you want. But since I'm recording my screen, I believe that may pop up when we do that. So, okay primary things you do, so we'll just go through some background to get us started. Tell me a little bit about what you do on a day-to-day basis: work, pleasure, anything you'd like to share about your day-to-day life?

David Green 5:08

Well, my day-to-day life currently is I actually I go to work. I do physically go into the office and I spend most of my time there. And then afterward I will leave for lunch. I will go through a drive-through or something and just generally grab it and come back to the office and eat it there. And then I will after work, basically come home and my husband who currently is working the night shift, he will probably wake up or have already woken up by the time I get home because he goes in around 10 pm and we'll just spend a few hours together probably watching television, discuss dinner, have dinner, and then he'll go to work. I'll finish up whatever I was doing, TV show or something and go to bed and get up and do the whole thing the next day. That's pretty much what I do now. Now it's not necessarily a whole lot different than what I did before the pandemic, other than the fact that my husband had - his hours were based in the daytime. So he had regular daytime hours. And so we can get into that later, but we did pretty much the same routine. We're both kind of middle aged guys who really don't have a whole lot of social life other than maybe we would go out to dinner once a week or something like that. But generally, we've been pretty much stay at home guys.

Emily Leiserson 6:59

And where do you live? What neighborhood and zip code?

David Green 7:02

We live right outside of Fountain Square. We're in the 46203 neighborhood of Indianapolis, which is the near southeast side of town. It's a somewhat of a - it's not an affluent neighborhood at all by any means. In fact, most people, it seems like just anecdotally are either unemployed on some form of Social Security or disability because there are older people here as well. Retirement as well, or between jobs.

Emily Leiserson 7:45

Okay. Yeah. Do you feel like it has affected your neighborhood? Have you seen any changes in the way people live around here?

David Green 7:56

You know not yet, and quite frankly, it's kind of starting to concern me. One of the factors of my neighborhood is that since there is a fairly high level of poverty in my neighborhood, there are the other ways of being able to make money. And one of them is selling drugs. And I noticed, you know the drug

dealers on your block. And I noticed that the traffic has not decreased. And I'm a little concerned about that, not necessarily for myself, but for them, because there is still the possibility of exposure to themselves and to their customers. And so I have not seen any decrease that way. Still people coming and going. Many of them are younger, probably maybe in their twenties or or or in that area. And I just don't think you're taking this as seriously as they should.

Emily Leiserson 9:12

Yeah. Yeah, absolutely. So can you tell us a little bit about when you first learned about COVID-19 or as it was called the coronavirus, and what were your thoughts initially?

David Green 9:31

Well, I saw it on the news pretty much like anybody else who was, who follows news. I've always been a current events kind of junkie. And so my habits are to listen to NPR in the morning as I'm getting ready for work, I come home, watch one of the network news shows, generally ABC. And then in the evening, I might catch one of the cable news channels, most likely MSNBC. And so I have a fairly liberal news source that I generally watch, but they were reporting at all of them, including the network of what, what was going on in China and just kind of like becoming aware it was, it was sort of just like a hmm. That's just a you know just a news item that you'd be watching. And you know, you might think about it, this spreading in the Chinese province, Wuhan, and it, and then as I saw it on TV, becoming increasingly worse as far as the spread. And then as they were talking about how it was spreading, the neighboring countries, I saw the potential of what it could become.

Emily Leiserson 11:08

Yeah, yeah, yes. And say, yeah, you're starting down this path but how have your thoughts evolved and changed over the last several months about COVID-19?

David Green 11:27

Well my thoughts have, I mean, I recognize that particularly as they noticed the spread of infection um I and the reports of who it was effecting the most - the older, the people with underlying health conditions of which I happen to be one. And I'm just on that line of being older because like I said I'm nearly 58, but I have other health conditions and, you know, it was still but it was still distant enough that I could still go on with my life without a whole lot of disruption. When it actually first started hitting the shores of the United States that's when the panic, not panic but the concern in the back of my mind really kind of multiplied a bit, because I knew that this could potentially be something that if I was infected with it could very well take me out, to be honest. Not only am I just an older person but my underlying health conditions are all the ones in, in the target list. I have diabetes 2, immune compromised, I am HIV positive although I am healthy, and undetectable. However, we still didn't know whether or not that had any more or less of an effect on HIV, respiratory issues, longtime smoker. And so I know there's quite a bit of lung issues going on probably there, and you know I have had some heart disease, mainly as side effects for being HIV positive and taking the medication. So, I when it - I know there was, there was a time at least a couple months ago. And this is early April, so it must have been in February-ish end of January, when I told my husband I said this is gonna be bad. And, but you weren't getting that from anybody else. Nothing. No leaders or anything like that. And I was listening, you know as I would watch the news or listen to the news, or whatever, there were, it seemed like there were a lot of stories and commentary about, you know, what this could be and what what this could become, and it did kind of strike a resonant resonating chord within me that this is something to certainly watch out for.

Emily Leiserson 14:36

Yeah. Yeah, absolutely. Well, and. And so, you know, moving forward to the current day. You mentioned, we've learned a little bit more about the data, people with various health conditions, including people who are HIV positive. Do you want to talk about what you've learned and how that's affected your experience?

David Green 15:08

Well, I would say, what I've learned is that from, from what little research is out there because there hasn't been time yet to get a large amount of it together. But it doesn't necessarily seem to affect anybody that is

HIV positive more or less than anyone else. So, which I don't know if that's a relief, or if that's just, you know, I'm still just, you know, what might make you know I have all these other issues that could be affected.

Emily Leiserson 15:52

Yeah.

David Green 15:55

So, I remember following very closely, before it actually became prevalent in the United States about possible drug trials that they had been working on in China. One of those was an HIV medication, one of the original protease inhibitors. And as far as being able to make the virus, not adhere to cells in, in, in the body. But, and that was that was kind of hope it was like, okay, HIV I know that, I work at a health center that works with HIV patients. If I have to maybe I can get somebody to get me a prescription of that just in case. Then, the results came back that it was not effective.

Emily Leiserson 16:55

Yeah, yeah. So you mentioned that you figured out early on that it would be bad. You were certainly correct on that front. So what, what would you say, what are the issues that have concerned you the most about the COVID-19 pandemic?

David Green 17:18

Well just the uncertainty of it. How, how it spread among people. We know social distancing, washing your hands, wearing a mask if you have one are all good safety precautions. But I don't think we need to know enough exactly how we're really, you know, gets to from one person to another as quickly as it does. I mean, more and more is coming, out droplets in the air, touching infected surfaces touching your face where it could enter your body through your nose or your mouth or even your eyes that type of thing. But just exactly how it - I mean, I don't know, it's just, just, you know, there's just no no certainty about it and that and that kind of freaks me out the most. Yeah, and the social issues of people, not believing that either, it's real or they're because of their age and their health it's not gonna affect them or anything like that or how they could help people to carry it somehow, and affect others, and it would be a lot more devastating for other people that maybe come in contact with them. It's just all very confusing sometimes, and there's a lot to take in. Yeah, so you just don't know what the heck to do.

Emily Leiserson 19:03

Yeah, absolutely. Absolutely. Well okay so I'm going to switch gears a little bit and we're going to talk about employment, COVID-19 in the workforce. So, would you say that COVID-19, and the outbreak have affected your job and how, if so?

David Green 19:27

Absolutely. So I have the kind of job, now I am a licensed social worker here in Indianapolis so my, my chosen profession is to work with other HIV positive patients. And so I work at an agency that serves those who are HIV positive. And since it is a social services agency, most of our clients populations that we serve are generally lower socioeconomic status. They may be in somewhat poor health. There is a lot of substance misuse, there is mental health issues. And our job, generally, is to kind of be a safety net to help people make sure they have their insurances together, make sure that they're seeing a doctor, help them, you know, make sure that they're getting their medications. And so, my specific job is called Linkage to Care. And so, what we focus on in my department is we the people that are newly diagnosed so they say they come to the testing center, and they are diagnosed as being HIV positive. It's our job to get them hooked up with their medical needs that the medical things that they need, you know, get them hooked up with the doctor, get them on medication, get into the routine of being able to take care of themselves, you know, just kind of like just backup back them up every step of the way. Now the other part of our job is that a lot of our population,

because of their circumstances – homelessness, substance use issues, unemployment, whatever it may be – sometimes fall out of care, and they are suddenly unaccountable, they're not coming in to their doctor's appointments or things like that. Things that their case managers find out, notice, and to let us know. And our job, our other major job is to go out and try to find these people, determine what the barriers are that is keeping them out of their medical care, and get them back into care. So our job has changed dramatically in the contact that we can or cannot, in this, in the case now, make with these people – physical contact. Our testing center has pretty much slowed down, we don't take walk-ins anymore. They have to call. They have to become assessed, determine whether their risk is high enough, and then then make an appointment for them to come in and get tested. people that are out of care, we can't physically go and look for them. We can't physically go and find, you know, walk, you know go like say to their last note address or physically go and talk to people, and we can't physically transport them anywhere, put them in our car, take him into the agency to get them back into care, get all their needs met. Because we have to protect ourselves as well. So we're kind of ... so it's changed our job because a lot of it was what I call gumshoe, just actually getting out on you know on the street going out into the community and physically searching for people – we can't really do that so much anymore. We don't have PPE protection for personal protection equipment such as masks or gloves or visors, that type of thing, which unfortunately is what at the very minimum that you need when you're out in the world these days. So we're reduced to, like, perhaps going on social media, trying to telephone, that kind of thing, just to try to find people and talk to them and we have it. It does. But, but we're not able to really get out there and grab them and scoop them up and get them back into care.

Emily Leiserson 24:19
Yeah.

David Green 24:20

We've been– since, and since we're not transporting people, you know, we've got to try and we try to figure out how do we get them to their doctor's office. Is their doctor even seeing patients? Do they need a telephone to do telemed? Because the doctors aren't physically seeing people anymore. That kind of thing. We have to work on, again, barriers that we need to work on. To help the patient. And sometimes they may be self isolated. They maybe have, have exposure and they could be quarantined in their home, they may not be able to get out to get their medications. So, we have become a delivery service to a degree where we will go and pick up their meds from the pharmacy for them. Take them to their basically to their front door, knock on the door, step back, make sure they get their meds, that kind of thing. We don't– our food pantry is closed down, we don't, we don't have any food anymore per se. What we've replaced it with our grocery store cards, gift cards. And so even though they still have to go out to the world to go shopping to use it. We will take them their grocery cards so that they don't have to expose themselves out in the world to much more than what normally you know more than they need to. But on the other hand, you know, we still have to go out in the world, to give them their, their grocery store gift cards as well as their medications and things like that. So, it, it becomes very con– you get really concerned, we have to protect ourselves, none of us want to get sick. But we also need to work for our population that need our services. People's needs aren't going to decrease because there's a pandemic out there, and it's something that we, we do struggle with, but our mission, regardless, has to supersede any other concerns.

Emily Leiserson 26:54

Yeah. Yeah. So yeah, I'm just gonna jump in with a couple things one is just to note that this, we're talking about working at the Damien Center here in Indianapolis, we might have said that previously, but just confirming it. And then, yeah. Secondly, just following up on what you're saying, um, do you know, do, is it from data or experience or both about.... Do you know about the impacts of pandemics like this on vulnerable populations? Do you know if that sort of data is out there, or...? I know you're certainly seeing it. Just in your lived experience but I'm curious about what other information sources are there.

David Green 27:53

I haven't been really deep into the research of it. First of all, mainly because I don't want to overload my senses, with what, what with too much information as far as you know generally it's always going to be the bad stuff or anything. I mean I honestly right now, I, I've cut out a lot of my news. I'll still listen to my NPR, and I'll still watch my ABC World News Tonight, but my MSNBC I have had to cut out because it's all corona all the time, and I already know the facts at least as far as you know how to protect myself, hopefully, and how horrible it could be and how many respirators are being used and how many respirators are still needed, and what the death rate is on the, on the people that go on respirators, I think, is it's, it's not not a good statistic. As far as what other pop- how it affects populations, well, just as, just as any, any population is affected, particularly the poor, the people that don't have, that don't have the services that they need, you know, you go without. And, you know, I mean it's no different with, say HIV in the beginning, or, you know, medications as they first came out. There were, it was the same thing. You know the people that were connected with insurance, etc. they, they got the new medications they started living, and then they figured out how to get the medications to everybody else who didn't have insurance or didn't have connections. But, just if just looking through history, as far as I know, generally, it pretty much can affect anybody. Anecdotal, I noticed that when it started hitting here in the United States, particularly here in Indiana, it were, it was the people that were becoming infected were were somewhat upper class. People who couldn't afford to travel to locations that had been infected, where they became infected and they brought it back. So, or for their job they had the kind of job that had them traveling to conventions or things like that. So I. And then, since then it's filtered down to everybody. So, I think, just as just as the plague in the Middle Ages, it can it can it can get anywhere, anybody.

Emily Leiserson 31:03

Yeah. Yeah, absolutely. So how has, you mentioned that your husband's employment has been affected. But how is COVID-19 affected the employment of people you know, him or others in general?

David Green 31:28

So, my husband works for a hotel here. He's an Assistant General Manager, and the, when they started canceling a lot of public events, we had the big college basketball tournaments that were scheduled to happen here in Indianapolis, they canceled those, they had all of their hotel rooms reserved and when they cancelled the basketball tournament, all the reservations went away. Okay. Well, then he and then so then their hotel where they had no business, they had no customers coming in. They had no reason to have staff to service the needs of those customers coming in, and all of the staff were furloughed within a matter of days. And these are people that, we're talking, so this hotel hires people to run breakfast, they have a free breakfast for the hotel guests. They basically did away with breakfast because that would have been a gathering that they had to get rid of. There were no guests so there were no need to, there was no need to have staff to be on call to clean rooms, except for maybe once or twice a week. And so they left for that they were, they were furloughed for that. There was no need to have front desk personnel for people that didn't weren't checking in. So, management staff only, and there's only three or four managers, possibly five, and they decided that they, you know, were the ones that were going to run the front desk, and that was it. That's why my husband's work hours, changed from a Monday through Friday, roughly nine to five job to Sunday through Friday overnight shift to watch that, while the other managers, basically took the other shifts during the day.

Emily Leiserson 34:01

Yeah.

David Green 34:03

My niece was one of the breakfast people, she lost her job at that hotel. Over the years you get to know the people that are working there, and they are now all unemployed. Yeah, I have, I have another, I have a friend

who is a cosmetologist. So, they have closed hair salons and barbershops. So, he is sitting at home, out of work. But he still has to pay rent on this booth. So, it's. So, I've seen a lot of, and on online my friends on Facebook, you know, there's been a lot of people, you know people that teach school, or people that are in other services that are deemed non essential. You know, all of a sudden they're out of, out of a job. So it's, it's kind of scary to see this and because there's still no, going back to the hotel, because there's there's still no real check ins, maybe one or two a week, with a, you know, 100 room hotel, my husband is concerned that they may just go ahead and close the doors on the hotel, and maybe just wait it out, whatever it may be. Okay, so then he could be out of work, right here any time. We're just kind of waiting to hear. It's, it's kind of frightening. We two, you know, we need our income. We're a two-income household, that, you know, we need to survive. So, even though there would be employment or unemployment insurance for him, and especially for somebody our age, you know, I don't know what that means.

Emily Leiserson 36:17

Right. Yeah, yeah that's incredibly difficult and scary, I'm sure. And these people in this sectors like hospitality, food service, there's, you know, there's nothing that anybody could have predicted, you know it's.

David Green 36:36

Yeah, and you know I understand you know the waiters or bartenders or whatever. You can't go out to dinner anymore and, but let me tell you, I, you know, you want to support the restaurants, you want to get food but delivery is expensive. You know, you know, it could be, especially if you use one of those services, grubhub doordash, one of those, Uber Eats. You know, you know that could be \$30, \$40 a night. Just for one meal. That's a lot of money.

Emily Leiserson 37:16

Right. Yeah. Yeah.

David Green 37:20

And because of the uncertainty of what could be coming. We don't know why but what could potentially be in the cards as far as income coming into the house. You got to start figuring out. Well, I don't want to, you know, let's not spend this money just in case.

Emily Leiserson 37:37

Right. Exactly. Yeah. Well, yeah, no, that's, I think that that's there's a lot there. You know, you have a lot going on, both at your job and your husband's job, so thank you for sharing those. Do you have anything else, regarding employment before we move on to another topic or Shonda, do you have any questions to follow up? Okay.

David Green 38:16

My employment, honestly and truly, I'm not quite horribly concerned about right now. Like I said people, the population that we serve, HIV, are not going to, their needs are not going to go away. Most of our positions are funded already by state, federal local government that funding is still there. And so I don't believe that that is going to go away it's already been budgeted it's already been, you know, spoken for and looking down the road, the surface needs are probably just going to increase, particularly the more that people who are put under stress, as the realities sink in more and more, that there are very well going to be more needs. We hope not, but there could very well be an outbreak of HIV, simply because perhaps in desperation to try to escape, other high risk situations may occur, perhaps more drug use, perhaps more other behavior that could infect people with HIV. So, I think that our job, my job is hope- no I don't want to say hopefully, because I'm not looking forward to other people getting infected with HIV, but the job itself will still be essential in order to remain.

Emily Leiserson 40:08

Yeah. Yeah, but I'm hearing there's a great concern about what happens right now to the clients. Both because it's harder to reach them and because of the risks that they're facing.

David Green 40:22

Yes.

Emily Leiserson 40:24

Yeah, absolutely. Um, well, so you've mentioned this a little bit already but, um, how has, how do you feel like COVID-19 has changed your and your family's, and your household's daily activities?

David Green 40:46

I suppose there's a lot more television watching specifically, movies, recorded television series maybe that we've just never really been able to get to. So we've been catching up a lot for what few hours that we have our, our, our schedule is kind of still in flux. We still haven't quite gotten used to him working overnight. So, the timing of things, it's kind of difficult for me to be able to do things that I would normally do in the evening say a load of laundry or anything like that because you know we want it, we want to be able to visit together and things like that before he goes off work, and I go to bed for the night. I've noticed that family, we may talk, there's not a lot of getting together. I have extended nieces and nephews, that it's, it's more kind of catching up either maybe by Facebook, or by telephone, but there's not a whole lot of person to person visiting. And, and that's fine. I, my concern is that this is going to create, I know they say oh this is a great chance to catch up with people that you haven't talked to in a while it's up but I don't really see that happening so much. I think there's a kind of a paralysis of socialization, at least, direct conversation or direct socialization. Now, however, everybody is still on the internet everybody's still on social media, but it's just not really the same,

Emily Leiserson 42:43

Right. Yeah, it's not the same as the day, face to face interaction. Are there other challenges that you or your family or friends have been facing, that you see as major, major day to day challenges, during the outbreak?

David Green 43:09

Nothing so much that I have experienced or witnessed. Because it's still so early. So we've only been on our stay at home order for a few weeks now. So things are, there's still somewhat of a normalcy going on. And I do have concerns, like I say with my friend who does hair. I know that, you know, that's this is, you know, financially, it's going to be a big hit for them. I'm really, I am concerned about the financials of everything with the economy shutting down, that kind of thing, friends of mine that may be in the food industry, or what might happen in the hospitality industry because he told me my husband told me that there are several hotels within his area that have already shut their doors and are just kind of sitting there waiting it out. Yeah, downtown has a major hotel, JW Marriott, I believe it's closed its doors for right now.

Emily Leiserson 44:20

Yeah. Yeah.

David Green 44:23

[Coughs] Excuse me.

Emily Leiserson 44:25

No, that's fine. Right so yeah there are major financial concerns and then there's the concern of readjusting to routines. And the concern of staying in touch with people. So, are there, you mentioned TV shows, are there any other details you want to share about what you all, you and your family and friends, have been doing for fun recreation?

David Green 44:58

Well I haven't personally but I have noticed a lot of people cooking more. Actually, you know, coming up with recipes that they may have always wanted to try and how they're able to try. That kind of thing. There are some internet games like, you know, say 10 things about me, starting with the letter A or, you know, what's your, you know, or go through a list and things like that, things that I never do anyway because I just, I don't care for that sort of thing. But I've noticed there's a lot more attempts of interacting via the internet. But again, it's not necessarily meaningful. But not yet, because right now it's still, I'm still out there I'm still, you know going to work I still have that routine. So, I don't get the opportunity to be able to sit down and have nothing kind of let have have anything more to do than because I've got things going that I've got to do. But, just call people up. Now, I have thought about it. I should call. Some people up just, just because, I mean pandemic or not, I think we should stay in touch. But I just, I haven't, I have not made that priority yet.

Emily Leiserson 46:40

Yeah, yeah, yeah that makes sense. Well, so we have some kind of community questions, um, are there other communities that you're a part of, you know churches, neighborhood associations, volunteer groups, any other groups that you want to talk about?

David Green 47:09

I have, I am a member of the neighborhood association here. It's called Fountain Square Alliance. Now, I've been my job has kept me kind of busy and I haven't really been able to be too involved with him lately. Now, if I wanted to I feel like I can't, because we can't necessarily get together in person down at the local church basement and discuss whatever it is that we're discussing, and we're not that tight of a tightly knit group anyway, as far as, we do have a web page, but we don't have a whole lot of outside communication between meetings that much, unless there's a special event that we have a thing like that. But even if I wanted to with say, other friends that we have, we have a couple of couples that we would get together with perhaps for dinner. That's kind of stopped, of course. So, and it just you just kind of feel things are grinding to a halt.

Emily Leiserson 48:15

Yeah, yeah, yeah, this gets it sounds like to what you're saying earlier about there's just less, less of a feel of community when everyone is isolated and there's less support. So, um, have you seen people around you, changing their opinions, their relationships, anything like that?

David Green 49:06

I would say probably most of my outside contacts are with mainly colleagues at work. I have one colleague, that has really become a lot more aware of what the risks are, of how to protect themselves. What you know what what people what others are facing, particularly those who don't. I have a niece who is not one to go listen, or watch news or anything like that. She went to a Walmart a few weeks ago. And that was at the beginning of the first run of toilet paper. Yeah. And she calls me up and said, What's going on is the world coming to an end, or something? And I honestly, you know, I was really surprised that she had no idea, and I kind of had to fill her in what's going on. So, since then, she has become a lot more aware, and she has read and listened to news and things like that. So, what she's, she doesn't live with me so I don't know what her self protective measures are, social distancing or things like that. But I know that that awareness is slowly creeping in. Again I have neighbors who are obviously possibly selling drugs. They don't just come out and say, but I have spoken to them on the streets to say hey this is bad. You know, you may not want to have people over anymore. And, you know, they're, I think becoming more aware of it. I'm not certain that they really were at the time. But I think that they, they're hearing more, they're seeing more. I think, again, unless, until it actually affects them personally not just becoming infected themselves but perhaps a close friend or a relative and seeing it up close. I think a lot of situations, people just aren't going to really take it as seriously as it needs to be taken.

Emily Leiserson 51:46

Right. Yeah. Yeah. Well, and as you mentioned previously, when people are struggling to earn money and they have these pressing concerns, you know, they may engage in behaviors that aren't in their best interest when there's an epidemic going on.

David Green 52:11

It's hard enough to survive when things are not in a crisis like this right, so this just adds even more pressure.

Emily Leiserson 52:20

Yeah, exactly. Um, so I'm gonna throw out a couple of the terms that we've been hearing a lot about in the news and people are talking about self-isolation, self-quarantining, sheltering in place, flattening the curve. Are these some of the ideas that you're seeing start to take hold? And you seeing people responding to those concepts more or differently, over time?

David Green 52:56

Yes, particularly people that we serve at work. And they're becoming, there seems to be more of a general awareness. I will see the few people that do come in, now, to the agency for services to pick up their food card or whatever, they are actually wearing masks. We have several clients who are homeless or unstably housed. Since they were in such a precarious condition we've been able to put them up in a hotel for 30 days in order to give them a space, so that they're, they can remain safe. And some of the people that are spoken to have gotten into their hotel room and have stayed put and not wanted any to go out for anything. And, and I don't blame him. So, so I think yes, yes, more and more awareness is coming into the picture, but I just don't feel that it's as fast as it should be.

Emily Leiserson 54:25

Yeah, yeah, that really makes sense. Um, have you, has anyone you know, gotten sick from COVID-19?

David Green 54:38

Yes. Actually I have a colleague that has, that was infected. They were, are still out, it's been since the second week of March, that they were that they started to feel badly and stayed home from work, and did go in and was, and did manage to get a COVID-19 test. It was for like nine days that they got the results back, but they did practice self isolation in the meantime, did not come into their place of employment. And they did get the positive result back when it did come back and they just, they were very lucky that they have not, they did not have any major lung issues. But they did, they did feel sick for at least for several days. And they just last week the end of last week, went to get retested to make sure that, to see if they were over it, and it's still, the test results, which come back much faster now, like within a day or so, still show that they were still positive. So, that means that they have to stay home again for at least another week or so, And then they're gonna have to retest again and CDC guidelines, which is what we go by, is that you need to have two negative tests at or greater than, 24 hours apart. And so they could know very well until this negative test is these negative consecutive negative tests or are have been gotten, we're probably looking at a full month of, period of being ill. So, yeah, I have seen that now I have also spoken over the phone with some clients that are describing the classic symptoms of COVID-19. And right now, there's no way of being able to get them tested. Because they have no primary care physician, which is, who needs to write the order. And plus, even though they are a vulnerable population group, they're not up for testing right now, the only people that are being tested, are people who are healthcare workers or work in the healthcare industry. And then they just opened it up last week for other people that work in essential businesses that have direct client direct public contact. So, my husband and I were able to get ourselves tested, because I work in a healthcare facility. He works in an essential business which hotels are considered essential. We were both negative, thank God, but our clients, right now, even though they're extremely vulnerable in many ways are unable to get tested. Now getting tested, you know, that's just one thing, that's just the beginning. But, you know, what treatment do they have? That's another huge obstacle, because there really is no treatment for COVID. Until you get so bad that you can't breathe. And then you have to be put on a respirator. And then, you know, where's the respirator? So, it's all very frightening.

Emily Leiserson 59:01

What, if anything, have you seen the response of the people around those who are getting sick to be?

David Green 59:13

Well, this takes me back to when the AIDS crisis first hit, and there was no treatment, and nobody really knew a whole lot about the disease. And people were getting sick. And there was a lot of stigma. There was a lot of avoidance. There was a lot of just, it just, it just, you know, a lot of negative viewpoints. I think I have seen the reemergence of stigma towards people that are infected with COVID, or at least possibly. Intellectually, we, I think we all know that that's probably not right but just knee-jerk reactions are things that humans tend to have when it comes to something that might, which we don't know enough about could possibly affect them. So, and then there's all the kind of craziness that again reminds me of the HIV outbreak. Back then it was AIDS. Was that, you know, it's a government conspiracy. There really is a cure only the very

rich can afford it. Just, just things that, you know, make, which are all the various things they said about HIV, I see are coming back to be said about COVID, which is a lot of misinformation. And it's just, it doesn't help.

Emily Leiserson 1:01:14

Yeah, yeah, yeah

David Green 1:01:17

But the stigma is something that really has to be watched for. And, you know, I think it's, it's, it's able to be reasoned with at this point.

Emily Leiserson 1:01:33

Yeah. How do you think that COVID-19 is affecting people's mental health? You're a social worker. Do you have a sense for that?

David Green 1:01:46

I think right now. If people have. I can tell you honestly I'm on myself. I'm. It, you know, I've become somewhat obsessive about it, am I, you know, am I at risk? Have I been exposed? You know, did I get, you know, so there's a lot of a lot of fear. So actually when I went to get tested I did it for my own peace of mind, to be honest. You know, so that because you know like I said if I get it, you know, I'll probably, I could very well be, you know, taken out by it completely. Dead. So, you know, for me, there's a lot of obsession of what, what, what could happen. I mean, that's why I said at the beginning you know if you know after this interview if I could catch it and die later, would you please go back and just change whatever to say that I did pass away from COVID. Because people should know. But no death should be meaningless, or forgotten in the case of a pandemic.

Emily Leiserson 1:03:13

Yeah, absolutely.

David Green 1:03:15

But you know now that I've had the peace of mind that I know that I'm negative. Now I'm going to become, I can tell more obsessed about remaining negative, you know, I'm going to wear my mask to work every day. I haven't been wearing masks, we've had our discussion at work about, should we wear masks should we not wear a mask well, everybody's been giving mixed answers on that. Now, the CDC says that, well if you're going to be out you probably should wear a mask whereas before they were like well, a mask isn't necessarily going to be any big deal but it's not going to give you a full hundred percent protection. Well okay if I can get 80% protection that's 80% more than not wearing a mask so I think I'm gonna have to do that, just to protect myself. As far as others, well, I'm not a therapist. So, I'm not able to really answer how, but, but I have noticed that there does appear to be growing concern. You know, everybody you know has a self preservation nature.

Emily Leiserson 1:04:26

Yeah, absolutely. Well, so I want to respect our time we've been going for just over an hour. I have a few more questions. Are you okay to keep going, or would you prefer to...?

David Green 1:04:38

Yeah.

Emily Leiserson 1:04:39

Okay. All right. Um, so, um, you've talked a little bit about news sources, um, you know. Do you feel like your news sources have changed? And what are the sources and how are you consuming media at this time?

David Green 1:05:04

I would say, my news sources haven't change. I would my own self-accessing of the news sources, has decreased. I mean I still see headlines. I still see, you know, I still stay up, you know, on daily what's going on. I do check the death counts and the infection rates and the testing numbers. But I already, I have, you know, I don't feel that it's necessary to keep pounding away. So let's say maybe on MSNBC maybe I only watch one show, Rachel Maddow as opposed to two or three during the day. So I decreased a lot of it just because if I

sink into that mire, I, you know, that dark place, I don't know if I can come out so I've got to keep myself from getting that deep negativity and the fear, and the fright.

Emily Leiserson 1:06:19

Yeah, absolutely. Are there issues that you are not seeing the media covering that you wish they would

David Green 1:06:30

I'm not certain yet, to be honest, I don't see other than all the horrible things about how the hospitals are crowded, how the ventilators are in short supply. How the, you know, all the, you know, the tragedy. I don't see what, and I can see why they wouldn't. But what, how, I don't see a whole lot of follow up with people that are sick. Perhaps that don't aren't that sick enough to be in the hospital or something like that, or what are the exact symptoms, you know, aches and pains and things like that but what does that actually look like. Which I know is kind of weird, but, you know, I've had so many people just in general conversation say, Well, what if I had it. What if I, you know, I had a cold or something like back last fall, or, or early in the winter. And so medically, I think, if the media could really push on getting the antibody test allowed here. This is not something that we're having to build from scratch. These are. This is a test that has already been put to use in Europe. In China. And just, you know, getting it past the FDA doesn't seem to be something that they're really being able to do, where all the research has already occurred from other countries, I don't see any reason why we wouldn't be able to use their research for the FDA to be able to approve that type of thing.

Emily Leiserson 1:08:39

Yeah, yeah, those are good questions. So how are you seeing municipal leaders and local government officials responding?

David Green 1:08:44

I think everybody is still really trying to figure out what, what this situation really is, to be honest, because I think we're just, we are so unprepared. We don't have any real centralized leadership. And I'm talking about the federal level. So everybody is from what I see, are just kind of haphazardly doing their own thing. What I would like to see, so if, if we're just going to be, if each state is going to be on their own, okay, fine. Let's get that going. There is, somehow or another, we need to increase the testing, at least we know who all are sick, who all needs to be quarantined, who needs to, you know, be treated on whatever treatment. I would love to- we have Eli Lilly here, I would love to see, and I think they maybe the malaria medication that they're trying to figure out whether or not it is effective in the disease. Eli Lilly has been really great; they have at least come up with their own test kits. They are processing the test results in their own labs. It's all free. They are testing the healthcare workers and people that work in the healthcare situation. They are also testing the people that are essential businesses that are working with direct public contact. What I would really like to see next, and this is what I'm going to have to really start kind of beating the drum for, is we need to start opening up, get more testing to the general populace. Perhaps not everybody, once again, just can't, because I just don't think that testing us, is that widespread available. But at least start with the people that are more at risk, Perhaps the elderly, the people that have compromised immune systems, that type of thing. There's problems involved in that right now. All testing that's going on is generally being done people have to be in an automobile. They have to, you know, do it through drive through testing. A lot of our population don't have cars. I don't know how that would, what that would look like to try to keep each. Because the testers are also practicing self preservation methods also. And I get it. So I don't know what that looks like. But I would like to see that be discussed, and have a plan formulated immediately.

Emily Leiserson 1:12:10

Absolutely. Yeah, absolutely. Well I just have a couple last questions. They're about the future, your thoughts on how we move forward from here. Um, has your experience with COVID-19 transformed how you think about friends, family, community, and if so, how?

David Green 1:12:42

My fear is that this just gives us another push into the self isolation system of society. I mean there's already been talk about how people are becoming more isolated via the internet. You know, more time is spent on Facebook, than face to face, socializing. I think what this is going to do is just really cement that possibility, and I'm concerned about that because we are a social creature. Online people tend to be, from what I've

witnessed, a lot less polite, a lot less considerate. And a lot less open. And I fear that this stay at home situation, particularly if it really goes long, will just exacerbate that, and we'll lose some sort of connectedness that we still have. I'm also concerned that going along with that, that many businesses who are having their employees work from home, are going to discover that, hey, this works for us. We don't have to spend money on rent for an office. Everybody could work from home from now on. Again, isolating us. And that could lead to a lot of really strange new norms. I mean, skyscrapers will not have tenants anymore because everybody's working from home. That's, that's, that's just a concern that I have. That I've thought of.

Emily Leiserson 1:14:46

Absolutely. And knowing what you know now. What do you think individuals, communities, governments need to keep in mind for the future?

David Green 1:15:01

I think what they really need to keep in mind, the big thing is transparency. I keep going back to Abraham Lincoln and, you know, one of his things were that if you tell people if you give to people the facts that they will make the right choices. I think a lot of governments these days, that I have noticed that I see, tend to want to keep things secret. Let's not tell, you know, nothing is ever gonna stay secret particularly when you have a government involved, but I think if everybody has the facts, if everybody has the truth about what's going on. I think the people are likely to respond appropriately. When, when, when you don't know the facts, you're forced to make up your own. And so whatever is going on with this disease. Good, bad, indifferent. That information needs to be shared, so that everyone has the same information. And that everybody will know how to respond appropriately. Does that make sense?

Emily Leiserson 1:16:29

Yeah, it does. Absolutely, absolutely. Is there anything else you want to mention or do you have any closing words before we wrap up here?

David Green 1:16:41

No. I really hope that this pandemic does not last long. I hope that the outcomes are not as bad as they project that the models show. It's interesting to be seeing something that no, no living person has seen really before not like this on the scale in 100 years. But I hope it's not forgotten when it does go away, or just kind of ignored or swept under the rug or just not spoken about. You know, I hope, if it does go away, that it gives us more knowledge to be prepared for other situations, you know maybe some sort of good will come from this tragedy. Research or, you know, things like that things that will help.

Emily Leiserson 1:17:56

Right, some sort of transformation for the good. Yeah. Well that's all the questions that I have. So if you don't have anything else. I'm gonna just wrap this up. So we've been talking to David Green. I'm Emily Leiserson. Shonda Nicole Gladden has been listening in as well. Shonda and I are with the IUPUI Arts and Humanities Institute. And we thank you so much, David, for your thoughtful answers and for taking the time to do this. This has been a wonderful conversation.

David Green 1:18:38

Thank you, I appreciate having the opportunity. I always feel like I sound like it, like it, like it whenever. Whenever I have a conversation about big worldly things.

Emily Leiserson 1:18:50

No, not at all. Not at all. I thought you were very thoughtful. I'm gonna turn off the record.