

CCPU-EP14-2020-0420-Khalilah Collins, MSW Project Director Making Connections

Dr. Nicholas Van Sickles: [00:00:00] Hello, everyone, and happy Monday. This is Dr. Nicholas Van Sickles, I am the chief medical officer at CrescentCare. We're a federally qualified health center here in New Orleans. We are coming to you all several times a week with this podcast to discuss issues, questions and all kinds of things around the coronavirus and the COVID-19 pandemic. And we are here to answer our questions, to help our clients, to help our staff, to help patients in the community or to help anyone that's listening. We're very lucky today to have someone who I know at CrescentCare because she's on our board, Khalilah Collins, but who is also the project director for Making Connections in New Orleans. So I will have you introduce yourself, please.

Khalilah Collins, MSW: [00:00:43] Good afternoon. Again, Khalilah Collins, Making Connections New Orleans. Making Connections is a mental health and wellbeing project here in the St. Roch neighborhood. And so we're really excited to partner with CrescentCare to do hopefully great work in this neighborhood.

Dr. Nicholas Van Sickles: [00:01:01] So thank you, Khalilah. So tell me just a little bit about what you do in your daily life. What is your life like at Making Connections?

Khalilah Collins, MSW: [00:01:07] Right now?

Dr. Nicholas Van Sickles: [00:01:09] Yeah. OK. So not right now.

Khalilah Collins, MSW: [00:01:10] Right now's a little bit different. But typically our whole thing is to try to increase or have better mental health and wellbeing outcomes for black men and boys in the St. Roch neighborhood. And so because our work is primarily around building social connections, building better mental health, we're having a really rough time right now with this distancing situation. But we're trying to be creative and innovative and figure out ways that we can work with people while we're apart. It's a little bit challenging, but we're just trying to hang in there. I think that what we've learned is that, especially in this time, trauma and mental health are going to be a huge

conversation. I hope that as we do this work and we all get healthy, that we don't ignore the mental health impact of all of this.

Dr. Nicholas Van Sickles: [00:02:12] No, I agree. I'm glad you and I have spoken about this and our behavioral health department and our medical providers, really everybody is. No matter what they're talking about on the podcast or in general, this has been brought up quite a bit. Just because we know that it is going to go on for some time. We know people are going to re-experience things, especially those who lived through Katrina and the trauma that was seen during and after Katrina. And then now reliving some of that through a pandemic is definitely one of the most important considerations, I think. Well, we brought you on today and we were talking about just going through some of the basic questions that are coming up in the community. You have a lot of community connections. You were telling us you get a lot of questions from people, from different listeners, and from all kinds of different sources. So I'm actually going to turn it over to you to just start grilling me and see how I do at answering some of these questions. And full disclosure: What I say today might be different by the end of the week.

Khalilah Collins, MSW: [00:03:18] Well that's been part of the issue, right?

Dr. Nicholas Van Sickles: [00:03:21] Fortunately, I think some of this stuff has calmed, but some of it is still evolving. So that's my ever-disclaimer on this podcast, is that if you go back and listen you're like, "Wait, he was wrong". I might have been wrong, but I probably wasn't as wrong the day that I said it.

Khalilah Collins, MSW: [00:03:37] Right. Yeah. For me, the reason why I asked to do this, I agreed to do this, and wanted to do this is because just in casual conversations, people are asking questions and I'm like, I don't know. Yeah. No one knows. And so just kind of get some basic information and to try to dispel some of those myths. To get as much real information out as we can while it's real. I mean, again, it's changing every day. But I think it's important that people understand what's happening as much as they can. But also take this very seriously because we can't see it and we don't know- maybe we don't take it as serious as we should. Yeah. So I just wanted to ask some very basic questions to let folks know what we know right now.

Dr. Nicholas Van Sickles: [00:04:30] Sure. All right, well, go for it.

Khalilah Collins, MSW: [00:04:33] My first question- and this is not in any particular order of importance- exactly how is this spreading? We first heard it wasn't airborne, and then it was airborne. And is not. And it's on this and is not on that. And so exactly how are we transmitting this around?

Dr. Nicholas Van Sickles: [00:04:51] That's a great question. You're right, it's has been debated quite a bit and we've gotten a little bit more science around it. So I can give you better answers than I could even a month ago now. The main way it is transmitted is through larger respiratory droplets. And so those larger respiratory droplets, or even smaller or medium sized respiratory droplets, they can travel only a certain distance. They do get passed when we breathe, but they don't go that far. They get passed when we cough. They get passed when we sneeze quite a bit because it's more of a projectile. The general thought and the reason for the guidance that we have right now is they can travel about six feet. Now, that's if we're in a room like we're in right now where there's no wind, the air is not moving around a lot. And so that's where the recommendation for social distancing comes from, is because in general, most of the droplets will travel six feet or less, and they will fall to the ground. It doesn't live very long on surfaces. That's important. So like your groceries, or if you get delivery- and we're trying to encourage people have means, please support the restaurants here in New Orleans and try to return some money to the economy as much as possible. You can get your takeout. You can go do your groceries. Don't bleach your vegetables. You know, it does not seem to survive on- no, but it's true. I know this stuff. And I was like should I clean this with the bleach wipe? That seems weird. But no, you don't need to. The tough part with what I'm saying is these recommendations are good for the majority of cases.

Dr. Nicholas Van Sickles: [00:06:24] What is still possible is if I sneeze really hard. Well, that's going to travel further than six feet, right? And if there's wind, it might cause it to travel more than six feet. And there are probably some small droplets that do travel further. What the CDC has put in place for the last couple weeks is what you and I are doing now, is wearing these masks. The mask doesn't protect you if I cough on you, for

example. But it does protect everybody else if I'm wearing one and I cough. So if I cough, it traps the cough inside my mask, and so it doesn't travel. If I sneeze, it traps it inside my mask. That sneeze is not projecting out. And so really, the way that this is spread is through person-to-person transmission primarily through droplets that go in the air. And those droplets are most commonly spread through coughs, through sneezes. Those are things that happen when you're in close contact with people. We really think no matter if you're coughing, sneezing or even talking more than 10 minutes in close contact with somebody, both of you not wearing a mask, that's a risk factor. And so for families who live together or have multiple families in a household, if one person gets sick, it's a risk. That's what we know now. And I just want to make sure to dispel some of the food rumors and things, because they have been a big concern for a lot of people in the community.

Khalilah Collins, MSW: [00:07:50] Yeah, that's what I originally thought: it's on stuff. So don't touch stuff. Don't touch door handles. Don't touch this. Don't touch that. Wipe everything down. Because we weren't really sure how was spreading, we just didn't know. And we saw the transition from not touching and washing our hands to wearing the mask. Still washing our hands, of course, but we definitely see that transition- as we get more information- we now know how it's spreading and what it actually is.

Dr. Nicholas Van Sickles: [00:08:22] Just to say, the door handles and stuff are still probably important because they're heavy-touch surfaces and a lot of people touch them a lot. And the washing of the hands is still important because what happens with all of us is we touch our faces so much. I know not to touch my face, and I'm just always resisting the urge to scratch my eye. And my nose is, you know, all these allergies, my nose itches. And so the mask helps prevent that. But washing your hands every time you accidentally touch your face, or using some sanitizer or something like that really does help prevent more of the transmission on some of the heavier-touch surfaces. But your usual food, things you get in a box in the mail, not a huge concern.

Khalilah Collins, MSW: [00:09:06] Yeah, I definitely have talked to the pandemic gods: "Can we not do this again in allergy season?"

Dr. Nicholas Van Sickles: [00:09:13] Yes, it's terrible!

Khalilah Collins, MSW: [00:09:16] I'm like, "Oh, my eyes are itching. I can't not cough and touch my face all at the same time because the trees are blooming". Especially in the earlier days of this here, if you coughed or get anything, the whole world's like, "What do you have? Get away from me". It's an allergy. Calm down. But I get it. People are scared, and still are. So my next question, you touched on it a little bit, why it's important to stay home? Why are we doing this social distance thing? And why is it important for us to stay home?

Dr. Nicholas Van Sickles: [00:09:53] Yes, that's a great question. I think one that's been in the media a lot because a lot of places are talking about reopening. They're talking about reopening because they want the economies to restart, because people want jobs and people need money, and that's important. I don't want to underscore the importance of that. But this is a respiratory virus. We are seeing rates of this virus that are higher than we've ever seen across the whole globe. It's a pandemic. And even if you look at- and this is not political- if you look at the best health care system in the world, they don't have enough hospital beds and ventilators to take care of their population if they were to let this thing go unhinged. If you let it go unhinged and didn't do the social distancing and all the stuff that prevents a respiratory virus from being transmitted from person-to-person, you would quickly overwhelm the health care system. As we are seeing. And the reason why we never in Louisiana, we took care of it. We never overcame the number of ventilators that we had because we laid down the hammer and really closed everything down. And that's a good thing. It's a temporary measure, but it's a good thing. When when you don't do that, you get a lot of people infected, a lot of people die. The health care system becomes overwhelmed. People don't just die from coronavirus; they die from normal things that they would have died from anyway because there's no hospital beds. The importance of staying home is to not overwhelm the health care system and to not infect people who are more at risk for complications from COVID-19. Because we know those are the more likely people who are going to die or who are going to be really sick and in a hospital for a couple weeks, which is better than dying, of course, but still miserable.

Khalilah Collins, MSW: [00:11:39] Right. Especially right now when you can't have any visitors and no one can be there with you.

Dr. Nicholas Van Sickles: [00:11:45] It's a really bad experience; I wouldn't wish that upon anybody. And so that's the main reason it's important to stay home. We can talk a little later about how- you know we can't all stay home forever- but how we're going to possibly reopen a little bit. And that's going to take time.

Khalilah Collins, MSW: [00:12:06] So kind of piggybacking, this just came: what does that have to do with the flattening the curve? What does that mean, "flatten the curve"?

Dr. Nicholas Van Sickles: [00:12:14] Right. If we looked at an infection that gets introduced into a population and that we've never seen before- so COVID-19 is a great example- if we just let it run, you would see this huge spike in cases and a huge peak in the curve, where a lot of people got infected. Theoretically, we would either die or get over it. We would have some immunity or protection for an unknown amount of time and then it would go away. Problem is, as I said before, on that curve you have a ton of people dying. You way, way, way overwhelm the health care system, to a level that we've never seen before. So many people die, millions of people die, more than the world wars, more than things that are just unimaginable. And so by staying at home, and by doing the social distancing, and by wearing masks and by doing all these steps, you take that curve and you level it out so that you still have people dying and you still have people who are getting sick. But it's enough to where we're able to take care of them in the hospitals. And right now, we're able to take care of them in our hospitals in Louisiana, which are very fortunate for that. And so you don't overwhelm the health care system and then eventually you get it to a place that's flat enough and low enough to where you can start opening up the economy, opening up things slowly but surely, and doing aggressive testing and aggressive finding of cases and then tamping those down. So that's what it means is you flatten it to where you don't overwhelm the hospital or the ICU, where people go for extra special levels of care capacity.

Khalilah Collins, MSW: [00:13:57] Along those same lines about staying home and flattening the curve, is it okay if I just need to see my friend? I haven't seen anybody in weeks and I just want to go and see my friend. Do we need to resist that urge? Do we need to just get on ZOOM and hash it out on there, or can we just go and just see our friend? Just for a few minutes?

Dr. Nicholas Van Sickles: [00:14:20] Yeah, that's a great question, and it's a tough answer. On a individual level, I could tell you, Khalilah, you and your friend stay on- one of you is at one end of the yard. Fortunately the weather is not terrible yet. One of you is at the other end of the yard, you guys hang out in chairs 10 feet apart, and you wear masks. And that's OK. But if I told a whole population that, you'd start to see breakdowns of rules.

Khalilah Collins, MSW: [00:14:49] So then we'd be back to the curve not being flat.

Dr. Nicholas Van Sickles: [00:14:51] You get back to the curve not being flat, the hospitals being overwhelmed. Because if we opened everything up right now, it would be great for three weeks, maybe two weeks. And then all of a sudden we'd just surge in cases. I think the wisest approach would be if you can keep your distance from a friend, at least six feet and if you guys know you're not going to cheat, and be really careful, and maybe be outside even, and do it at a time when the weather is not as bad, then that's probably okay. But you have to really follow those rules. And I would even say with a mask on. Otherwise, if you don't think you're going to be able to do that- and that's where it gets hard with kids, right? Because people want their kids to be around each other. They want to have play dates. And you have to just say, I'm sorry, that is not a good idea. And it's really hard because people are miserable and they want their kids to have fun, and they see the hurt in the kids and they hate it. But it's just not a good idea. And so the ZOOM is better or just staying inside if you don't think you and your friend or you and your group or whoever it is, don't feel like you have the ability to really do that well. So that's my only caution.

Khalilah Collins, MSW: [00:15:58] That's kind of a slippery slope. If I do this and nothing happens and I feel fine, then I do it with somebody else, and then with somebody else, and we end up back to where we were. Which brought me back to the question I asked you earlier about people who are not showing any symptoms. So I'm fine. I have no fever. I feel good. I'm going to go and hang out with my friend because they don't have any symptoms. But again, we talk about what symptoms look like. How I put my question was: how do the symptoms typically present themselves?

Dr. Nicholas Van Sickles: [00:16:35] Yes, that's a great question. To answer the first part, up to a fourth of people might not have much in the way of symptoms, or they might have mild symptoms like you and I would write off as allergies. We'd say I feel a little achy today, my nose is running, the trees are blooming. Maybe it's allergies. Maybe that goes on for a couple days and I get better. So that's that's one. Some people are completely asymptomatic. You know, a lot of kids are asymptomatic, so that's a tough one. And adults, for unknown reasons, a certain percent- up to a quarter, but usually probably less than that- are completely asymptomatic.

Khalilah Collins, MSW: [00:17:14] I want to make sure people hear that both on here and on there. That some people are not showing any symptoms and can still go out and transmit the disease. So it's important, again, going back to why you need to stay at home, even if you don't think you have it. You could have it and not be showing any symptoms.

Dr. Nicholas Van Sickles: [00:17:34] Correct. A percent don't show symptoms. And then also, the incubation period is 2-14 days. So you and your friend could be hanging out, you might be not only never going to have symptoms, but you might be pre-symptomatic, you might not be having symptoms yet. So you're hanging out with your friend. You guys are like, look, we're fine. Let's just sit closer together. Let's talk, let's have a drink. Let's hang out. You get sick two days later. You know, it's tough. And so those are the other reason it's really important to stay home and to wear a mask. The good news about asymptomatic versus symptomatic transmission, people who are symptomatic and coughing are going to spread the germs more than the asymptomatic persons. So wearing that mask offers that extra layer of protection to your community, because if you are pre-symptomatic, or if you have it and you're not having symptoms, you're less likely- your breathing is going to be trapped and the distance that it spreads is much lower. So you pose a much lower risk to your community if you go to the grocery or if you go to your pharmacy and things like that.

Khalilah Collins, MSW: [00:18:45] Other than the cough, what are some other symptoms that we should look out for?

Dr. Nicholas Van Sickles: [00:18:50] The most common way that COVID-19, which is the disease, presents is with a pneumonia. I think that word scares people because they hear pneumonia and they think death. And that doesn't necessarily always equate; pneumonia can be very severe and it's something we should take severely. It just means an infection of the actual lungs themselves, not the tree that leads to the lungs, which is usually bronchitis, which a lot of us get and have an annoying cough. The pneumonia, what that causes, is because COVID-19 causes pneumonia all over your lungs, you get fevers because your body's responding to it, and you get cough for obvious reasons. And then you get some chest discomfort. And so those are the the key symptoms. And some people have noted some sore throat as well. Those are the hallmark symptoms that we screen people for. Like today, when you came in, they asked you about fever, cough, shortness of breath or sore throat. That's the most common way that COVID-19 presents. And there's varying degrees of how that manifests, so some people might get pneumonia and feel terrible. Some people might have what we would term a walking pneumonia where they're like, I feel like crap, but I can still go to the bathroom. I can still go get my mail. I can do my daily things, but I just feel trashy, as if I had the flu. That's the most common way it presents.

Khalilah Collins, MSW: [00:20:09] You explained that piece around the fever, and the shortness of breath, and the coughing. How does one go from fever to death? It seems like people are like, "Oh, I had this fever and now I'm dead". I just didn't understand the process. And I think I have a couple of questions that you may answer with this one question: I start getting symptoms. I start feeling bad. Do I go to the hospital? When do I go to the hospital? What does going to the hospital do for me? And then how do I end up dead?

Dr. Nicholas Van Sickles: [00:20:52] Let me take the first part. Those are great questions, ones that are important for the community to know, because there is a risk and benefit of going to the hospital. Now the hospitals are being very careful about not letting people crowd or things like that. But right now, it's just a group. You know, we're trying to limit crowding and that's a place of crowding. So the first part- how do people end up dead? I'll tell you what we know right now. We don't know why yet, but we know that the outcomes in certain conditions and in certain populations are worse. And I can go through some explanations of why. We know that people with diabetes, with heart

disease, with hypertension and with chronic kidney disease tend to do worse. We know that males tend to do worse. And the reasons for that are all over the map. It could be because of different receptors that we have in our bodies, males specifically, but also people with these conditions might have more of. And those receptors are ones the virus likes. It could be for a whole host of other reasons. I don't know. Also people that are over the age of 60 and then over the age of 70, over the age of 80, I forgot to mention that. Age plus those medical conditions are the risk factors for really bad outcomes or more severe outcomes. But there are some people who are 30, who are exercising every day, who get really sick. And I don't know why some people are getting really sick that have none of those risk factors and others aren't. I can tell you the "what", I can't tell you 100 percent the "why" it's going on. As far as race, you and I have talked about this. We know that black people are dying at a higher percent than any other population. If you look in Louisiana, 60% of deaths are in black people, and the state is only 32% black. So that's a huge problem. The prevailing thought for this is just systemic racism, socioeconomic problems, over-incarceration. There's nothing genetic or race-based or anything like that's specific to biology. It's our society.

Khalilah Collins, MSW: [00:23:11] It's racism. The underlying condition of racism.

Dr. Nicholas Van Sickles: [00:23:16] It's tough, but I think that it's true. It's the underlying condition. I don't see anything science-wise that says why you or I, as a black person and a white person, should be different. That's part one. We know what is causing hospitalizations. Why people go from fever to death? I don't know a lot of why certain people do and certain people don't. What we think happens is some people get a fever. And the reason you get a fever is your body's trying to kill the virus and your body fights and it fights. And then for some reason you get a little bit better. The fever abates a little bit and then your body just decides to go nuts and tries to really full force attack the virus. Unfortunately, in doing that, you get a lot of bad toxic byproducts and it shuts your lungs down, shuts your kidneys down, and shuts your heart down.

Khalilah Collins, MSW: [00:24:15] Which goes back to why diabetes, heart failure and all those things you named before are underlying risks.

Dr. Nicholas Van Sickles: [00:24:24] Because if you're sick, or also at baseline you have tough to control diabetes at baseline, you're also going to have less of a reserve than somebody who maybe doesn't have that. We know that it's called in the scientific community a Cytokine Storm. It means your body has like a huge hurricane of trying to kill the virus, and it overwhelms the body, and the body shuts down. And when the body shuts down, we don't have a lot of good treatments for that in the hospital. The second part of your question about when you should go to the hospital? A couple of things to think about: what is the hospital going to offer you that you can't get at home? I know that sounds so basic and I felt kind of silly thinking about that this morning. But it's really true. What can the hospital offer you? They can offer you fluids through your arm. They can offer you a ventilator. They can offer you oxygen and other ways to help you breathe, and a ventilator as one way to help you breathe. And they can offer you a high level of nursing care and maybe physician care, and perhaps they can offer you some treatments. But we don't really have any proven treatment right now. That's really the support a hospital can offer you. So when you think about that, you think about why should I go to a hospital? Well, if you just want to get tested, you should not go to a hospital. Hands down. Do not go to the hospital. Go to a community testing center like we have a CrescentCare, like they have at many other places in the city. Wherever you live, there's a good number of neighborhood testing sites. And the city is gonna be putting up more in different neighborhoods. Look on NOLA-Ready, find a testing site close to where you live and go get tested. If you are able to eat, if you are able to drink, if you maybe feel a little short winded, but you're able to go to the bathroom and you're able to do your normal stuff: Do you not go to the hospital. If you are having trouble speaking sentences, if you're getting short-winded even talking: call 911, you should go to the hospital. You need breathing support, and the hospital can offer that. I mentioned that pneumonia causes chest pain- if that chest pain is really bothering you bad, you should go to the hospital. If you can't keep yourself hydrated, because when we have fevers, we're losing fluids and we're getting dehydrated. You've got to keep yourself well hydrated, eating well. If you can't do that anymore- time to go to hospital. Those are the big categories I would look: what can the hospital offer you? It's fluids, it's help with your breathing, and extra support from nursing. So if you're at home and you have diabetes, high blood pressure, heart disease, and you're feeling terrible, the hospital might be able to help you if you're getting really sick. Better than you could at home, especially if you don't have a lot of people that can help you out at home. That's what my thought is.

But if you can stay home, keep yourself well hydrated, take Tylenol for your fevers, and in most cases, 80% of people do better and get better. It might take a little while. And I think that's one of the frustrating things that people call, "Doc. I'm still feeling like trash". Most people, it takes two weeks to recover fully. If you have a severe case, it's up to six weeks. So until you feel like yourself again, just things to keep in mind.

Khalilah Collins, MSW: [00:27:47] That leads me to a question I don't think that I have on here, and maybe I do, I don't know. But if you got tested, you went through it for two or three weeks and felt like crap, now you're feeling better... when is it over? Do I stay in the house? I know you said stay in the house for 14 days afterwards, but when do those 14 days start? When do they end? Can I still transmit it on Day 25?

Dr. Nicholas Van Sickles: [00:28:21] That's a great, great question. And a multi-billion-dollar question. We're not there yet. If you could solve it now, you're set for life.

Khalilah Collins, MSW: [00:28:29] I'm a social worker, Doc. I'm a social worker.

Dr. Nicholas Van Sickles: [00:28:33] A couple of things: if you get COVID and you test positive, if you are a health care worker... They have made guidelines because we know we need health care workers. If they all get sick, meaning not able to be at the hospital, there's a problem. That's where that whole flattening the curve helps; it's not just overwhelming the number of beds, it's overwhelming the number of health care workers. The nurses and the doctors, the respiratory therapists and all the people get sick, and you can't get care even if you have a ventilator. If you get sick with COVID-19, if I tested you today- and right now, our tests come back in a day or two, which is great- and in two days, it tests positive. What I would do is I call you: "Hey, you test positive". And you say, "Oh, I've got to go back to work. I'm an essential employee. I have to go into work". The way we measure going back to work is if you test positive for COVID, it is three days after you have no fever, so no fever for three days, and your breathing is better. Or at least seven days from the start of your symptoms. So say you got sick two days ago, your symptoms started the day before that. If in three or four more days you're feeling better, you could actually go back to work. That's the Louisiana Department of Health criteria. It's a little different because the 14 day thing is if you are exposed, because the problem is with an exposure, it takes at least four to five days to

see you're going to have symptoms, but it can be up to 14 days. So it's a little bit different between if you actually have it or if you were exposed to it. If you had a roommate or a loved one that got sick with COVID, it would be a two week exposure period that you'd have to be quarantined or kept away from them to make sure you didn't get COVID-19.

Khalilah Collins, MSW: [00:30:24] What about if I'm not showing any symptoms? Like for me today: I came in here not showing any symptoms. Say I leave here and get a test and they're like, "Oh, you're positive."

Dr. Nicholas Van Sickles: [00:30:40] That's a tough one. And we don't know. I mean, the simple answer is we don't know. And we don't have enough testing capability in the United States right now to really test asymptomatic cases. We could test people that are asymptomatic, but the problem is, I don't have anyone to follow up with them. The Health Department currently isn't doing contact tracing because there been so many cases that the system could get overwhelmed. So if I tested you and you tested positive-- You, I could call. But I couldn't call all those people. So that's just to hammer in, for anybody listening, the whole reason to stay home again, to wear the mask when you're out in public, to protect the essential workers. I don't just mean the health care workers. I mean the people at the grocery, the people at the pharmacy, the people who are doing all the things that are still going on in New Orleans that we need to protect. Because if you wear that mask and you keep your distance, even if you have an asymptomatic infection, you're not gonna spread it or you're much less likely, at least.

Khalilah Collins, MSW: [00:31:36] I only have a couple more questions. Do you know where we are on developing a cure or vaccine? I'm sure somebody is working on that, right?

Dr. Nicholas Van Sickles: [00:31:48] Yeah! There's a lot. There's at least 300 trials for drugs right now. I mentioned one thing a hospital could-- I say could-- offer you is a clinical trial for a drug treatment for COVID-19. And they are doing it here in New Orleans. The hospitals do have access to medications, none of which have been proven. We have some early signs on a drug called remdesivir, that's an intravenous medication, that it looks promising. But I don't know. A lot of things have looked

promising. And it did not work for certain other viruses either. So I don't want people to get excited about going to a hospital because of treatment options, because right now, I don't know if any of those work. But there's over 300 trials of different treatments, and there are tons of trials of vaccines, several of which are in what's called Phase 1, which is the first phase of making sure it's safe for people to use. If I give you the vaccine that it doesn't actually give you a side effect or something like this. And so it's a very small number. But the vaccine, I will tell you, it takes at least a year and a half, and the fastest we've ever in the U.S. developed a vaccine is four years. That was a long time ago, so the technology is much better now. And we haven't had a pandemic, since 1918. And now with H1N1, the so-called swine flu back in 2009-- we've had H1N1 flus before, so we were develop a flu vaccine much faster and than something totally new like this coronavirus. The vaccine will come; in just a matter of time. And then the second part of that is when we get it, it's going to be the same problem we saw before with the tests: how do we make enough of it? Because we have to make enough of it. Right now, we think that about three to 10% of the U.S. population has had COVID-19. You need everybody to get vaccinated. That's 300 billion people. So how are you going to make 300 billion vaccines. That's a lot. Even if our country had a very equal health care system, which it doesn't, it would be very hard to make that many vaccines. It's going to be some time. But that is the ultimate solution to this.

Khalilah Collins, MSW: [00:33:58] That led me to think of another question that I had that's not on my list: once you've had it, can you get it again? Is it over? We don't know yet either?

Dr. Nicholas Van Sickles: [00:34:12] We don't know, but we have some data. There's several normal coronaviruses that we get every year. They just come around, cause a common cold, the second most common cause of the common cold and we get it every year. If you were to get one of those normal coronaviruses, you'd be protected for several months to a year from getting it again. But unfortunately, cold and flu season comes around, and you get it again. So you're not protected for that long. SARS-COV I, which is the SARS virus that we saw in 2002 in China, the protection for that lasted almost three years. This coronavirus is somewhat related to that one; the actual name of it is SARS-COV II, instead of SARS-COV I. So there's a hint that, perhaps, if you got this, you might be immune to it for an extended period time, which then buys us time. If

you've got a lot of people who were immune to it, then the virus would in theory, possibly burn itself out for that period of time or eventually, and buy you time to make a vaccine before the next round comes up, before people lose their immunity. The tough part about that is a lot of people have to get sick, then you're gonna have more deaths. I don't know the final answer and I think we will know, probably in the next six to 12 months, more information about what getting sick means for you. But I don't think it's also a solution because a lot of people would have to get sick and possibly die. And then also we'd have to get probably at least 60 to 70 percent of the U.S. population infected to get enough people "immune" to be able to protect the entire society. That's a ton of people getting sick, and that's a ton of people dying. That's why this this new life of social distancing- it's going to change -but we're going to have to keep it up in some form or fashion to buy us enough time to get a vaccine or a treatment.

Khalilah Collins, MSW: [00:36:16] Yeah. So that leads into my next question. My last two questions aren't necessarily needing your medical background or opinion, but more of some of your regular opinion, professional opinions. What does protection from the virus looked like after some of our stay at home orders are lifted? I see in Florida they are opening up the beaches again. I'm sure eventually we'll open up New Orleans again. And so what does that look like? I joke around, I'm saying, "Well, I'll let y'all go out first and then I'll be about three months behind ya'll."

Dr. Nicholas Van Sickles: [00:36:55] That is wise.

Khalilah Collins, MSW: [00:36:55] But what does protection look like once we start opening up things?

Dr. Nicholas Van Sickles: [00:37:03] It's tough because if we want to do it right and we don't want people to get hurt, then it's gonna be very different than it was five months ago. So it's gonna be...

Khalilah Collins, MSW: [00:37:15] Five weeks ago.

Dr. Nicholas Van Sickles: [00:37:16] Five weeks ago, yeah. Exactly. It's going to be a life where we're not going to shake hands anymore, where we're all going to be wearing

masks out in public, where a restaurant might not allow as many patrons inside. You're not going to go to the crowded restaurant anymore. "We've reached capacity for tonight. I'm sorry."

Khalilah Collins, MSW: [00:37:41] That's life in New Orleans anyway.

Dr. Nicholas Van Sickles: [00:37:44] This is true. So we'll be we'll be fine.

Khalilah Collins, MSW: [00:37:46] We're used to that. Everything is always packed. We have to wait in line for an hour.

Dr. Nicholas Van Sickles: [00:37:51] But it's gonna be a lot of calling ahead, really preparing your day to travel. For people who are able to work from home and are fortunate enough to work from home if they work on a computer, we're probably not gonna have our workplaces packed. I don't see us here at CrescentCare being fully loaded with employees anymore. There's certain employees who can work from home. It's just not safe. And so it's gonna be a very different- if we do it right -society. If we open up New Orleans like those beaches right now, we'll be fine for a week or two. And then we would see a surge in cases, and that would devastate people. It would hurt people. And so that's why even though there's protests going on, I agree with the governor: keep things closed now. We need to get it to a point where we can take care of the system. If somebody has symptoms, we go test them. We find all their contacts. We isolate and keep those people quarantined and then tamp it down every time we can. I don't work for Louisiana Department of Health, so I don't know what the capacity to do that and what the threshold is to where they can reopen all their contact tracing. And then we're just gonna have to watch. If we do a little bit of a staggered opening, so say we opened up in August, we open up the schools. We open up the colleges and universities. But we do it in a different way. We have like an A-schedule and a B-schedule, for example, and keep small numbers of kids in school every day or something like that. It's time to be creative and think creatively about how you can keep crowding at a minimum in whatever facility you have, a restaurant, a bar. What is really essential, too? A food-making factory or a technology-making factory is essential. So you might need people doing some of that work and definitely coming in, but they'll need to be spaced out. And then we watch. And if the cases go up too high...

Khalilah Collins, MSW: [00:39:57] Then it's time to close it back down again. Right.

Dr. Nicholas Van Sickles: [00:40:00] That's going to be hard for people. If we really opened up and then really shut down, back and forth, that's a huge boomerang. That would really hurt. We talked in the beginning about mental health. Oh, my gosh. Can you imagine? You open everything back up, and then two weeks later you shut everything back down? People are going to be depressed. Already we're feeling fatigue, and it's gonna be even more fatigue with that extreme measure. You really have to let things go up, and then slowly tamp down. Let things go up, then slowly tamp down, and and do it right on every level until we get a good treatment, prevention, or vaccine.

Khalilah Collins, MSW: [00:40:33] Yeah, definitely. I keep saying people are like "our new normal". No, we're still not in our new normal yet. I keep calling it our "now normal". It's our "now normal", right? We have no idea the impact this is gonna have on us in a year. I think we need to remain vigilant and again, thinking creatively as we do this. My last question is for you personally. What are you doing to keep you and your family safe? Especially because you have to be here, and you're working with people, and you're doing testing. So how do you keep you and your family safe?

Dr. Nicholas Van Sickles: [00:41:24] I won't lie to you, like I've said all these things. And I'll tell you, I'm a human, too. And I have thoughts, feelings. I told you I'm embarrassed that I thought about actually cleaning my vegetables with a slight harsh chemical, like what am I thinking? I knew the answer to this. But I'm a person, too. And so I will tell you, like I have felt the same... Like I noticed I was this last weekend starting to slack a little about how anal-retentive I was about washing my hands and things like that. And I was like, no, you've got to keep this up. I'm trying to do the same things that I practice what I preach. When I go in the house, I change my outfit right away. I'm washing my clothes a little regularly, but I'm lucky enough to have that option. I wash this mask every day. I wash my hands right away. We are staying together as a family unit. I'm fortunate that my husband's a teacher and also, bless him, because he's doing his high school teaching classes online and then our kids who are doing their classes online. So, I mean, huge shout out to him.

Khalilah Collins, MSW: [00:42:25] Can I send my kids to your house? She has no symptoms right now.

Dr. Nicholas Van Sickles: [00:42:30] That's the thing I said earlier. What sucks is I would love it. I have friends that are like, "Can we just get them together for a little while?"

Khalilah Collins, MSW: [00:42:38] No, I meant for her to come and stay!

Dr. Nicholas Van Sickles: [00:42:45] But that's real. Yesterday my daughter and I got in this-- she's eight, almost nine-- we got in this huge argument about something silly. And I was getting frustrated. You're just like, man, you're just struggling. And it sucks. Part of our job as parents, is just trying to manage their mood half the time. Because our four year old's acting out and he's calmed down some. But we're just keeping up vigilance. We're doing a lot of outdoor activities. Fortunately, the weather's been nice. We go and ride bikes, they ride their bikes and we walk or run. We go to the park and we keep our distance. Fortunately, our four year old keeps the social distancing alive because people see him because he ride his bike very quickly. You know, we wash their hands all the time. We've gotten them into like keeping away from people, in and around people. It's just taken a lot of work and time. And that's not in a way to credit myself. Just I'm trying to practice what I'm preaching, and I want to acknowledge that it is hard. But those are the precautions I've taken: to change everything when I come in the door, I wash my hands right away. I'm very careful about what I do with the family and the kids before I engage them. It's hard because our 4 year old attacks me and clings to me right now.

Khalilah Collins, MSW: [00:44:11] Yeah, you're like, "Hold on. Let me go and do this first."

Dr. Nicholas Van Sickles: [00:44:16] He's starting to get it, he's a really bright kid. Both of ours are. But, you know, it's tough.

Khalilah Collins, MSW: [00:44:24] Yeah. Some of these questions that I that I got, I actually went to Facebook last week and I said, "Hey, if you had a chance to talk to a

doctor, what would you ask them?" So some of those questions came from people and not just my my brain. I think that's all the questions that I have. And I thank you because I had questions that I thought I had answers to, and then I didn't. You have one question, you get an answer and it gives you more questions. I know that things are changing all the time, but it's hard sitting in that uncertainty, too. Well, I guess I one more question. Do you have any suggestions around people's mental health or well-being through this time besides stay away from people physically, and washing your hands and wearing your mask?

Dr. Nicholas Van Sickles: [00:45:28] Yes. Our behavioral health team has put a list of resources on our Web site. Feel free to direct them there, it's open. The SAMSA, which is the federal government's Subsidies and Mental Health Recovery Agency, has a link to people you can talk to you right away. I think knowing what your symptoms are telling you is one piece to it. And I want to just try to say, like for myself, I don't know if I've always recognized when I was getting overwhelmed by this. And I'm trying to be better about that. But knowing what you're feeling and that that might be related to the pandemic, even if you think it shouldn't be, and then reaching out for help. You can talk to people on the phone. If you have somebody in your life that you can confide in, please reach out to that person. If you don't, there are professionals that can help, and at least listen to you. Because I think the simple act of blowing off steam for a little while and just like crying or yelling or talking or doing whatever it is, you know, like all those emotions are totally raw and normal. Now is really important. Some people also feel guilt because they lost someone and they didn't get sick. And I think that's another thing that we've seen in this, is people like, why did they die? And I didn't die.

Khalilah Collins, MSW: [00:46:46] Or not being able to be there, to do whatever your ritual is in that moment, to have that closure. Yeah, it's a lot, and from what I've been watching, people are really struggling, trying to figure out how to just process it all. That's why I hope some of these questions help that process part of it. Like, OK, now I kind of understand what's going on and what's happening. Now I can figure out how to deal with it better. That's been my thing: I've been sitting in this really weird space of "What the hell is going on? What is happening?" I can't even think through anything else because I don't even know what IS. So I really appreciate you answering these

questions and giving me some of those answers. Now maybe I can go home and actually scream or cry because now I know what's going on.

Dr. Nicholas Van Sickles: [00:47:49] For your organization, too, if people are engaged with you all as y'all are working through, and other people that work in the community to support mental health and behavioral health, as those agencies come online I'd encourage people to reach out to the places they already knew. So people already engaged making connections. I know you all have a COVID site on your page. If you have an established relationship with an agency that is already helping you, reach out to those agencies and see what they can offer you, or what direction they could point you in if they're not able to right now. That's my other biggest advice. All right?

Khalilah Collins, MSW: [00:48:23] All right. Thank you so much.

Dr. Nicholas Van Sickles: [00:48:24] No, thank you. This was great. I loved having you on.

Khalilah Collins, MSW: [00:48:27] Yeah, and my battery lasted the whole time. Look at that.

Dr. Nicholas Van Sickles: [00:48:30] We kept bobbling it. I feel bad about that. All right. We'll talk to you later. Thank you.

Khalilah Collins, MSW: [00:48:35] All right. Thank you.