

Seán Collins (00:02):

To remember, to recover, to renew. These are the goals of this podcast episode. They're also a way to think about the goals of storytelling after trauma. On today's program, we're doing something different. We'll spend the entire episode listening to the voices of nurses as they reflect on their experiences working and living through a pandemic. We'll do that with minimal narration from me. Instead, the voices we want to focus on belong to nurses, and we begin with Syl Trepanier, the Chief Nursing Officer for Providence.

Syl Trepanier, SVP Chief Nursing Officer (00:48):

Historically, most generations can relate to a significant event that has changed them forever. For us, the COVID-19 Global Pandemic is that event leaving us completely changed.

(01:06):

There are many studies that highlight the importance of reflecting after facing such an impactful event, so we invited nurses across the Providence family of organizations to reflect. I'm extremely grateful to all of the Providence nurses who have day in and day out demonstrated so much courage in the face of such adversity. Their steadfast commitment to serving all is a great testament to why nurses are still the most trusted profession.

(01:35):

Our founderesses demonstrated how it could be done and this generation of nurses showed up and weathered through the storm. I invite all of you to listen to these heartfelt stories and messages shared with us by Providence. Nurses. May you see these words as a gift of love. May these words provide healing for all nurses around the world, and may we find peace in our practice as we constantly aim to support health for a better world. This is Syl Trepanier, Chief Nursing Officer at Providence.

Shandria Dyer, Critical Care Nurse (02:19):

I remember when my coworkers were first talking about COVID

Seán Collins (02:23):

Shandria Dyer is an ICU nurse in Santa Rosa, California.

Shandria Dyer, Critical Care Nurse (02:28):

There was this palpable nervousness amongst the staff. There was so much chatter about not having enough staff enough PPE or even if we could stay in our own homes with our families. I had an Alaskan cruise trip scheduled at the time with my daughter's Girl Scout troop, which of course was canceled leaving the five little girls. Extremely disappointed after selling countless cookies to save up for this trip. I remember sitting with my husband and asking him if he was nervous about me coming home and exposing our girls or himself to a virus. I remember reusing PPE due to a national shortage and the constant change in recommendations over which personal protective device to use. I remember being told more than once that the surge is coming and we won't have enough beds. I heard scoffing at this statement when they did not come true.

(03:31):

For many months. We did not see a surge in covid patients. We had one here and there and then celebrated when our patients graduated out of the ICU. Even cheering for them and playing music for them as they were wheeled out. Then came many patients and they were sick, showing up to our emergency departments with oxygen levels in the fifties and sixties requiring mechanical ventilation to continue living. I remember when providing end of life care was infrequent in the ICU. In previous years, nurses have dealt with death. I have dealt with death, but typically families have been able to be a part of the process, seeing what we do at the bedside day-to-day to help their loved ones survive. Any given nurse may assist a patient and their family through the end of life process, maybe once or twice a month.

(04:29):

Death usually involved family members at the bedside, which would help bring closure not only to the family, but also to the staff who could process the situation through connection with the family. That connection during the pandemic had to be made over the phone. During the height of our COVID admissions, there were days when staff was assisting with the end of life process daily. I remember being the only contact for the patient since family visitation was stopped along with that person in an isolated room with the worrying of a air filter behind them and the sounds of the alarms ringing. I remember being on a Zoom meeting so my patient's family could see their loved one and say goodbye. Greater than 20 people took turns singing over him and reciting prayers and stories of thankfulness for his involvement in their lives. I stood there stroking his head with tears running down my cheeks, collecting in a puddle inside my

hooded air purifier, listening to the family members cry out. I wish I could have held you one more time. Through my tears, I finally had to tell them that the patient's heart had stopped. I remember singing Christmas carols to my patient and holding his hand on Christmas day while he took his last breath, family unable to get there in time to say goodbye.

(06:06):

I remember the shocked faces of families over FaceTime when they saw their loved ones face after lying on their abdomen for 16 hours straight. In an attempt to improve their lung function, their faces were swollen and misshapen. I remember stroking a patient's hand while his three children stood outside the glass door and cried speaking to their dad through the phone, held up next to his ear. They were three feet away with their hands pressed against the glass instead of their hands on their dad's skin. I was the bridge between them.

(06:57):

I remember loving being a nurse, but the years through the COVID Pandemic brought a new face to nursing, one of defeat that weighed heavily on me. It's hard to watch. The treatment we give not lead to successful outcomes. People suffer along the way and ultimately die. All the while. We still feel the pressure from families. I have seen more death in the last couple years of my entire nursing career. I have felt overwhelmed, angry, traumatized, isolated and self-critical. These repetitive traumatic scenarios lead to exhaustion. I have cried the entire ride home to my family. I have cried at her stepping in the door and being welcomed by my girls with a hug. I've even cried while sitting at the fruit stand reading another nurse's COVID experience.

(08:01):

I'm thankful for a supportive husband who would hold me and let me tell him about my day and my amazing coworkers who worked as a team to get through another challenging day. Most importantly, I could not be here where I am today still working in the ICU without my faith. Knowing I can find my strength and hope in God helps me get through another day. I am holding out hope for the nursing profession to come together after this difficult time to heal and support one another and listen to each other's experiences. We need to allow ourselves to feel peace knowing that we have given all we could have in the circumstances that we were in.

(08:59):

My name is Shandria Dyer and I work at Santa Rosa Memorial Hospital in the ICU. I have worked at Santa Rosa Memorial for 23 years and have been an ICU nurse for almost eight

Nanny Rawlings, Complex Care Nurse Manager (09:27):

Untitled

What's happening, Wait,  
What?  
We,

Our world is being attacked. What?  
A Virus called COVID. JUMP

We have the skills,

Our team can do this:

Our community,

Knowledge needed,

CDC,

Testing, Re-testing.

Symptoms ever changing...

We got this, collaborate, create, communicate.

Reach out,

Teach,

Triage,

Support, reduce fear, promote safety.

Seek Best Practices, reliable sources, disseminate, share.

OUR community needs us; our world is suffering,

We have the skills. We got this.

(10:30):

Written and read by Nanny Rawlings, Complex Care nurse manager for Swedish Health Services and just getting over COVID

Starr Salvatore, Clinic/Triage Nurse (10:45):

Before the call even came

Before the call even came

I said “yes, send me!”

Out of the birth of a pandemic Perhaps, was revealed my destiny Being frontline felt right and felt good Do it all again? For sure I would Tents went up, staff was assigned

By the hundreds the cars were lined  
up to wait their turn to get a most  
uncomfortable test, some looked so lost  
we worked those tents for over two years  
through hail, high winds and wildfire smoke  
through high temps, revolving staff and iced cloths we would soak

to wear, to cool our heads and necks  
no mind we paid, we suited up and moved on  
to the person to test next  
witness to a level of fear I had not before seen  
what was this virus, what could it do, where is it going, what does it all mean?  
I saw the questions and anxiety in all of their eyes Some with tears, some anger and  
doubt, was it all lies? I shared the same and shed my own tears too  
All the while letting them know, I am here for you! They thanked us for doing what we do  
They fed us and even called us heroes  
The full truth is I received so much more than I gave And would suit up again if it meant  
covid = zero!

(12:01):

My name is Starr Salvatore. I am a registered nurse and I work with Providence South Home and Hospice as an admissions nurse.

Illeana Bassoco-Barajas, Med-Surg Oncology Nurse (12:54):

This is my life during the pandemic

The nerves of nursing school, passing an exit exam and then the NCLEX, I thought the anxiety and stress had ended.

Who would imagine my career would begin amid a pandemic?

Training was cut short, floating to other units came early on.

Feelings of insecurity, feeling lost, some days hopes of succeeding as a new nurse felt gone.

No matter my insecurities, lack of experience, my faith helped to keep me strong.

I relied on my team, who felt the same. We shared that special bond.

Knowing that our COVID patients were vulnerable and did not have any family at their side,

I had to show up to be there to hold their hand. I would shed tears for these patients when they died.

I did not see my children for a couple of weeks not knowing to expect this when this pandemic hit.

I prayed to the Lord to protect my family and myself because I had a commitment to patient care.

I doubted myself as a nurse as patient acuities were high and I was unable to provide a high level of care to all seven patients.

Feelings of falling short and leaving many tasks uncompleted,

caused mental and emotional fatigue.

Yet I was reminded that this

career was my calling and there was a reason I became intrigued.

I had hopes and desires that this pandemic would eventually pass.

I thought to myself I do not mind the new norm of wearing daily masks if that is what it takes to keep the world and my loved ones safe.

I was tired of working extra shifts, watching these COVID numbers increase and feeling like another surge we cannot take.

This world was not prepared for so

much loss.

To see patients suffer while families calling and knowing in the back of my mind doctors would have to give bad news, felt like a heavy cross.

Some lost a mother, father, wife, husband, son, or daughter.

Families had to wait for the release of their loved one's corpse and delayed funeral arrangements to show them honor.

No one ever knew what to expect in the middle of the storm.

As hospital staff, we had to keep calm before our families and patients as we continued to perform.

Through the exhaustion and sleepless nights, I continued to pray.

“God give me strength, work through our hands to heal the sick and make them stronger each day.”

My prayers are now for the world to open their eyes, to be accountable and to cherish life.

Life is a gift that is so precious and so divine.

This is my life during the pandemic.

These feelings I shared were honest and transparent.

(14:25):

I am Illeana Bassoco-Barajas, a registered nurse at St. Jude Medical Center in Fullerton, currently working at the outpatient Infusion Center.

Seán Collins (16:38):

You're listening to a special edition of the Hear Me Now Podcast, "Nurses Unmasked: Reflections from the Frontlines" featuring the voices of nurses reflecting on their experiences of the COVID-19 pandemic. All of the pieces you're hearing today, along with many more, have been collected in a book titled "Providence Nurses Inspire Hope through Healing." You can read it online or download a copy at our website.

[www.HearMeNowPodcast.org](http://www.HearMeNowPodcast.org)

Amanda Meyer, ICU Nurse (17:15):

My Monster

There lives a monster now

Deep down inside of me

That was never there before

It is not a pretty little kitty

It is an angry tiger

A snarling beast

I try to keep it caged

To protect the ones I love

But it keeps lashing out with angry claws

I do not hate my monster

It cannot help the way it was born

Of pain and suffering and grief, fear, despair, and anger

Of body bags and PPE

Of a world gone mad

Of healing hands that could not save them

This beast is a part of me now

Carved out of me by a virus named C-19



And a war I never signed up for

When this war ends, what will be left of me?

Will my monster consume me?

Will I be scarred, snarling, and savage?

Will I ever sleep peacefully again?

Be the nurse, the friend, the mother, the wife

The person I was before?

Is there a salve to heal us?

A shield to protect us?

Can a wild and wounded beast ever be tamed?

So much unrest and uncertainty

But we are in this together

My monster and me.

My name is Amanda Meyer. I have worked in intensive care at Holy Family Hospital in Spokane, Washington for the last eight years.

Christine Marshall, Emergency Care Center Nurse (19:46):

What a crazy change in my life. When I first heard about this new virus, I was at an Emergency nurses association meeting in Sacramento in March of 2020. I had heard rumors but thought it would be better than the horrible influenza season that filled our emergency departments every year. How wrong I was. There was even a nurse at the meeting with the horrible cough, but she kept away from the rest of us. Then it was my birthday and my husband and I went to Catalina Island to celebrate no television news or internet. What a surprise. When? Monday, March 16th, we went to my favorite restaurant and found it closed. What was happening the next day I went to work and

was assigned to the COVID Cove. What did this mean? Another nurse and I were expected to care for all the potentially contagious patients using full isolation gear and no help.

(20:45):

We were lucky enough to care for the from Aruba that was covid positive and transported to us in a bubble. I also had a nurse who had just returned from Africa with ground glass in her lungs per her x-ray. I had to learn unfamiliar terms very quickly. I also learned to save my masks and gowns as we did not have enough. As the virus progressed and spread and we moved triage outside, I quickly learned to ask in English and Spanish if you have any sore throat, cough, fever, headache, loss of taste or smell, body aches chills. Soon we ran out of benches outside for them to wait to be seen. Then the doctor started seeing patients outside by August. It was a hundred degrees, so a fever got even hotter. Unfortunately or fortunately, my husband is a germophobe and did not want to work on the transport team with potential exposure to this new deadly virus.

(21:49):

He was 67 years old and got his doctor to write him medical leave. Then he retired on June 1st after working 35 years at Children's Hospital, so that meant he was at home worried about my exposure when I got home. Every day he would ask where I worked, triage, COVID Cove or psych emergency and I would strip clean my shoes and take a shower to get rid of the germs. He also had a glass of wine ready for me every night. How excited we were to receive our vaccinations with the small sense of security. Was I now safe from the virus? So much was still unknown, but I felt better getting vaccines for my mother and husband. Hopefully this would protect them from me. I also planned a trip to The Bahamas to celebrate our 25th wedding anniversary and was so excited that it was not canceled.

(22:44):

Now over a year later, the fears are returning and we are struggling to find rooms for our covid patients. Once again, I'm finding it difficult to have any sympathy for the patients who come in with shortness of breath but did not want to get a vaccine. What were they thinking? They went to big parties, hugged everyone and wondered why they were now sick. Then we people in healthcare are expected to make them better quickly so they can go back to work. Do not get me wrong. I still love my job and have no plans to leave the emergency department. Our hospital is my second family and I love the chaos and unpredictability we are faced with daily. I only hope I can keep myself and my family

safe and free from the virus. I will continue to wear my mask and wash my hands and stay positive. Christine Marshall, RN, MSN, CEN, Emergency Care Center Nurse St. Joseph Hospital, Orange, California.

Ana Rocha, Oncology Nurse Practitioner (23:54):

Mask and Vaccine

I wore the mask,  
The mask did not wear me.

I wore the mask to save friends and families.  
I did not love the mask - I wore every day,  
But it was a sacrifice I was willing to pay,

As we struggled, and COVID-19 ran free,  
We saw many loved ones,  
Who departed hastily and untimely,  
The take, their faces in our memories.

Our hearts battered; our spirits low  
For all the pandemic was a blow,  
Still, I wore the mask,  
The mask did not wear me.

We have paid our dues and emerged  
Battered and bruised,  
Is the pandemic near its end?  
Now faced with a new choice,  
a vaccine.

Tried and true,  
Millions through and through  
  
The vaccine is a means to an end,  
The epic pandemic can be but a memory  
  
No more mask, no more distance  
No more untimely or hasty departures

A sacrifice  
A promise to the ones we love  
  
Believe it or not, we have a choice,  
  
It will not break or weaken  
but strengthen and protect.

To prevent death from COVID-19,  
I wore the mask; I got the vaccine.

My name is Ana Rocha and I am a breast oncology nurse practitioner at the Ellison Institute at Providence St. John's.

Lady Lou S. Sayson, Certified Registered Nurse (25:40):

"The War Within You: Importance of mental health during this pandemic". Have you ever tried asking yourself that even for a moment, things could be different from what you are experiencing now? Thoughts about small things could somehow make a difference. We have been fighting this pandemic for so long to a point where in most of us felt so drained and exhausted. I felt that too, all of it. Sometimes I wanted to stop time, rewind it a bit maybe to those moments where I don't see my patients gasping for air or having high oxygen requirements.

(26:28):

You go to work every day taking care of your patients and at in a 12 hour shift, but no one knows how you are feeling or what you are thinking on that specific day. Likewise, one of your colleagues might be in a tough time dealing with a family problem, a health issue, a loved one, a breakup from a longtime lover or some financial problem, but nothing seems visible on the face they're putting on during work time. I wanted to say that in this raft times I felt how much words could make an impact on someone? Why not ask someone how was their day going or spent a few minutes holding a conversation that is rooted in making them express themselves? You may not be on most of his or her journey, but making your colleague feel like someone is willing to listen is good enough. I just think that it is a privilege to be able to empathize and feel for someone because it makes you grow having better perspective on life.

(27:49):

Those words that I wanted to convey hold so much power that even I cannot fathom how it shapes one's emotions. Our mental health affects our overall disposition in life. One tip of that scale and everything comes crashing. We sometimes don't place much importance in it because it has never been the norm in our society, but in this pandemic and above anything else, it has become a must to include it in our daily self-Check. Whatever makes you feel good and makes your mind at peace, try it. There is no tricky formula for achieving the zen of everything in life, but with will power, you will be able to achieve that peace on the side. Give some of that peace to others who need it the most. You might not be aware, but your life is a gift to others. Sometimes a healthy mind is not just maintained by you alone, but by the interactions you have with other people.

(29:03):

These connections instill something in you which forms a bond that shapes you and keeps on molding you as a human in this lifetime. Giving time and placing emphasis on the aspect of our being is now a commodity and not just a luxury. We tend to forget that it has a far greater influence on how we are doing in life. It affects everything down to the tiniest core of our judgment. That's been keeping us sane. Amidst this endeavor isn't so hard. Take your time and relax. Take care of yourself first and foremost. Sometimes it's also okay not to be okay more than being kind to others. Be kind to yourself too. We all have our bad days even worse, but never forget that you got this. You are amazing and you are doing well. Focus on the positive energy that is at your disposal. Appreciate those moments of stillness in you. We can only give as much as we can when we are healthy and cultivating inner peace. Mother [inaudible] of [inaudible]. One said, not all of us can do great things, but we can do small things with great love. A simple tap on a colleague's shoulder goes a long way.

(30:52):

I am Lady Lou S. Sayson, acute care registered nurse, Lubbock, Texas.

Ashlee Dowling, Sr Clinical Informatics Specialist (31:18):

"What I can offer to the frontline" The last time I walked through the double doors to St. Patrick Hospital's ICU in Missoula, Montana as a bedside nurse was a decade ago. After 10 years, I forgot the code to get in and I asked another nurse to let me in. Our chief executive pleaded with everyone in non-patient facing roles to help the frontline staff by picking up volunteer shifts. I contemplated how I could ignore the request. As a system-based employee, I didn't want my kids to get sick. Ultimately, I signed up because I hoped to give another nurse what they needed. As I walked through the doors, I felt a familiar sinking in my chest and stomach. My jaw clenched into a forced smile beneath my N 95 mask. Smile with your eyes. I remembered hearing from the morale boosters. I wondered if the nurses would know I was smiling beneath my mask.

(32:11):

The ICU hallway was unrecognizable. New machines with long flexible tubing and wires dotted the corridor. A nook in the hallway was now home to a makeshift office for respiratory therapists. I knew only a couple nurses. Many of the nurses I once worked with also left to pursue managerial or administrative roles. I didn't need to know who these nurses were to recognize the significance of their weary eyes in tired, grounded shoulders. These nurses needed sleep and massages and so much extra pay. How was I going to help with my defunct bedside nursing skills? When I checked in with Corey, the ICU charge nurse, she thanked me for coming and instructed that I was to answer the phone answer patient call lights and fetch supplies. Please find Andy. She's our CNA and she will help you get oriented. Corey said, I found Andy near the assignment board, surveying the expected discharges.

(33:07):

Andy handed me a Vocera, a communication device like a walkie-talkie and phone. The buttons and technology hadn't changed much since the last time I used one. The main difference was that I no longer had a name on the Vocera network, so I used the generic ICU H name to log in. With so many nonclinical staff rotating through volunteer shifts, it didn't make sense to add everyone to the Vocera network. I admired this efficient workflow even if it was impersonable. Andy's Vocera chimed and it said call from Joanne. She offered to give me a tour. I declined and she hurried off towards Joanne. In the dimly lit covid corridor, I saw a nurse dressed in blue personal protective

equipment, PPE and her patient's room. Her DNR patient was in pulseless electrical activity. The ECG monitor showed a slow and wide complex.

(33:59):

She cradled his hand in her double gloved hands while she waited for the non-productive electrical activity to flatten on the bedside monitor, she leaned next to him and paused to whisper something like, "You are loved. You will continue to be honored and cherished." She turned off various machines connected to the patient, the SUDs, several IV pumps and the BiPap. She doffed her protective shroud and shoved it down into the overflowing trash can. She didn't make eye contact with anyone in the hallway. The nurse's head hung low and a couple tears streamed down her cheeks to the crease of her mask. She sat at the white counter and began to work on the extra paperwork and tasks. When a patient dies, I asked her, what can I do to help you? Strangely enough, I learned the importance of open-ended questions like this. In my current role working with computers and not my previous bedside position, it forces the responder to think temporarily instead of blur out.

(35:00):

Yes or more commonly no as would be elicited from a similar, can I help you? Unfortunately, this question was not perfect enough because nothing escaped from her. I lingered a bit longer to see if she would change her mind. I fetched some supplies for a nurse down the hall to show my task-oriented resourcefulness and returned to her computer station to be physically present with her. At last, she asked, will you please help me get him ready for the funeral home? A stipulation in the informal agreement when I signed up was that I was not required to go into covid rooms. I didn't tell this to the nurse. Instead, I asked her to remind me how to dawn and doff full airborne P P e. I had only ever done this a couple times as a bedside nurse and I most likely performed it incorrectly. Since the stakes didn't feel as high back then, my heart raced and my esophagus tied itself into a knot.

(35:55):

This is why I am here. This is the help this nurse needs right now. I have the knowledge to protect myself. I whispered into my mask. The deceased patient's windows faced southwest. From this vantage point, you could easily see the Clark Fork River with a Beirut Mountains in the far distance. The typical Missoula gray clouds dotted the blue sky and the sun shown between the clouds illuminating the mountainside in big blobs of light, my heart rate slowed down and then not loosened in my throat. The hospital's scenic views have always felt magical. My hands naturally found the right buttons to

push to Max inflate the mattress. I followed the nurse's lead untucking the sheet, stripping the pillows from their cases, then rolling her patient's body into the bag, then onto the funeral home's gurney. I knew he was going to die. He was overweight and tired.

(36:49):

She told me as we peeled off our ppe, E, please don't think I'm awful. She added. I responded. I don't think you're awful. I think you've been trying to cope with a difficult situation for a long time. As we walked out of the room, I added, you're right. There is a clinical picture of people who are more likely to die from covid and you matched it. She nodded in agreement, unsure of what to say next to the stranger. I rearranged the boxes of gloves on top of the isolation cart parked outside the room. She broke the silence and said, Hey, thank you for being here today. Corey walked by and apologized to the nurse for not helping the nu. The nurse told her I helped and she asked if they could keep me longer. Cory turned and asked, will you please come back? You have been so helpful.

(37:39):

After that initial volunteer shift, I came back several more times. I found a rhythm when volunteering. I waited until after the National Guard stocked the isolation carts to go back through and straighten them up. I turned extra boxes of gloves to face the same direction so the sizes were easier to read. Bouffant caps sat corralled instead of flailing around like unhinged accordions, closed packages of isolation gowns were tucked under loose gowns. I'm not sure if nurses ever noticed the difference in the carts. I hoped someone who was already too busy would pause if even for a second to admire how easy it was To find all of the different PPE items. I began to learn the names and stories of some nurses. The nurse I helped the first day was named Lindsay. She was recently divorced and a proud mom to a black lab named Bridger.

(38:30):

I caught up with nurses I hadn't meaningfully talked with in over a decade. I found myself pausing in awkward conversations to consider what a friend would say instead of an acquaintance. After more than a year of social isolation, I yearned to make more connections with human beings in the flesh instead of over Microsoft teams. When a doctor vented about a particularly difficult patient, I understood that she too needed human connection. A friend I came to answer the phone and to stare into the supply room searching for a specific item. What I didn't realize I could give was friendship. My name is Ashlee Dowling. I'm a Senior Clinical Informatics Specialist. I work at Providence.



Jennifer Gentry, Chief Nursing Officer (39:25):

You are enough.

I know what your work conditions are and what you're doing is magnificent.

It's selfless and it is enough. More than enough.

We'll pace ourselves and together we'll see this through. We'll be innovative, purposeful, and caring.

We'll do our best to care for ourselves and we'll do our best to care for our community.

We'll do our best and it is enough. We'll go home knowing we were enough. As we leave our work on our doorsteps,

We we'll cherish our time with our families and friends and we'll remember we are enough. We are doing enough.

Nurses do not need to be more or do more. Only adapt to our new reality.

There's no more to give because you're already doing your best.

Pace yourself. The work is in front of us. We'll do our best and we will know that we are enough.

Jennifer Gentry, central Division Chief Nursing Officer Providence St. Joseph Health. I've been a nurse for 24 years.

Seán Collins (40:29):

"Nurses Unmasked: Reflections from the frontlines" is based on the book. "Providence Nurses Inspire Hope through Healing," edited by Hilary Alison, Katie Adams, Katie Grainger, and Hayley Pike. Our thanks to the editors and to all the nurse-contributors, including Syl Trepanier, Shandria Dyer, Nanny Rawlings, Starr Salvatore, Amanda Meyer, Ana Rocha, Ashlee Dowling, Lady Lou S. Sayson, Christine Marshall, Jennifer Gentry, and Illeana Bassoco-Barajas. You can download a copy of their reflections and those of all the contributors at [HearMeNowPodcast.org](http://HearMeNowPodcast.org)

(41:27):

The Hear Me Now Podcast is production of the Providence Health System and its family of organizations. It's produced by Scott Acord and Melody Fawcett. We have research help from medical library staff, Carrie Grinstea, Basia Delawska-Elliot, Sarah Viscuso, and Heather Martin. Our theme music was written by Roger Neill. The executive producer is Michael Drummond.

(41:52):

Join us in two weeks for a conversation with Dr. James Jackson of Vanderbilt about his new book, "Clearing the Fog; From Surviving to Thriving with Long COVID."

(42:06):

And in four weeks, if all goes to plan, we'll have two conversations about heart disease and women. The first with Dr. Lori Tam, a cardiologist, about some of the differences to pay attention to, and we'll hear from Kris Kleindienst who had a heart attack during a bucket list trip to Paris just a year ago. She'll talk about some of the lifestyle changes that she's made. Best way to be sure not to miss any of these episodes is to subscribe and we can help you do that at [HearMeNowPodcast.org](http://HearMeNowPodcast.org)

(42:41):

I'm Sean Collins. Thanks so much for listening. Be well.