OPENDORCLINIC THE OPEN DOOR



Josh Lanney joined the ODC in May 2016

66 The ODC community is unwavering in its commitment to the success of the clinic. 99

WOULD YOU LIKE TO MAKE A DONATION TO THE ODC?

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On our website: www.opendoormidd.org/donate

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Through TripHeroes Once the pandemic is over, your travels can support the ODC! www.tripheroes.org Choose Open Door Clinic as the charity to benefit.

A FAREWELL REFLECTION

As life's journey carries me away from Vermont in the coming weeks and I prepare for my departure from the Open Door Clinic, I've inevitably been reflecting on my experience and growth within the organization. It has been such a privilege to work at the Open Door Clinic and I'm so grateful for having been given the opportunity to be a part of this uncommonly meaningful work. What has struck me the most is how much human power it takes to achieve our ultimate goal of providing healthcare to the uninsured and underinsured. It takes far more than just our eight staff members. The Open Door Clinic consists of a small army of volunteers and supporters that comes together to help not only our patients, but each other. I guess what I didn't realize several years ago when I set out looking for a job, was that I would end up finding a community.

Coming from a skiing background with a music degree and an ostensible aversion to personal grooming, one could fairly wonder if I was the right choice for a job at a health clinic. After all, the learning curve can be quite steep. However, the ODC community is unwavering in its commitment to the success of the clinic and by association, my success — so I was offered all the opportunities to grow into my role. Whether through the mentorship of a board member, the ability to audit a class in the Middlebury summer language school, or the myriad interpreter training opportunities, ODC's broad community helped me to grow comfortable here and to thrive in my position.

Sure, there were bumps along the way. I had to work hard to increase my medical literacy — in both English and Spanish (ask me sometime how I learned that an abnormal Papa Nick has nothing to do with a strange Santa Claus). I grew to learn valuable countertransference

Spring 2020 | Year 6 | Issue 2

skills that allowed me to leave distressing things I would see or hear at work instead of taking them home with me. I developed critical organizational skills to help keep track of the various things I was working on when something else would come up that demanded my attention. I even started getting a haircut regularly!

Once I became comfortable in my role, it became even more apparent just how warm, authentic, and far-reaching the ODC family really is — and how committed to my growth and the success of the clinic they were. I've been very fortunate to have gotten to know many of our countless volunteers. Everyone comes from a different background and brings different skills and expertise, but what unites all of our volunteers and the ODC's extensive network is their passion and dedication to our work and our patients. This dedication is approached with a sense of purpose and duty, borne of frustration at the barriers faced by those who fall through the cracks of our country's health care system. That sense of justice and compassion is what made me interested in the ODC in the first place, and I know that anyone who shares those values can find a home in the ODC's ranks of supporters.

As I move on to the next chapter of my life, all of our volunteers and their passion will continue to be my inspiration. I'm excited for my next adventure, although I will certainly miss the Open Door Clinic, its ever-purposeful work, and its devoted militia of volunteers and supporters. F.D.R. said that "human kindness has never weakened the stamina or softened the fiber of a free people. A nation does not have to be cruel to be tough." I'll be carrying all of the kindness and toughness I've learned from the ODC community into my next chapter.

Cuídense mucho,

Josh Lanney





ODC CONTINUES TO PROVIDE CARE — REMOTELY

How is the clinic addressing Covid-19?

IT'S THE MIDDLE of spring. Vermont now has the lowest coronavirus growth rate in the country.

Since the Covid-19 pandemic began, the Open Door Clinic cancelled 14 regular clinics and eight dental clinics. Tuesday, March 17, 2020 was the first cancellation. That night, we had eight volunteers and ten patients scheduled. Since then, two volunteer trainings, dozens of referral appointments, and numerous other plans have changed.

Cancelling clinics doesn't mean that we've stopped providing health care. We didn't close the doors to our patients. In addition to being available for triaging calls, tele-health on the phone, tablet or computer, ODC's initiatives to address Covid-19 concerns have also included outreach to farms. Julia Doucet, ODC's Outreach Nurse, and Carol Causton, ODC's Board President and volunteer nurse, have visited 51 dairy farms throughout Addison County to safely drop off what we've been calling "Covid bags". Made possible with a couple of successful grants from the United Way of Addison County's Responds Campaign and the support of dozens of volunteer sewers and a handful donors, including distilleries in Addison and Washington Counties, the kit includes two hand-sewn masks for each person on the farm, hand and surface sanitizer, hand soap, thermometers, disposable covers, ibuprofen, and information in English and Spanish about the virus and the disease. Farmers have been very receptive to this effort and grateful for the supplies, information and support.

Our staff continue to alternate schedules at the office. We have been very conservative in limiting the number of people at the office, with each of us using a different room. Creative troubleshooting has always been part of who we are, and it is no different now. Following the guidance of our volunteer Medical Director, Dr. Linn Larson, and the Vermont Department of Health's recommendations, we plan to keep reevaluating and readapting each week while we continue to support our patients and community.

A PATIENT STORY

Eliel called us on a Tuesday afternoon last April. He reported having trouble walking from his trailer to the barn without gasping for air. He felt like his heart was beating strongly in his chest and he didn't have an appetite. He didn't have a cough or chest pain and didn't think he had had a fever, but felt like he had been getting progressively worse over the past week. At 48 years old, Eliel was a healthy man. He hadn't smoked since he left Mexico, four years ago. He breathing became extremely labored and he was febrile. He was sedated and intubated. Porter transferred Eliel via ambulance directly to UVMMC's Covid-19 Intensive Care Unit.

Early the next morning, we received the hospital report and nurse check in. Several hours later, we got a text message from Eliel's son, in California. We called UVMMC and gave Eliel's nurse the son's phone number. We also spoke to his case manager, who would help start his financial assistance paperwork.

Later in the day, ODC nurse Julia Doucet received a call from the farmer, Eliel's boss. He, too, had been in contact with the hospital and was concerned about the other six workers on his farm. While each worker had their own private room, they shared the kitchen and the



didn't have hypertension, diabetes, or underlying respiratory or cardiac issues.

As he spoke, he stopped frequently to catch his breath. While his demeanor and voice were calm, it was obvious that he was deeply troubled by his symptoms. We encouraged him to go to Porter Hospital's Emergency Room and notified the ER of his impending arrival, providing them with clinical and demographic information to allow them time to set up their video interpreter services.

Eliel crashed soon after his admission to the ER. His oxygen saturation fell, his

bathroom and had been exposed to Eliel prior to his hospitalization. Julia reviewed Covid-19 signs and symptoms with the farmer, infection control basics, and how to protect both the owner and his family and the other workers. A few days later, she would drop off a Covid bag for them.

After five days of intubation and sedation, Eliel was weaned off the sedatives and allowed to wake up. Since he was on airborne isolation, he was not allowed any visitors and the limited medical staff caring for him had to don full personal protective equipment to enter his room. As he woke up, his attending nurse was there with a tablet connected to a language services company to communicate with him. He looked around in confusion at all the beeping machines, slightly deafened by the whoosh of oxygen flow and the noise of the ventilator. The nurse explained that he had acute respiratory distress syndrome (ARDS) and pneumonia, a result of a presumptive Covid-19 infection. He was finally given his cell phone and allowed to communicate directly with his family and friends.

After he was extubated, Eliel was transferred onto the regular medical floor where he was weaned off oxygen. After 11 days of hospitalization, he was discharged financial assistance program does not account for the children he supports in Mexico, his household size of one makes his income relatively high. If he is lucky, he will get 60% off his entire hospital bill, excluding the ambulance ride, which does not offer financial assistance.

Eliel's Covid test came back negative, as did a second one and a third one. Even though all evidence pointed to a coronavirus infection and the doctors treated it as such, the Vermont Department of Health was unable to become involved in the case. Without a positive test result, they could not do contact tracing or education and outreach. Christina Dean, public health nurse for the VDH, spoke with Julia, who, in turn,



ODC Board President, Carol Causton, RN joins ODC outreach effort to distribute "Covid bags" at farms



with orders to "take it easy" for a week before returning to work. Because he doesn't have paid timeoff, he will have lost three weeks of pay before he makes it back to work. While the farmer would love to be able to afford to pay him, his back is "against the wall" with dairy in its current state. Since Eliel makes too much money to be eligible for Medicaid, he is ineligible for emergency Medicaid, even though this medical event was life threatening.

Because the hospital patient

reached out to the farmer. Julia instructed him to have the workers take their temperatures twice a day and report any abnormalities to the ODC. While the standard of care for Covid is to have all those exposed to an infected person quarantine themselves for two weeks, ODC believes that that would lead to increased risk of the workers fleeing to find jobs on other farms. Advice to workers who are told they cannot work when the work is readily available will most likely go unheeded. With input from ODC's volunteer medical director, Dr. Linn

Larson, and VDH staff, we agreed that the best approach would be to quarantine the farm while allowing the workers to go to work. Besides, working outdoors and in a well-ventilated barn is preferable to being cooped up all together in a double-wide trailer.

Even being tested negative, we consider Eliel our only Covid-19 patient so far and hopefully for good.

COVID-19 PANDEMIC TIMES









THANK YOU TO EVERYONE WHO HAS DONATED MASKS OR OTHER SUPPLIES!

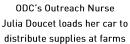


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Volunteer sewers have made over 900 masks for the ODC





ODC's Communications Specialist Christiane Kokubo picks up hand sanitizer donated by Barr Hill Distillery, in Montpelier



Volunteer medical director Linn Larson gets ready to see a patient at the ODC

A DIFFERENT PERSPECTIVE















In February, before the pandemic, artist Rebecca Kinkead drove her van-studio to Middlebury and parked it in front of the Open Door Clinic's office. She painted the portraits of five of our staff for her "A Neighbor Project: The Downtown Middlebury Portrait," to be exhibited at the Henry Sheldon Museum. The exhibit has been postponed, and since then, Rebecca has portraited two more of us, through a cell phone call with camera. Can you tell who is who? Hint: it's ordered alphabetically by last name.