

Here and Now, Then and There

By Caroline Grobler-Tanner

I was accustomed to launching off to hot spots like a heat-seeking missile. There was always another war, famine, or epidemic to go to. The lockdown put an end to my international roaming. I found myself in the strange position of being in the midst of a public health crisis at home in Washington, DC. An internal struggle ensued. I could not sit at home, but would volunteering on the front line be a benevolent act for the greater good or a selfish indulgence adversely affecting those close to me? I considered the overarching principles of public health, 'be of service, and do no harm.' I signed up for the Emergency Medical Corps and trained to do testing for the virus at a hospital, but I am experienced in community public health, and that is what I wanted to do. My community in DC is three miles from the White House, but it is a world apart. I began work at a local aid organization in April. Their mission statement resonated. "We work at the heart of the community serving those in need at the margins." On any given day, I might distribute food, give advice on testing, prenatal care, mental illness, and what to do with a corpse suspected with COVID-19. What I witness daily both saddens and heartens me.

It is a Tuesday in June 2020 in Washington, DC. A film crew arrives looking like a paramilitary outfit in khaki pants and flak jackets. I could be mistaken for one of them. As a veteran aid-worker, I suppose, I've adopted the uniform of my profession, but hopefully not the sanctimoniousness. I admit to having a contradictory relationship with TV news. Too often, I was featured in a dank hospital or refugee camp, a malnourished brown baby on my hip, exercising the white savior muscle. The angle was always skewed. I tolerated it because it was fodder for fundraising. Saving others in crisis is a glamorous but an inglorious role. It comes with overtones of paternalism and arrogance. The question of my motive for doing this work is something I have not yet resolved.

When I greet the film crew at 9 am, the line already stretches for four blocks. "Six feet, step back," I holler, stretching my arms out. People shuffle backward as though following the instructions of a line dance. Large carts of grocery bags stand ready for distribution. "Do those bags have the pinto beans in them?" the news reporter inquires. "No beans," I say, perturbed by the intrusion. "We're following the beans our Channel donated—from the Food Bank to the hands of recipients, that's our angle on the story," the reporter says. Muttering curses, I locate the bags containing the pinto beans. On the sidewalk, another reporter is interviewing the manager. "We are doing over a thousand food bags a day, four times the amount pre-COVID-19. The items are from the Area Food Bank, and today this includes these generously donated pinto beans." She holds a tin of beans up to the camera like a piece of jewelry on the shopping channel. I grimace, but I know that the current demand has driven up costs, and we need to promote ourselves to help others. I show the film crew what else is in the bags: pasta,

onions, potatoes, oranges, bananas, and muffins. Today, there are many new donations. I find high-heeled shoes, same-sex Barbie dolls, prom dresses and even used teabags. Presumably, you can always get another cup out of it. None of these items were requested and certainly not needed. When I ask our clients what they really need, they tell me: diapers, baby food, masks, disinfectant, toilet paper, soap, and gloves—we have none of these items. A woman arrives with three large boxes of ham sandwiches donated by a local Catholic school. "Are they only ham?" I ask. She stares at me with a quizzical expression. "People who are hungry will eat anything," she says with certainty. Well, that isn't true. I recall how Afghans dumped ready-to-eat military rations that contained pork, and Somalis used donated bulgur wheat to feed their camels.

Ahmed, a refugee from Darfur, is first in line. I greet him in Arabic. "No pork sandwich, I am Muslim," he says. "I know Ahmed—is peanut butter, OK?" I go to the back to search for PBJ sandwiches. Every day, Ahmed quotes from the Koran. Today's quote: "God is with those who patiently persevere." I am immediately tested. A colleague gestures at me with irritation, "just put the goddamn ham sandwich in the bag; don't ask them what they want." It behooves the novice to respect the organizational hierarchy until one is established, so I bite my tongue.

Nevertheless, I'm irked by the insensitivity of my 'senior' colleague. I wanted to tell him a story illustrating the importance of listening to those you serve.

After the earthquake in Nepal, aid agencies swarmed in like locusts with their dollars and expertise. They set up shelters for women and children and gave them fancy names like 'baby-friendly spaces,' Mothers didn't show up. Nepal has a vast cadre of committed female community health volunteers, well trained in maternal-child health. When I sat with them, they said. "No one has listened to us until now. We've got this, we just need basic pain medications because everyone has a headache, simple protocols to assist us in dealing with trauma and umbrellas."

"Umbrellas?" I asked,

"Of course, it's the monsoon season, and we need to go out in the rain to get to people's homes."

There is little time today for real talking. Charles stands to the side. Homeless, smart as a whip, Charles has schizophrenia. He hears constant voices in his head, and talking helps him quiet the inner noise. He is off his meds, like so many of our patrons who require care and follow-up. Last week, I made an appointment for him at the community clinic, and he appears daily to chat, and we ensure he is taking his meds. Behind every face in the line, there is a story. Many of our clients are women on the frontline, working as nursing aides, caregivers, and cleaners. Undervalued, underpaid, and now unemployed. Many have small children and are pregnant. Few have had any pre-natal care during this lockdown, and raising awareness about pregnancy dangers is essential. New mothers tell me they need formula. I refrain from preaching that breast is best. Distributing formula is not allowed. There is an international code. Formula can be mixed with contaminated water, and the use of bottles can be dangerous. Now I ignore this

dictum and accept a large donation of formula. The setting and circumstances demand a unique response.

Some clients are undocumented; they cower in corners, not wanting to be picked out by the TV camera. DC is a sanctuary city, but nowhere is safe these days. COVID-19 cases here are among the highest in the city. This community suffers the parallel plagues of injustice and inequity. The virus has affected all communities but not equally. African Americans and Latinos are at least twice as likely to be infected with COVID-19 and to die. This is why racism and poverty are inextricably linked to public health. People are hurting, traumatized, and stress levels are high, but the coping strategies of humor, positive energy, and helping others are clearly evident. A homeless man with impressive dreadlocks asks if we take cash. I tell him the food is free. "No, I want to give you something," he says. He shares that his friend passed away and left him with all his remaining possessions, including \$50 in cash. "He was the one who brought me here in the first place, and I've been able to eat because of him—and you," and he shoves \$20 in my hand.

I am in awe at the resilience and generosity of my neighbors in these difficult times. I hear a lot about resilience these days. Indeed, it is a buzzword from development that has gone mainstream. I find it bemusing. From all I have witnessed, resilience is built through adversity. Rather than deflating the spirit, adversity has the opposite effect. The old adage, 'what doesn't kill you, makes you stronger' has much truth under its rust. Resilient communities have a high level of trust in their leaders, in each other, and a sense of communal good. Instead, we are polarized. Hope lies at the community level. In public health, we aim for healthy, strong, and resilient communities. The question now is how to grow them.

Charmaine approaches to pick up her bag. She characteristically checks the goods and removes the beans, "I don't want no beans, they give me gas like nobody's business." Charmaine shows up again an hour later in a new mask depicting huge red smiling lips. "I was a depressed person before masked in grey, and now I am a happy person," she winks at me. Charmaine is bipolar and obsessive-compulsive. She takes the tin of beans in and out of the bag three times. Simone barges in, irritated by the repeat performance, and snatches up the tin. Adorned in a pink tutu, Simone is imposing and likes to shout at anyone and everyone that "fucking is better than dying." I tell Simone to shut-up and mask-up. I anticipate resistance, so I add, "wearing a mask is not a matter of debate."

I acquire hundreds of Chinese disposable masks from Amazon. I hand them out like candy. I am frustrated masks aren't free and available everywhere. The public-health community talks a lot about "meeting people where they are." Often it is just rhetoric. Despite their proven efficacy in preventing HIV transmission, condoms were not ubiquitous in high prevalence areas in Africa at the height of the epidemic. Distribution was hampered in part by the U.S. restrictions and the focus on abstinence and fidelity. Free condoms finally began to appear in giant buckets at bars and truck stops. Similarly, masks need to be dispensed where they're needed most. What matters is that people choose to wear a mask—and that choice is as effortless as possible. Some leaders were vocal in their opposition to condoms, not least because there was denial about the existence and transmission of HIV as there is with

COVID-19. A homeless client from Haiti sports a large Trump medallion and holds two large totes displaying the words 'Pray and Hope.' How fitting. She tells me the World Health Organization is the devil. I chuckle at this. I have heard WHO referred to as the World Hell Organization. I find myself in rare agreement with the 'Liar in Chief' regarding the pickle WHO has made of this pandemic. Then there is the CDC. Suffice to say, it is a sad time for public health.

The reporter trolls the line looking for someone amidst the sea of need who is willing to tell a story of being saved by the pinto beans. He picks on Ana. She makes short shrift of it. She lost her job as a waitress; her partner is in a detention center. She is pregnant, two months behind in rent, and fears eviction. She skips meals to make sure her two girls get enough. The reporter tears-up and removes his mask to wipe his face. Ana goes on, "I used to bring food here before this virus, but now I am grateful for the generosity of others." The reporter asks Ana if her story is typical in this community. She laughs. "There are so many women in my boat. I am praying we can all just stay afloat." The film crew packs-up, their angle on the story is complete.

For the community, it is just the end of another day. As I am closing up, Simone reappears.

"Someone stole my fucking food."

"How did that happen?" I ask.

"I was fucking mask-debating."

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