

Free Community Newspaper

# Pike Pulse

Helping  
Build Our  
Community

May 2020

First Edition

## TAKE A LOOK AT THIS

### OUR FIRST ISSUE

#### IN THIS ISSUE

You'll find stories about our Pike Township Fire Department's 1st Responders, Paramedics, and other Healthcare Champions.



Photography by Mid-States Media Group



Photograph courtesy of Pike Fire Department

#### FEATURE STORY

Read Fire Chief Trag's story about the most challenging call Pike Township Fire Department has ever taken and how they responded. See pages 4-5.

#### FEATURE STORY

Dr. James Pike and his Urgent Care Center is saving lives and teaching us how to live through the COVID-19 challenges. See pages 6-7.

Our mission is to help build a stronger sense of community by keeping our fingers on the pulse of Pike Township and publishing positive, upbeat, and relevant news.

**Pike Pulse** is the only free newspaper in Pike Township that is delivered by the US Postal Service twice a month to every residential and business address.



## Pike Pulse Pillars of Engagement

### I. Cultural Pillar — where we live

- Stories about Pike residents
- Stories celebrating our diverse cultures
- Stories highlighting opportunities

### II. Social Pillar — how we connect

- Spotlight groups and organizations
- Communicate celebrations for Veterans
- Information about our religious diversity
- Neighborhood association news
- Health updates
- Art exhibits and performances
- Youth and adult athletic updates
- Academic celebrations

### III. Economic Pillar — how we make a living

- Commercial development
- Business-to-Business communications
- Business-to-Consumer communications
- Pike job openings
- Legislative and township development
- Community development
- Pike Business Park news

# Meet the Paper

The founders of the *Pike Pulse* all are in agreement. They see value in Pike's community — and they want to bring it closer together, especially after a time when we've been required to be apart.

Pike Pulse Publisher, **Clint Fultz**, who is treasurer of the Pike Township Resident's Association and a member of the Pike Township Advisory Committee for the Westside Chamber of Commerce, is the driving force behind the paper's launch. Having lived in Pike Township for almost 40 years, he's long seen the need for a community newspaper, something he says he hopes will "really help stitch the community together."



A successful businessman and owner of commercial real estate, Fultz is a CCIM who has brokered land for public schools, local businesses, and several locations for national companies in Pike. Along the way, his career path introduced him to lifelong friends and mentors whom he credits with much of the knowledge that led to his success and to realizing the benefits of a strong community. Outside of business endeavors, Fultz most values his family, which is becoming a small community of its own. As a father of two children and a grandfather to two grandchildren, he looks forward to the *Pike Pulse* providing families and residents of Pike with the information it needs, from school and community news to more resources and new opportunities.

*Pike Pulse* Editor-in-Chief, **Brocky Brown**, who is also the current publisher of *Speedway TownTalk Newspaper*, became involved with Pike's new publication through Fultz. Although he lives next-door in the Town of Speedway, Brown is passionate about bringing Pike Township a community newspaper. "I'm actually loving getting to know Pike Township," he says. "We're discovering all the reasons why people are so grateful to live [here]." Brown has been involved in printing for a long time and started his own printing business in 1983, before computers were widely used. His passion for entrepreneurship developed at a young age when he was the captain of his college soccer team and later was inspired to conduct soccer clinics while teaching in Cincinnati. Born in New Haven, raised in Houston, and resided in several other states for his education and career, Brown says something he learned to value was diversity through his faith and his work. "[Diversity] adds both to the color and depth and breadth of what we do and what we understand," he said. "Whether it's a diversity of color or diversity of religion or diversity of understanding, as long as people talk and are willing to listen to each other, it's so enriching."



Above all, Brown loves his family. Through his roles as a husband, a father, and a grandfather, he's learned what love means to him. "Some people ask, 'How do you define love?' I think defining love is a measure of how well you know another person." This is the kind of love that he hopes to bring to this community through *Pike Pulse*. "The more [people] open up to really listening and getting to know those around [them] ... and getting involved with the township activities...the more [they] seem to live longer, live happier, and live better."

**Brandon Fishburn**, Director of Development for *Pike Pulse*, agrees. His hope is the paper will establish "a better sense of neighborhood, connectivity, and access to resources" by highlighting the everyday stories from real people in our community. Although he and his family have faced hardships and great loss, through fatherhood and faith he's found a new path in the paper where he's excited to use his communication skills to serve this community. Fishburn ran Midwest Sports Complex in Pike Township for years before transitioning to his new role. "I recognized that that's really where my strengths are...in creating opportunities and then communicating and being creative about ways to connect," he says. "That's really where my passion was." He says that for him, if he can help provide a legitimate sense of community and unity among its members, "that's pretty fantastic and very fulfilling."



Fishburn added that if he could give one message to *Pike Pulse* readers, it would be "that we need you. This paper is for you, it's about you, and it's meant to serve you," he says. Like Fultz and Brown, Fishburn recognizes that telling stories can connect us when we need it most. "We all have stories to tell."



#### Interviewer and author of "Meet the Paper"

I'm Alexa, and I'm a lifelong member of the Pike Township community. I'm going into my junior year at George Washington University in D.C., where I'm a Division 1 rower studying journalism and mass communication. Afterwards, I'm hoping to continue my education at law school. I've lived in Pike Township for nearly 20 years and even started my athletic career here at the Indianapolis Rowing Center in Eagle Creek Park.

Although my athletic season has unfortunately been canceled due to the current health crisis, it has opened the door for me to get more involved in my community and to be a part of *Pike Pulse*, an opportunity for which I could not be more excited and grateful.

Published 22 times a year by Pike Pulse LLC (Twice a month except for November and December when we publish one issue each month)

Pike Pulse Newspaper 4732 Century Plaza Road Indianapolis, IN 46254 317-449-7200

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The Pike Pulse team is committed to producing a newspaper that Helps Build Community, Celebrates residents, Builds businesses, and Partners with organizations in and around the Pike Township.

News and ad Deadlines: 10 days before publication. Send news and stories to brock@pikepulse.com. Send ads to brandon@pikepulse.com.

A Free Community Newspaper

Pike Pulse

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The Pike Pulse Newspaper is delivered by U.S. Postal Carriers to every house, apartment and business in Pike Township. Papers are also available at the Pike Township Library, the Pike Township Office, select restaurants, advertisers, and other locations.

If you do not get your paper, contact Stephanie: 317-429-7200 or stephanie@pikepulse.com.

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FIREFIGHTER

Not many people remember us, Not many people care Unless a life is saved or lost While we are fighting there. We learned to respect the fire we fight, And even love it, too, In order to end its destructive path Is what we train to do. There are many who can't comprehend Why we love the things they fear.

We're the first they call in time of need, It's the reason why we're here. The next alarm may make us proud, And heroes of some kind, Or maybe it will be our last in service to mankind. But whatever fate may bring us, It doesn't change our hearts. We're firefighters to the end. We always do our part.



**Fire Chief  
Chris Tragesser**

# COVID-19: The most challenging call we have ever received!

## An interview with Fire Chief Chris Tragesser

This is my 29th year. I have the honor to have served at every rank in the Pike Township Fire Department (PTFD). I started out as a probationary member and went through the ranks. I was an engineer (a driver), then I served in the division of training. I have been a lieutenant, a captain, and then promoted to Battalion Chief about 10 years ago. I thought I was going to retire as a Battalion Chief. Then I had a surprise knock on the door and was asked if I had interest in the Fire Chief's position. Our former Chief, unfortunately, had some health issues, and retired in December. Trustee Annette Johnson appointed me to the position and swore me in to start on January 1, 2020.

I actually started out as a volunteer fire fighter in another area while working another full-time job. I realized, "Wait a minute, I've got this backwards. If I like firefighting so much, maybe I should be paid for it." That was 1991. There were over 1000 people applying for 25 firefighter jobs in Pike Township, and I was fortunate to get one of them. It was competitive then and remains so now.

To have come up in the ranks was a benefit to me as Chief, because I was so closely involved operationally. When outside Chiefs come into a fire department, the first thing they have to get past, especially for a department of our size, is to get to know the couple hundred cast of characters quickly. I already knew everyone.

The PTFD is my fire service career. I plan on retiring from the PTFD. It's good; I love it. Becoming a Fire Chief is an interesting process. I am enjoying the process. There's so much to learn.

### Describe Pike Township Fire Dept.

We operate out of our head-quarter station at 71st and

Georgetown Road and have five fire stations equally spaced in quadrants. They're numbered stations 61 through 65. We have a firefighting staff of about 140. The civilian staff make up not only administration and support services personnel, but also our emergency medical staff (EMS) transporters. The paramedics and EMS are the boots on the ground who transport our sick and injured. They are our ambulance service. The Township owns the ambulances, and the EMS providers are now all Pike Township Fire Department employees.

It has only been that way for a year and a half. We have always owned and operated the ambulances, but St. Vincent Hospital provided the paramedic and emergency medical technicians. It really worked well for us both at the time, but St. Vincent's changed ownership. We decided to have the EMS become part of us.

The change-over was an interesting process. We were a long-standing firefighting family who had lived together for years and had made thousands of emergency runs together. When we brought in the new outside EMS hires, they started living with us in our fire stations and operating our equipment. We had to work out many things including who's the boss on emergency scenes. We had many outside factors to blend and make work.

I have to give credit to our own personnel. They really accepted and helped the newcomers become part of the team. And now I feel they have become a part of the family, too.

The EMS responsibilities may be very different, but their station life looks exactly like a firefighter's. They have responsibilities to clean and maintain the station, but everyone works together. The paramedics may have a really busy day, while the fire engines and firefighters may have a quieter day. Dinner will be waiting when the paramedic team returns. It's a different direction for the fire department, and it's been an interesting and challenging change. We've had departments across the country reach out and ask, "How did you guys make that work?"

One of the things about our fire department that's unique is we are relatively young compared to other old city fire departments. It's been a professional paid service for 46 years, since 1974 with its first paid member. This department had big groups that were hired at the beginning. And after all were hired, we didn't need to hire the big classes. For years we were a full roster. Most firefight-

ers serve at least 20 years, and when we did hire, it was only for a couple of positions. Somebody went to a different career, or left for other reasons. But we just didn't have any more big groups of hires. My class was 25, and we had several classes right before that were between 16 and 26.

Once the stations were fully staffed, the apparatus and the civilian roster were filled out, and all of our officer positions were filled, there wasn't a lot of opportunity for career development.

In recent years, however, we lost a third of our department just to retirement. Now we're starting to get significant turnaround. We're losing another third of our department in the next few years. One of the big concerns we talk about now is preparing others to take over your job when you leave. Internal career development is important, because we don't want to lose any of our history and capabilities when a senior member retires.

### How has COVID-19 affected a fire fighter's family life?

Yes, it's a very unique challenge with COVID-19. We're social distancing as best we can, yet in our own immediate family unit at home, we just face it. Social distancing is a challenge in a firefighter's family unit. We must accept the risk. We socially distance when possible. We wear masks when we're on the runs, but we still operate as a unit at the station like at home.

We are all trained well and have all the layers of protection possible. We've had to figure all those things out. We've had to put a number of things in place that a lot of people wouldn't think about because we don't have a choice.

### Any firefighters get COVID-19?

Yes, we have. It's been like a revolving COVID-19 door. We would get somebody back to work, and then somebody else would have to be quarantined.

We haven't had a new case in a few weeks now, but we are still taking this very seriously and have many precautions in place.

### How are Pike Township citizens handling COVID-19?

Well, given the circumstances, unfortunately, one big focus is our healthcare facilities, because that is where the largest concentration of our elderly and sick population are located. This disease can be communicated so easy. Now you have the threat of it being passed around within the facility to your highest risk group.

We do community outreach educational opportunities with our social media, Facebook and our website ([www.pikefire.com](http://www.pikefire.com)), but it never seems to be enough.

And we hope Pike Township people will continue to take the coronavirus seriously.

It hit our department directly, and it has caused us to downshift a gear when we get to our run destination. When the call is not somebody who needs urgent care, we take time to double-check each other before we go inside a home. We make sure we have on our PPEs (our personal protective equipment), and that it's properly secured. We want to



limit the amount of people who go into the house and make the initial check, so we now ask "Are you able to walk outside?" We don't want four to six firefighters to walk into a house and put themselves in harm's way when they don't have to.

We have been fortunate with our excellent PPE and planning, but mostly due to our professional execution by our fire fighters and EMS personnel. We really felt bad for a lot of the providers around the country, when we saw they weren't prepared enough up front, often at no fault of their own. Who knew what the numbers were going to be, and who saw this coming?

We were in a pretty good position. We made the decision early on to put on an additional layer of protection. So, besides ourselves being masked up with face protection and gowns, we're putting a mask on patients as well.

One fire fighter who is COVID-19 positive is too many for us. It has not affected our level of service or response times, but it comes at a cost, literally and figuratively. We have to hire some overtime to extra work shifts while people are being quarantined.

### Are citizens of Pike Township doing what they should?

Everybody is not doing exactly what they should. Some people need to take this more seriously. The state and city leaders are starting to back this down a bit, but it's been a training process for people to understand how to deal with it. People have been at home for a reason, and this training process included learn-



**Pike Township Fire Department  
Locations**



Pike Township Fire Department

ing how to socially distance and mask when around others. That needs to continue.

**The disease is still very much alive out there. It would be irresponsible for us to disguise that as anything different. Acting as if it's gone is very dangerous.**

Our teams are on the ground. We're the ones having up-front contact with people who need us, and we take them to the healthcare facilities. We have a 30 to 45-minute contact with people who in some cases have coronavirus. The whole shift is dealing with this "probably positive" patient. They know every second of their day they're on duty, they're engaged, and there's no room for error. Our training is that everybody you come in contact with has it (and hopefully they do not.)

We hear talk about coming up with vaccines, and we're hopeful. I know everybody wants that to happen. But, there's a number of diseases out there we don't have vaccines for that have been around for a lot of years.

We're still on an uncharted course and in unknown territory. It's still very serious. For the young people we run into who are more lackadaisical and sloppier than anyone else about this, I say, "If you're not going to take it seriously for yourself, take it seriously for your parents and your grandparents. They are the ones most affected by this."

**Who would you like to highlight?**

I absolutely give kudos to all of our fire fighters on the front-line, but especially to our men and women in our transporting units. They drive the ambulances and care for patients during the drive. All our firefighters are involved in initial patient contact and care. The first person to get there is going to initiate treatment. But it's truly the ambulance personnel who are delivering patients to the care facility. They do it every day, day in, day out, and never complain. They're very much in the face of it. We have eight members each day who transport.

**When will we be finished?**

I have no guess, and I'm concerned that after it's over it's

going to be like the time after the depression that our grandparents or great-grandparents lived through. There was nothing you could do to replace what they lost in the Great Depression, and it will be like that for some after this health crisis. We are going to have some people who are really changed by this for years to come.

**Will this coronavirus change your standard procedures?**

That would be a for sure, "YES!" It has changed our use of PPEs (personal protective equipment), and our level of comfort interacting with the public. It has changed some of our responses regarding different run types.

We care about each other. We believe in consoling and trying to make people feel better, and it doesn't matter who they are or where they come from. This COVID-19 may change our ability to show how much we care and love people. It may be a big hamper with lasting effects.

Our firefighters went on a response the other day and helped one of our citizens get up

off the floor in his house.

They asked,

"What were you doing before you fell?"

And he said, "Well, I was washing my hands to get soup started for lunch."

So, they stayed and made lunch for him. Those are the things that show the passion people have for this great career. I hope this health crisis won't change that aspect of firefighting.

**Are there statistics about COVID-19 cases in Pike?**

Whenever Marion County has a big major event like this, we set up an Emergency Operation Center — an EOC — which includes all the county fire departments, the Indianapolis Police Department (IMPD), the Sheriff's Department, all the utilities, the Coroner's Office, and IndyGo (bus transportation), and many others. For weeks now, there are daily brief-

ings every day. The questions are, "Hey, what's the statistics? How many departments have members who are testing positive? Are your services affected? What help do you need? Is critical infrastructure affected?"

Regarding run response, that's determined by our dispatch team now, because everything is computer balanced. The dispatch team knows where runs are needed, who's busy with a run, and who to call to get the quickest response time. With the EOC knowing where everybody stands, and dispatch balancing out resources it's a collective balancing of community resources.

**How much staff time is spent with the EOC?**

Departmental staff from all over Marion County and other representatives from around the state are manning the EOC full-time every day. We share the responsibility of EOC, and some of our Pike people spend some time there. We sign up for shifts to cover personnel needs when requested.

The information needs constant updates. When we reach rising numbers of patients who need to go to hospitals, the EOC coordinates where there are beds available.

**Are you enjoying being Chief?**

I joke and tell everybody I wish everything they told me about the job was as they said. But that wasn't the case. I suppose they

wanted me to discover it myself — not a bad thing really. Anyone who comes into a position like this has grand plans to accomplish in the first month, in six months, and in a year.

For me, when COVID-19 hit, everything I was looking to do took a back seat. Keeping our workforce healthy and safe and making the right decisions about that took precedence over everything else. Without healthy firefighters, we can't provide the service we're obligated to offer to our great citizens.

**Have you lived in Pike Township all your life?**

I grew up on a farm north of Indianapolis. When I started in the training



academy in 1991, my wife and I moved into Pike Township. I bought a business while I was on the force and operated it for several years. We raised our children here. When my Dad needed help back on the farm, we moved back up north to help him.

I love this community. The Pike Township area has been great for my family, and for me personally. I remind our newest firefighters: this is more than just a job and a place to earn money. It's a lifetime career with a family-oriented business. When somebody in our extended family gets sick or needs help, the outpouring of support that goes to that member and their family is unbelievable.

**Concluding Statements:**

Before I finish with this interview, there's something I can't leave out. The Pike Fire Department gets absolutely unbelievable community support from Pike Township residents and businesses.

If you google "Pike Township Fire Department," you'll see some of that awesome support on our website ([www.pikefire.com](http://www.pikefire.com)) and our Facebook page. There's a lot there about our departments and our whole organization, too.

Clif Bar Baking Company has made donations on a regular basis along with ConAgra Foods. Endangered Species Chocolate showed up with 40 cases of very high-end, expensive chocolates and said, "Thank you." Getting nice surprises like that along the way is like giving us that hug that we can't give to each other, I guess. The community outreach part of COVID-19 has just been phenomenal. We're blessed to have the support and the network of people in this community, that's for sure. ●

**Chief Trag:** I just want to end with saying it's been a pleasure to meet you and learn about the new newspaper. My apologies it couldn't have been a real face-to-face meeting, but that's where we're at right now, right?

**Editor Brock:** Correct. And we are honored to share the Pike Township Fire Department story.

I do have an off-the-wall request. I used to play racquetball with the Wayne Township Fire Chief, and my son-in-law plays some fire fighters where he lives. You all are great competitors. If you play, I would enjoy a game.

**Chief Trag:** Okay. That sounds good. I'm a hack at racket sports, I can tell you that. I move around a lot, but don't hit the target, you know? It frustrates me when somebody puts half the energy out and beats the pants off me. Geez, how do they do that? I usually invite them on the next trip, and say, "Okay, now we're going to my place." We'll go out to the farm and shoot clay pigeons or something like that. We'll see how that goes.



# COVID-19 and Healthcare in Pike Township

## An Interview with Dr. James Pike

**O**n February 3rd, when Seattle published the report about the nursing home where there were deaths of both residents and staff, I was like, “Oh my gosh. This is real for us. This is going to change our lives. We are in for a period of time that is going to substantially change what we do.”

Seven days later the state locked down every nursing facility in Indiana. It only took the state a moment to recognize the severity. That happened; that changed our world.

As soon as we learned we had patients in our own community who had coronavirus, we had to look at what we were doing at our front door. We said, “We have to figure out how to control who can walk through the front door.” We looked at each other and said, “We can’t place our employees at risk.”

If you walk through the door and say you have a cough or a fever, I don’t know if it is bronchitis, pneumonia, or COVID-19. We had to assume the worst. We initially thought, “We can’t take those patients yet.” But, after we put our heads together, we decided, we’re going to face this and continue to provide care. We are going to do the best we can to keep the doors open and figure out how to take care of our neighborhood and our community.

We watched local organizations all simultaneously close their doors. They closed their primary care clinics, and their urgent care clinics. Everybody closed everything down and we’re like, “We can’t do this. We’ve got to be able to do what we do!”

We decided, “We know how to do this. We’re a pul-

monary group. We know what this does. We know how to take care of it. All we need to do is just make sure we have enough of the right equipment to protect ourselves and our patients. We just have to figure out how we’ll do that. And then how do we test for it? How do we figure out how to test and be able to send those tests off? How do we advise?” So, we went through that whole process carefully and did that very quickly.



We opened our COVID Clinic. We started doing that three days a week for about two or three weeks. Then we shifted over to a daily clinic so we have the ability to meet that need. We have other acute care patients who get sick and need to be seen and identified.

And then you have people who have been sick or are getting sicker and need advice. We do that through Telehealth or an office visit. So, all of that is a part of what our COVID Clinic does. It’s really all a part of education, diagnosis, and support. Our healthcare team does that.

### Receiving other patients

We had to figure out how to receive other patients. As you walk in, we now have signs that direct you to two separate waiting areas. All patients must be masked on entry to the building. That helps us feel increasingly comfortable.

If I’m masked and you’re masked, the likelihood of shifting that virus between us is lower. If I’m not wearing my mask and you’re showing signs of COVID-19 infection, my risk is high. But if I put my mask on and we’re social distancing, we’re in better shape.

### How does coronavirus affect you?

Usually patients who get coronavirus begin feeling sick within a few days of exposure. Common symptoms include cough, fever, shortness of breath, chills, headache, sore throat, muscle aches, and loss of taste or smell. Then they’re

not feeling well for several days, and they either start to get better or get worse after that. That’s when you run into issues about whether a patient can stay at home or be hospitalized.

There are still many other patients who need to be seen, and get their medications, but they don’t want to visit us. They don’t want to be exposed. We understand and have other options.

We have Telehealth, and we just offer that to them. We tell them, “You have your appointment coming up this week. You’re welcome to come in, or we could meet you through Telehealth. You wouldn’t have to leave your house. We could talk to you that way as long as your symptoms are alright. We can still help you out at home.”

We’ve even been able to Telehealth with COVID patients. We can connect, listen to their story, see what they look like as best we can, and determine, “Okay, you look and sound like you’re likely to have COVID-19 infection. I can send you downtown to Lilly, or I can send you up North, or you can come here to get tested.”

### What is the biggest lesson learned from this pandemic?

We live in a multicultural, medically under-served community, and if we’re sensitive about what we do, we know we live in a community where people are not seeking care in the most effective way they could. We know that it’s difficult, no matter where you live.

It’s been difficult to provide consistent, objective education to consumers so they will understand and accept the severity of this coronavirus. We are more aware than most people of the tragedy of people dying rapidly in many areas around the country due to coronavirus. Hospitals here readied themselves very quietly. They got their intensive units prepared. They adapted their ventilator capacity as needed. They are well prepared. We didn’t really hear the drama of that. If you talk to the care providers, however, they were very fearful about what could happen.

I received this text message from a young physician friend who had witnessed

COVID related deaths, “Dr. Pike, please be careful. You don’t want this disease.” That’s an intensity from somebody who’s young and looking back at me and saying, “I know you’re in practice, and I want you to be very cautious. It can be ugly and deadly.” That intensity has been difficult for us to communicate.

I’m fearful that as we “reopen,” people will not understand the importance of continued masking and distancing. If we can get people to just maintain distance, wear masks, be good at hand washing and good at cleaning, we’re going to save lives, and COVID-19 will have some degree of control.

### Are we in a pandemic age?

I think we would be fooling ourselves if we thought that this was the last pandemic. The key is being able to detect it early and adapt quickly. And for healthcare providers, it comes down to a staff who can adapt, change and work with everybody. It’s so important now.

### How is your home life with this?

My wife and I work together here, so being able to go home, take a breath, and get away from the intensity has been important. We still spend a lot of time at home debating what the next day is going to look like, but on weekends, we look forward to moments when we can just relax.

All of my healthcare providers are like that. I have two providers who work in COVID-19 positive areas and that is very intense. And they both have the same get-away thoughts. Like, “Thank goodness for Fridays when we can take a breath after we finish and be gone for a couple of days.”

My wife has shared some moments that have been emotionally trying. Recognizing the severity of what we do and the importance of trying to deliver care every day is stressful. She takes on the responsibility of having enough personal protective equipment (PPE) and supplies for us which have been in short supply.

Do we have enough masks? Do we have enough gowns? Do we have enough

hand sanitizer? There are moments when she found that overwhelming. We each come to the end of the day and feel we can't do any more than what we've done, but it doesn't feel like it's enough.

**How has COVID-19 affected you financially?**

We've been able to adapt, because we are diversified. Some medical clinics have shut down their primary care practice and kept their providers at home to do Telemedicine or urgent care.

All urgent care facilities are struggling. They've lost anywhere from 50 to 80% – some even 90% – of their walk-in visits.

Before COVID-19, we were seeing 30 to 35 walk-in patients a day. Over a 5-day period, it went from that to 25, then to 20, then to 12, and it has stayed that way. It was unnerving. But it did motivate us to come to the table and say, "How are we going to navigate a lack of walk-ins when we know the need for healthcare still exists? How do we do that?"

Our practice is slowly regaining some stability. We're not nearly as productive in

terms of numbers as we were. When we knew the payroll protection program was available, we put it to use. It has been important for us as it has been for many, many businesses.

**What has inspired you most by this crisis?**

There's inside of me every day an intense need to make sure we keep focusing on telling people about the severity of this disease and sharing how people need to take care of themselves and their families. That's the driving force of why we do what we do every day.

**Do you see a path back to the old normal?**

No, I don't think that's going to happen. It's going to take us months to move through the virus process and to see what is going to be required to rebalance. We just don't know. We don't understand what "resurgence" means. We don't know whether it's going to happen again or not. But, if a resurgence occurs in central Indiana, we could see the mortality go significantly higher. If that happens in Indianapolis that will be scary. ●

**Dr. Pike's thoughts about "quality of life" versus "length of life."**

We see those who are moving toward the end of life, and when we try to communicate that to their family, it is sometimes difficult. The expectations of family can be difficult to meet. They may like to see their loved one live a longer life, but we know their loved one is reaching the end of their life. We may only be able to maintain a person's comfort and dignity at the end of their life, while the family may urge for a cure to get them back to the way they were when they were younger. That's difficult. We see that on our geriatric side.

We sometimes suggest a family member ask us, "Would you be surprised if 'my mom' were to die in the next six to 12 months?" And ordinarily that answer is pretty easy. We might answer, "Yeah, we wouldn't be surprised." And really, if you ask that of a family member, and if they're honest, they'll answer it honestly as well. And when we discuss death like that, then it gives us an opportunity to shift gears toward a more caring and accepting interaction.

**Define "Primary Care."**

Your primary care provider's job is to keep you healthy. A primary care provider is either a physician, a physician's assistant, or his practitioner who takes on the role and the responsibility of caring for an individual. You look for hypertension, diabetes, high cholesterol, and obesity issues. A primary care provider navigates you through all of the issues of immunizations, blood work, and the preventive activities.

**Urgent Care vs Primary Care**

Young people between 18 and 30, do not seek primary care. They feel confident enough that they just will come in when they are sick or in pain.

We've continued to craft what we do as an organization to meet demand for urgent care. We do almost all of our medical business here with physician assistants. They do the urgent care. And I've got a couple of them who are really awesome about doing primary care. They're very good. They're all careful about their limitations. And we've been able to do that really well.



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# 2020 PIKE HIGH SCHOOL GRADUATION

**A message from Mr. Troy Inman:**

**As an educator and the Principal of Pike High School, it gives me great pride to recognize the Class of 2020.**

Each of these young people have made a profound impression upon the adults who have had the pleasure of teaching and, in many instances, learning alongside them. Although we do not know what the immediate future may hold, we do know that they will accomplish great things and enjoy enormous success. I trust that their time in Pike Township has prepared them for what lies ahead and, know



that I speak for my entire Pike Township Family when I say that we excitedly look forward to supporting them as they move forward, cheering them on every step of the way.

I extend a special congratulations to our **Academic Top 30**. They have shown amazing maturity and demonstrated an incredible determination to do well scholastically.

**Seniors**, thank you for making us so #PikeProud. It has been a privilege and an honor to be part of your educational journey.



Heather Mansell



Lynn Tan



Zachary Smith



Amy Boyle



Olamide Ayangade



Shivani Kumar



Benjamin Stanton



Logan Anderson



Emma Wilson



Alana Gill



Cindy Wang



Melanie Lin



David Russ



Trinity Barnes



Sarah Beiter



Nathan McClain



Nicholas Sadenwater



Anna Kragness



Eric Spoelman



Fortune Anjorin



Reilly Conwell



Mackenzie Woodard



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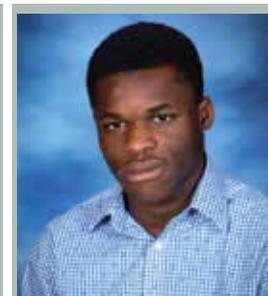
Sierra Olson



Kadidiatou Diallo



Titan Hoang



Adedamola Adehinmoye



Mofeoluwa Adekanye



Madison Hamm

# Class of 2020

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Adebowale Adewunmi Adenodi	Mia Renee Buis	Eba Neshá Latease Ellis Bowles	Shakara A'Nijah Marable	Shakara A'Nijah Marable	Niya Phillips	Myles Strong
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Lamarie'a Lana'e Britton	Janae Lynn Dobbins	Maiyonna Evonne Henry	Cederick Anthony Lopez Moctezuma	Cederick Anthony Lopez Moctezuma	Ryana Nicole Smith	Jalen Misay Zamora
Anthony Dewayne Brookins	Dariona Roeshawn Dodd		Dana Janet Lopez Rodriguez	Dana Janet Lopez Rodriguez	Shakar Isaiah Smith	Jimena Zuniga
Ariyah Kay Broome						

# The Math Behind Social Distancing

Published March 28, 2020  
By Marcus Lu  
with Visual Capitalist

## What is Social Distancing?

## What does it mean for you?

Government of Canada

 <p>Keep at least <b>6ft (2m)</b> apart from others</p>	 <p>Avoid non-essential gatherings and crowds</p>	 <p>Limit contact with those at higher risk</p>	 <p>Work from home whenever possible</p>	 <p>Greet with a wave, not handshakes or hugs</p>	 <p>Avoid going out, except for essentials</p>
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The calculations used come from Signer Laboratory, a stem cell research lab located in the Moores Cancer Center at the University of California San Diego.



As we wait for scientists to develop a vaccine for COVID-19, there is another, more readily available tool at our disposal.

**Social distancing** is the first line of defense for containing an infectious disease. That's because these infections spread when people cough, sneeze, or touch surfaces on which the virus resides. The infographic above illustrates how social distancing can slow down the spread of infection.

On average, an infected individual will spread the COVID-19 disease to 2.5 other people, (some say it's twice that).

Before someone knows they have COVID-19, it's assumed they will unknowingly spread COVID-19 over the five-day incubation period until the individual begins to develop symptoms, and, hopefully, self-quarantine, and no longer pose a threat to others.

### Timing is Everything

What's clear is social distancing is most effective when

implemented with minimal delay. Studies support the infographic, which shows how quickly a disease can spread.

Social distancing interventions are important as they represent the only measure guaranteed to be available against this new strain of influenza in the early phases of a pandemic.

### We All Have a Part to Play

With the global number of COVID-19 cases still rising, many governments have issued quarantine orders and travel bans.

The math supports these decisions. Reducing our physical contact with others, even when we aren't experiencing any symptoms, is crucial. Studies prove that taking action sooner, rather than later, can go a long way in reducing the spread of infection.

**Social distancing is a powerful disease control tool, but only if we all participate.** ●

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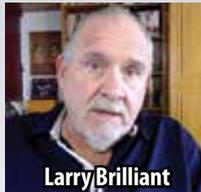
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# How do we live in an Age of Pandemics?

# TED



Chris Anderson



Larry Brilliant

**TED (Technology, Entertainment, Design) is an American media organization that posts talks online for free distribution under the slogan “ideas worth spreading.” TED (www.ted.com) was started in 1984. Leaders in their field present talks on scientific, cultural, political, and academic topics. It is owned and curated by Chris Anderson, a British-American businessman.**

**Editor’s note:** My mother introduced me to TED Talks years ago, and since the TED presenters keep their talks to about 20 minutes, they are easy to fit into my schedule. I regularly listen to TED Talks while driving.

Recently I listened to a discussion between TED’s owner, Chris Anderson, and an expert on pandemics, Larry Brilliant. We had the discussion transcribed to share with you because the challenges we face are clarified so well.

**Chris:** Larry, you played a key role more than 40 years ago in helping the world get rid of smallpox. In 2006, you came to TED and warned the world of a global pandemic and what we might do about it. The key phrase you used was: **early detection - early response.**

**Larry:** Yes, when you have a pandemic, something’s moving at exponential speed. If you miss the first two weeks, it’s not the deaths and the illness from the first two weeks you lose. It’s the deaths of those during the two weeks at the peak. Those are prevented if you act early. Early response is critical. And early detection is a condition precedent.

**Chris:** How would you grade the world on its early detection and early response to COVID-19?

**Larry:** Taiwan, Iceland, and New Zealand get an A. UK and the United States get a failing grade. I’d give a B to South Korea and to Germany. The world as a whole is faltering.

**Chris:** What was the key mistake the countries you gave an F to made?

**Larry:** Fear, political incompetence, interference, not taking it seriously soon enough. It’s pretty human. Every pandemic is first viewed with denial and doubt, but the countries that acted quickly did really well. We lost two months. We gave a virus that moves exponentially fast a two-month head start.

A virus moves depending on three major issues:

- 1. The “R-naught” or “R-0,”** which is the level of infectiousness. It’s how many people out of 10 that one sick person will infect. In this case, people talk about the R-0 of coronavirus being 2.5, but others are suggesting it’s really 5.7. [Which makes it as infectious as Smallpox.]
- 2. The incubation period or the generation time.** The longer that is, the slower the pandemic appears to us. When it’s really short, like six days [with coronavirus], it moves like lightning.
- 3. Then the last and the most important issue is the density of susceptibles.** This is a brand-new virus, so we are all susceptible to the infection — that’s eight billion of us. The world is facing a virus that looks at all of us as targets. It does not matter our color, our race, our country, or the amount of resources available to us.

**Chris:** What has made the coronavirus so deadly?

**Larry:** It is the combination of the short incubation period and the high transmissibility. Everybody, now, has known somebody who has the disease. Sadly, many have lost a loved one.

### **This is a terrible disease.**

It’s a disease that affects all of our organs, even though it’s considered a respiratory disease. So many of the patients have blood in their urine from kidney disease. They may have gastroenteritis. They may have heart failure. Very often we know that it affects taste and smell, the olfactory nerves. We know of course about the lung. The question I have, is there any organ that it does not affect?

**Chris:** What’s the way forward?

**Larry: Rapid detection, rapid response.** We need to find every case, and then find all the contacts that person made. We’ve got great technology for contact tracing. We’ve got amazing scientists working to give us test kits and antivirals and vaccines. We need to slow down the speed of this virus, which is why we do social distancing.

Just to be clear, flattening the curve by social distancing doesn’t change the total number of cases, but it changes what could be a Mount Fuji-like peak of cases into a manageable number of cases. Then we won’t also lose people because of a lack of hospital beds. We can save people who have heart attacks and people who need chemotherapy. Women with difficult births can

**Chris Anderson** (born 1957), a British-American businessman, is the head of TED, a non-profit organization that provides idea-based talks.

**Larry Brilliant** (born 1944) is an American epidemiologist, technologist, philanthropist, and author, notable for his 1973 - 1976 work with the World Health Organization, successfully eradicating smallpox.

get into the hospital, and we can use the scarce resources we have, especially in the developing world, to treat them.

So, we need to slow down the speed of the epidemic, and then, in the troughs between waves, we jump on, double down, step on it, and find every case, trace every contact, test every case, and then quarantine those who need to be quarantined. We need to do that until we have a vaccine.

**Chris:** It sounds like we have to get past this stage of the pandemic. We need to start identifying individual cases and trace their contacts and treat them separately. It’s going to take a step up of coordination, ambition, organization, and investment that we’re not really seeing. Can we do this?

**Larry:** Of course we can. Taiwan did it beautifully. Iceland did it so beautifully, as did Germany, and South Korea. All with different strategies. It requires competent governance, a sense of seriousness, and listening to the scientists, not the politicians. Let me remind everybody this is not the “zombie apocalypse.” It’s not a mass extinction event. 98-99% of us are going to get out of this alive. We need to deal with it the way we know we can and we need to be the best version of ourselves, both sitting at home as well as in science, and certainly in leadership.

**Chris:** Might there be even worse pathogens out there in the future?

**Larry:** Yes, that’s what I’m mostly worried about. How will we respond to a new deadly pandemic?

If I look back three decades, we have had Ebola, SARS, Zika, swine flu, bird flu, West Nile. There have been 30 to 50 new viruses that have jumped into human beings.

### **We are in an age of pandemics.**

We have to behave like that. We need to understand we’re living in the same world as animals. It’s the environment vs. us living beings. We must get rid of this fiction that we are some kind of a special species. To the virus, we’re not any different.

**Chris:** Do you see any accelerated path to a vaccine?

**Larry:** I do. I’m actually excited to see we’re doing something we only used to think of in computer science. We’re changing what has always been, multiple sequential processes: 1. safety testing for effectiveness, 2. Test for efficiency, and 3. You manufacture. We’re doing all three of these steps at the same time. Bill Gates is

building seven vaccine production lines in the United States and they are starting to prepare for production. They don’t know what the end vaccine is going to be. We’re simultaneously doing safety tests and efficacy tests. I’m very thrilled to see that.

**Chris:** How does that translate into a likely timeline?

**Larry:** Tony Fauci [Trump’s point medical man] is our guru in this, and he said 12 to 18 months. I think we will be faster in the initial vaccine. But this virus may not give us the long-term immunity like smallpox did. So, we’re trying to make vaccines where adjuvants (supplemental treatments) can be added to make the vaccine create better immunity. With that, we can confer immunity for many years. That’s going to take longer.

**Chris:** In 2006, you wished the world would create a pandemic preparedness system that would prevent something like Coronavirus. I feel like we, the world, let you down. If you were to make another wish now, what would it be?

**Larry:** I don’t think we’re let down in terms of speed of detection. I’m actually pretty pleased. In 2006, it took us six months to find a possible pandemic virus. The first was Ebola. We’re now finding the first cases in two weeks. I’m not unhappy about that.

There’s a bigger issue for me. What I found is that in the smallpox eradication program, people of all colors, all religions, all races, so many countries came together, and worked as a global community to conquer a global pandemic.

Today, however, we have become victims of centrifugal forces. We have our nationalistic barricades up. We will not be able to conquer a pandemic unless we believe we’re all in it together. This is not some Age of Aquarius or a Kumbaya statement. This is what a pandemic forces us to realize.

**We are all in it together. We need a global solution to this global problem. Anything less than that is unthinkable.**

**Chris:** Larry Brilliant, thank you so very much. ●

# History of Pandemics

Published March 14, 2020, by Nicholas LePan. Edited by Pike Pulse.

**Pan-dem-ic: A disease prevalent over a whole country or the world; epidemic over a large area.**

As humans spread across the world, so have infectious diseases. Even today, outbreaks are nearly constant, though not every outbreak reaches pandemic levels as the Coronavirus (COVID-19) has. The visualization below shows some of history's most deadly pandemics, from the Antonine Plague in 165 AD to today's COVID-19.

## A Timeline of Historical Pandemics

Disease has plagued humanity since the earliest days. Widespread trade created new opportunities for human and animal interactions that sped up such epidemics: malaria, tuberculosis, leprosy, influenza, smallpox, and others first appeared during these early years.

The more civilized we became — with cities, trade routes, and contact with different populations, animals, and ecosystems — the more pandemics occurred.

Despite the persistence of disease and pandemics, there's one consistent trend — a gradual reduction in the death rate. Healthcare improvements and understanding the factors that incubate pandemics have been powerful tools in decreasing their impact.

## Wrath of the Gods

In many ancient societies, people believed spirits inflicted disease and destruction upon those who deserved their wrath. This perception often led to disastrous responses that resulted in the deaths of thousands, if not millions.

In the case of Justinian's Plague, the Byzantine historian Procopius of Caesarea traced the origins of the plague, the *Yersinia pestis* bacteria, to China and India, via the land and sea trade routes to Egypt where it entered the Byzantine Empire through Mediterranean ports.

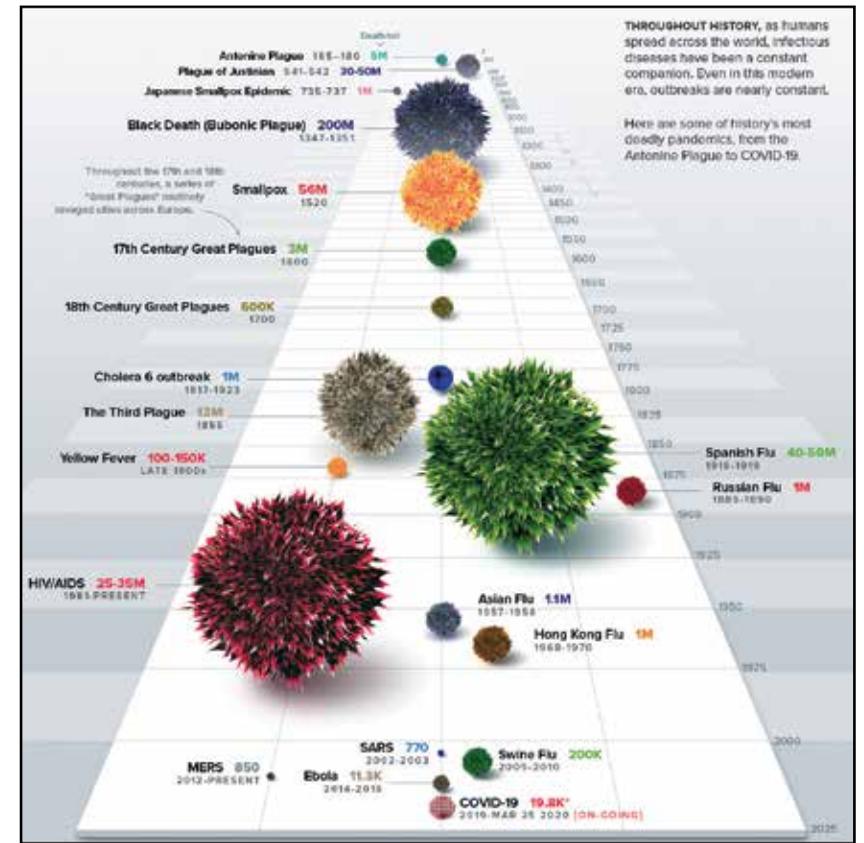
Despite his knowledge of the role geography and trade that played in this pandemic, Procopius laid blame on the Emperor Justinian, declaring him to be either a devil, or invoking God's punishment for his evil ways. Some historians believe this plague that killed 50 million in 2 years dashed Emperor Justinian's efforts to reunite the Western and Eastern remnants of the Roman Empire, and marked the beginning of the Dark Ages.

Gratefully, humanity's understanding of the causes of disease has improved, and this is resulting in significant improvement in fighting pandemics.

## Importing Disease

The practice of quarantine began during the 14th century in an effort to protect coastal cities from disease. Cautious port authorities required ships arriving in Venice from infected ports to sit at anchor for 40 days before landing — the origin of the word quarantine from the Italian "quaranta giorni", or 40 days.

One of the first instances of relying on geography and statistical analysis was in mid-19th century London, during a cholera outbreak. In 1854, Dr. John Snow came to the conclusion that cholera was spreading via tainted water and decided to display neighborhood mortality data directly on a map. This method revealed a cluster of cases around a specific pump from which people were drawing their water.



While the interactions created through trade and urban life play a pivotal role, it is also the virulent nature of particular diseases that indicate the trajectory of a pandemic.

Scientists use a basic measure called the reproduction number — also known as R0 or "R-naught" — to track the infectiousness of a disease. This number tells us how many susceptible people, on average, each sick person will infect.

## Tracking Infectiousness

Measles tops the list, being the most contagious with an R0 of 16. This means a single person can infect on the average 16 people in an unvaccinated population.

While measles may be the most virulent, vaccination efforts and herd immunity\* can curb its spread. The more people are immune to a disease, the less likely it is to proliferate, making vaccinations critical to prevent the resurgence of known and treatable diseases.

It's hard to calculate and forecast the true impact of COVID-19, as the outbreak is still ongoing and researchers are still learning about this new form of virus.

## Urbanization and the Spread of Disease

We arrive at where we began, with rising global connections and interactions as a driving force behind pandemics. From small hunting and gathering tribes to the metropolis, humanity's reliance on one another has also sparked opportunities for disease to spread.

Urbanization in the developing world is bringing more and more rural residents into denser neighborhoods, while population increases are putting greater pressure on the environment. At the same time, passenger air traffic nearly doubled in the past decade. These macro trends are having a profound impact on the spread of infectious disease.

As organizations and governments around the world ask for citizens to practice social distancing to help reduce the spread of infection, the digital world is allowing people to maintain connections and commerce like never before. ●

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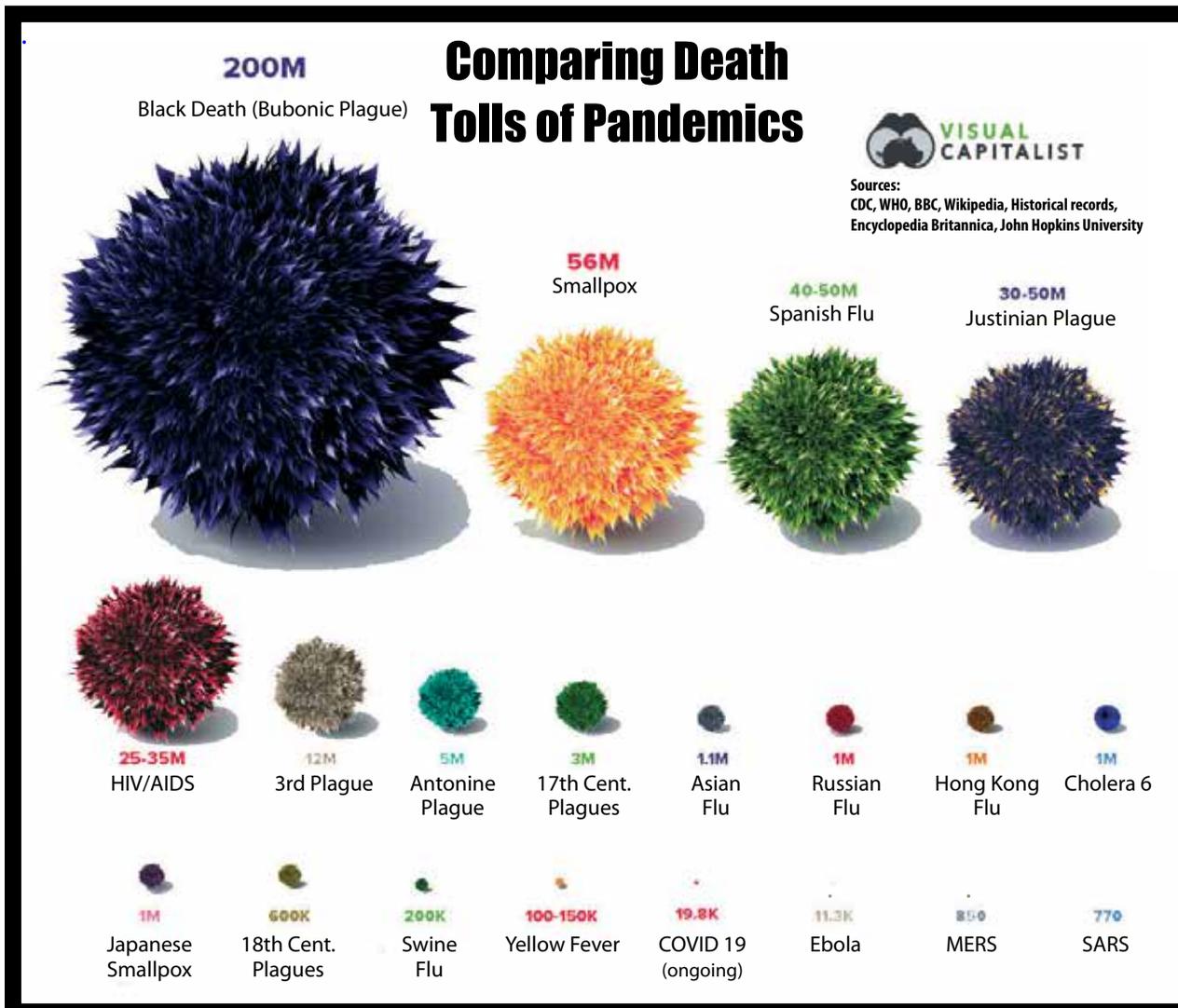
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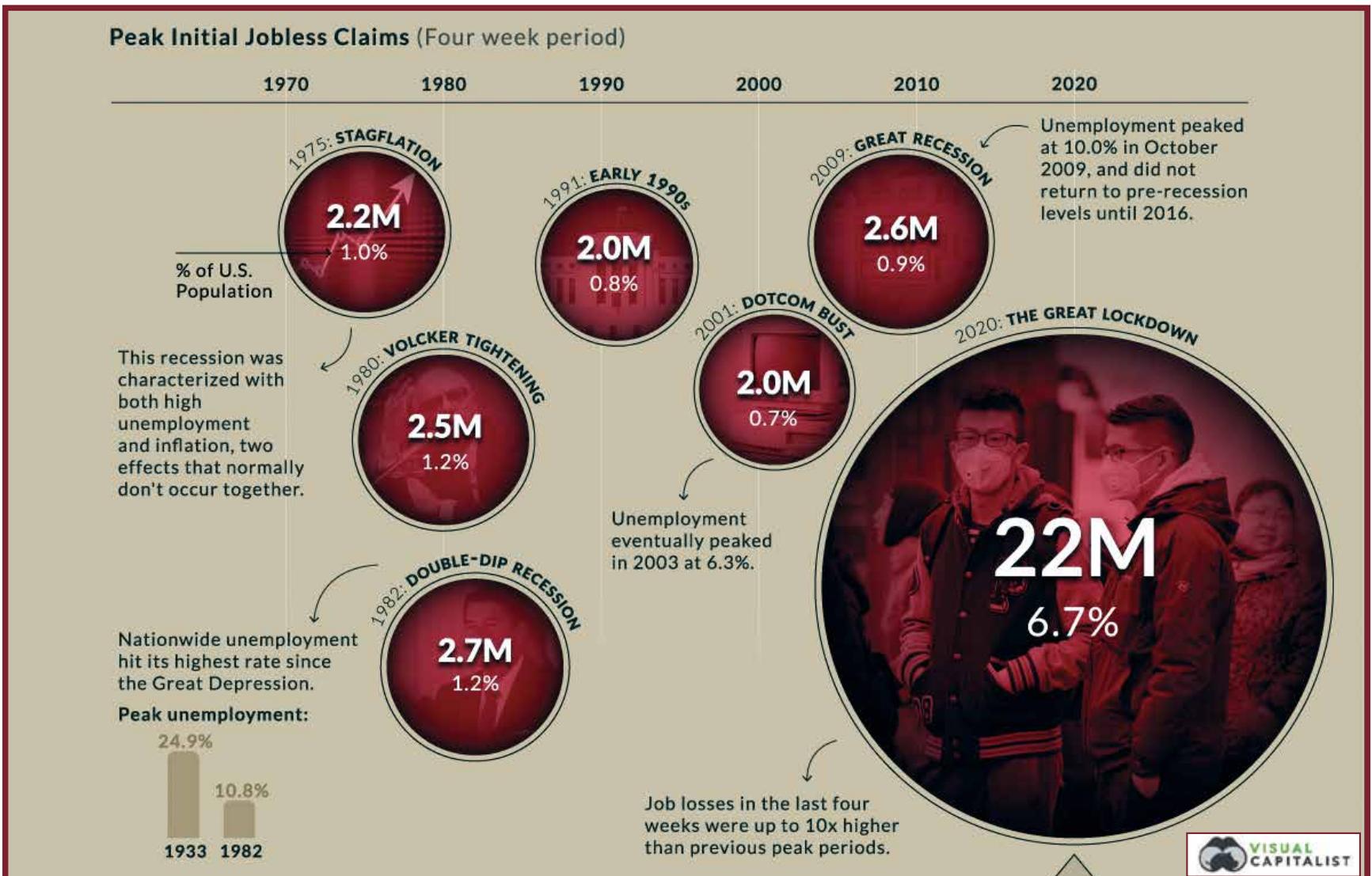
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\*"Herd Immunity" is the idea that if enough people get immunized against a disease, they'll create protection for even those who aren't vaccinated. This is important to protect those who can't get vaccinated, like immuno-compromised children. Low levels of vaccination lead to everyone getting infected. Medium levels slow down the progression of the illness, but it doesn't offer robust protection to the unvaccinated. But once you reach a high level of vaccination, the disease gets effectively road-blocked. It can't spread fast enough because it encounters too many vaccinated individuals, and so the majority of the population (even the unvaccinated people) are protected.



WRITER'S NOTE: THE COVID-19 PANDEMIC IS STILL IN ITS EARLY STAGES, AND IT IS OBVIOUSLY IMPOSSIBLE TO PREDICT ITS FUTURE IMPACT. THIS POST AND THE INFOGRAPHIC ARE MEANT TO PROVIDE HISTORICAL CONTEXT.

# More Jobs Lost! What Now?



## Scary Times

When recessions develop, we see millions of jobs lost. It's a regular part of the business cycle. You know it's coming, you plan for it, and most businesses tough things out. Spending is curtailed, budget cuts are made, and workers are sent home.

The Great 2020 Lockdown of the COVID-19 pandemic has thrown a wrench into the economy, stopping everything. Business operations were suddenly screeched to a halt with no clear window to resume.

## Room for Optimism

Since recessions normally take months to culminate with peak job losses at the tail end of each one, this forced recession has no historical guidelines.

This recession was sudden and mandated by our government. Business had been good with no hint of a downturn. It also corresponded with closures of national borders and the halting of regular trade activity around the world.

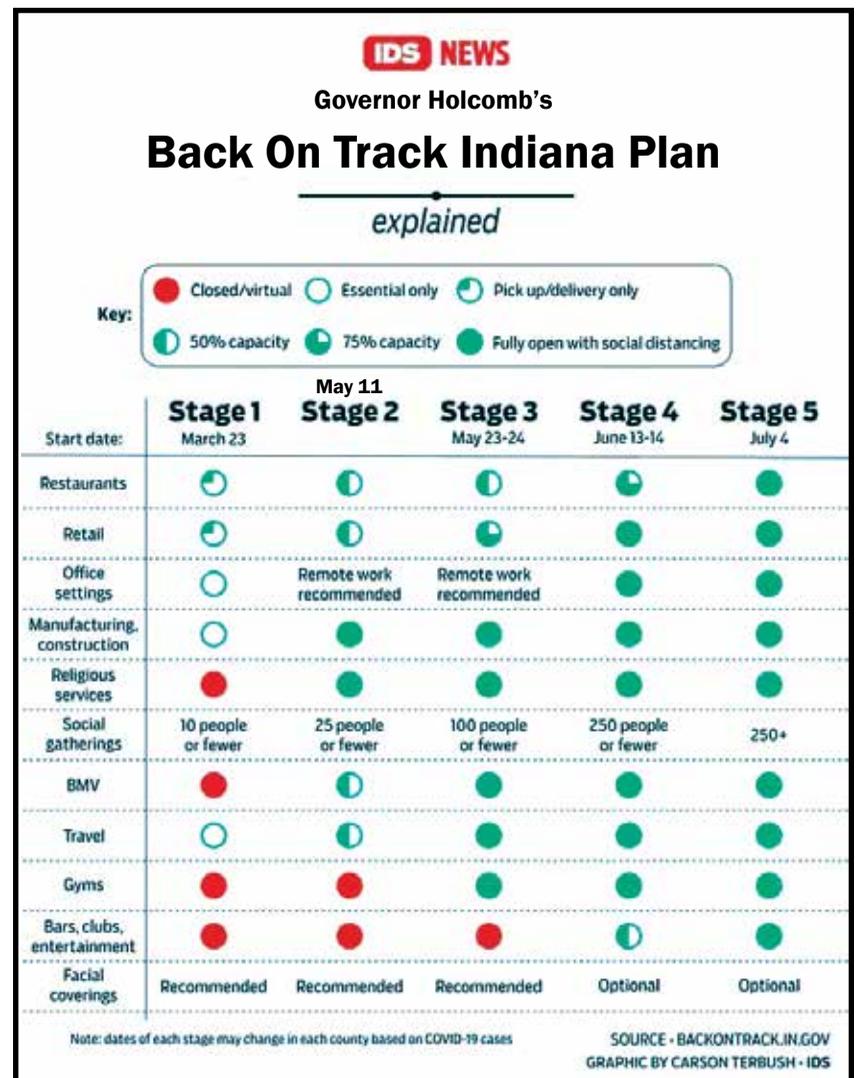
The International Monetary Fund is anticipating 2021 to be a much better year. (See the article on next page.) ●

## Comparing Jobs Lost in Recessions

Year	Description	Jobs Lost	% U.S.
1930s	The Great Depression	41.00 M	(estimated) 24.9%
1975	Stagflation	2.24 M	1.0%
1980	Fed tightening (Volcker)	2.52 M	1.1%
1982	Double-dip recession	2.70 M	1.2%
1991	Early 1990s recession	2.00 M	.8%
2001	Dotcom Bust	1.96 M	.7%
2009	Great Recession	2.64 M	.9%
2020	The Great Lockdown	22.03 M	6.7%

Source: Financial Times (& Visual Capitalist)

Editor's note: The job lost number during the Great Depression shown in the chart is estimated. Weekly tracking of jobs lost started in the 1960s.





# International Monetary Fund Predictions

## There May be Light at the End of the Tunnel

**The International Monetary Fund (IMF)** is an organization of 189 countries, working to foster global monetary cooperation, secure financial stability, facilitate international trade, promote high employment and sustainable economic growth, and reduce poverty around the world.

**Gita Gopinath** (49) Chief Economist of the IMF since 2019. She is on leave of public service from the economics department of Harvard University. She named the worldwide recession of 2020 as **"The Great Lockdown."**



Silva Amaro (Reporter for CNBC): **The International Monetary Fund (IMF)** has just released its 2020 world economic outlook, and their forecasts make the coronavirus crisis the worst recession since the Great Depression in the 1930s. Is

there any light at the end of the tunnel? Chief Economist **Gita Gopinath** and I connected by video meeting to discuss the organization's latest predictions about the world today.

Silva Amaro: In January the IMF predicted the economy would be up 3.3% in 2020. But you revised it to go down 3%. Dropping 6.3% in such a short period is exceptionally rare.

Gita Gopinath: It's a truly global crisis, and the speed and scale of the downturn is really quite unparalleled.

Silva Amaro: In an effort to contain the deadly virus, governments have called on their citizens to stay home, which shut down the economy. **The Great Lockdown**, as you called it, is a crisis like no other.

Gita Gopinath: Yes, in the past when there was a crash in housing prices, a burst of the financial bubble, the downturn would be quick, and then it would go away. We could work on economic policy and start fixing the problem. But with this pandemic, nobody can really tell us exactly what will happen in the next few months.

Emerging markets and low-income nations in Latin America, Africa, and much of Asia will be hit the hardest. They have weaker healthcare systems and large populations packed into dense cities. Social distancing and life-saving treatments are less of an option there. Investors have also been pulling their money out of the emerging markets – about 100 billion US dollars in the last two months – leaving their financial systems in vulnerable positions. Even within developed economies, the pandemic is putting massive pressure on labor markets. The IMF estimates the unemployment rates will reach



10.4% in both the United States and the Eurozone this year. We may see inequality becoming even a bigger problem in the aftermath of this crisis.

This is a crisis that's impacting poorer workers, daily wage workers, those in the restaurant sector and in tourism. When you have a deep recession of this kind, there is always a tremendous loss of income for people at the lower end of the income scale. The number of people in poverty can go up. Inequality can go up.

Silva Amaro: In the US, the federal reserve has offered more than three trillion US dollars in loans and asset purchases. The US Congress approved a 2.2 trillion US dollar stimulus package. In Japan, the ruling party proposed their biggest ever stimulus program worth more than 550 billion US dollars. And in Europe, countries have set aside previous fiscal commitments so they can spend without limits. In addition, the Eurozone has also developed financial packages of around half a trillion US dollars.

According to IMF figures globally, about eight trillion US dollars have been made available to support struggling economies.

Gita Gopinath: You have to keep in mind that of this eight trillion, about seven trillion is in the G20 economy countries (the wealthiest 20 countries in the world), and a lot of the spending is happening in those richer parts of those countries.

The poorer nations, the low income and developing countries are having to tackle this with much smaller resources.

The first step is for the international community to provide support for developing economies and low-income countries.

Silva Amaro: We don't know how long this crisis will last, but we do know that it will leave us with a huge amount of debt. What does this mean for future generations?

Gita Gopinath: This crisis calls for large amounts of public intervention, so we do project that debt levels will go up in all parts of the world and especially in advanced economies. Fortunately, they are able to borrow at very low interest rates, so if those interest rates stay low, and we have the kinds of recovery that we are projecting at our baseline, we see sufficient tax revenues coming in that will help control the level of debt. (There will be countries, however, with debt accumulations that will be damaging. Creditors will have to consider offering forms of debt relief and debt restructuring.)

On the medical front, we feel the health systems in many parts of the world are strong. On the economic front, we feel there are lenders who can ensure sufficient liquidity in markets, adjust the policies, and are able to play a major role supporting firms and households. ●

# Navigating Uncertainty: Leadership Accountability in Times of Crisis

Among the strongest performing companies, accountable leaders consistently demonstrate five behaviors that set them apart from others.

## Applications in a Virtual World

Leaders prioritize these characteristics to navigate uncertain times.

**1. Hold others accountable for high standards of performance.**

Make mutual expectations clear by consistently reinforcing what is important and what employees must focus upon in their roles.

*“Building a culture of high standards is well worth the effort, and there are many benefits. Naturally and most obviously, you’re going to build better products and services for customers.”*  
**Jeff Bezos; CEO & Founder of Amazon**

**2. Tackle tough issues and make difficult decisions**

Technology can be great, but we need to infuse the human element. Picking up the phone for a call is more immediate and personal, especially when it comes to problem solving and making tough decisions.

*“We need to accept that we won’t always make the right decisions, that we’ll screw up royally sometimes — understanding that failure is not the opposite of success, it’s part of success.”*  
**Arianna Huffington; Co-founder, Huffington Post**

**3. Communicate the strategy across the organization**

Leaders must invest heavily in ensuring that employees have the strategic clarity to do their jobs, decrease their stress and remain engaged.

*“Every day we talk about, ‘Hey, how should we build our roadmap for the future?’ And that’s our world.”*  
**Lisa Su; CEO, Advanced Micro Devices**

**4. Express optimism about the company and its future**

Many employees can feel isolated and disconnected in a virtual world. Leaders must provide support, positive energy and bring a sense of hope for the future.

*“In a time of wrenching disruptions and exhilarating breakthroughs, of unrelenting turmoil and unlimited promise, you can’t create a better future for your organization and your colleagues unless you first believe in the future.”*  
**Bill Taylor; Co-founder, Fast Company**

**5. Display clarity about external trends in the business environment**

It’s critical to help employees make sense of the world right now. Leaders must provide honest and transparent communication in a way that manages fear, stress and anxiety. This helps build resilience, resolve and a determination to help the organization succeed.

*“While it’s impossible to know how long this crisis will last, I know we, as a global community, will come through the other side.”*  
**Arne Sorenson; CEO, Marriott International**



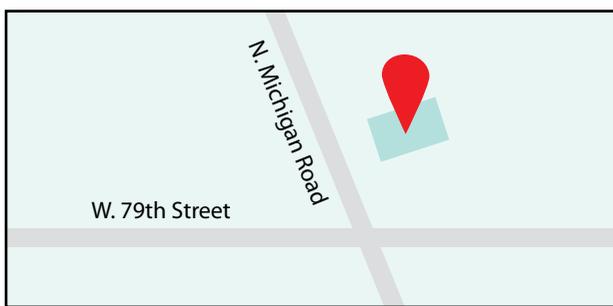
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