

September 25, 2020

RE: Reflections as a Pharmacy Technician During COVID-19 Outbreak in Brooklyn, NY

To whom it may concern:

February 2020 in New York City the first cases of the novel coronavirus, COVID-19, were first encountered. By March 2020, a New York State and New York City (NYC) wide shelter-in-place order was enacted by the Cuomo / De Blasio administrations (respectively). During the shelter-in-place order, non-essential businesses and employees were required to stay home to the extent as practical. My profession during this time was as a certified pharmacy technician at a Walgreens store in central Brooklyn, NYC. I am writing this letter as a reflection of my experience during the early part of the COVID-19 Pandemic and outbreak in NYC.

Firstly, I will attempt to establish a timeline of events as I recall them. As I noted previously, the first confirmed cases of the virus were encountered in February 2020 (of European origin), and by March 2020, state and local governments had enacted shelter-in-place orders, social distancing and mask wearing mandates. During April 2020, NYC was experiencing peak infection with over 1000 new cases per day and reached a peak death rate of approximately 600 people per day. By May 2020, we began to see steady declines in both infection rate and death rates. By August 2020, new infections appeared to bottom out to less than 0.1% per day.

During the early part of the outbreak in NYC, my profession was designated as essential and I maintained my position as a certified pharmacy technician. I was employed by a Walgreens in central Brooklyn, in the neighborhood of Flatbush. The pharmacy took several actions in response to COVID-19. First, we erected plastic sheeting to serve as a physical barrier to separate pharmacy personnel and patients. The barrier was rudimentary and consisted of a simple plastic sheet, which I purchased from my local hardware store, hanged in the pharmacy with tape. Secondly, because the space in the pharmacy was limited all pharmacy personnel wore masks. Lastly, regular communication was enacted between pharmacy management and employees and two-week quarantines were enforce if symptoms were noticed by the employee. Of course, at this time so much was unknown about COVID-19 and everything felt like a "trial by fire", in terms of the efficacy in dealing with COVID-19.

Aside from the plastic sheet barrier and mask wearing the overall work environment in my pharmacy remained more or the less the same during the outbreak. I still reported to work at the same time and left work at the same time. During the months of March 2020 to July 2020, the Walgreens store limited the number of customers and patients who could enter during a given time in order to better maintain social distancing measures. This resulted in longer lines than usual and even lines for employees to enter the store. I distinctly recall one morning when I arrived to work a disgruntled customer whispering under their breath questions as to why I was able to enter the store before they were, because they had been waiting in line for an extended period of time. Regarding patient and pharmacy staff interaction, the makeshift plastic barrier proved to be supported by the patients and the pharmacy staff, and worked to reduced anxieties surrounding COVID-19 and COVID-19 transmission when interacting together. Several patients told me this was a great idea.

The measures we took at the pharmacy were implemented during March 2020, prior to peak infection and peak death rates in NYC. As I recall, the borough of Brooklyn saw most of the COVID-19 infections in terms of both peak

infections and death rates, especially in lower income areas surrounding the Walgreens which I worked at. This added a great deal of personal mental stress on me, as several members of family were (and thankfully still are) considered more “at risk” for COVID-19. Therefore, my status as an “essential employee” was both good and bad – good because I was still working and that help keep me financially stable and bad for fear of contracting COVID-19 and passing it to my family.

During the majority of the pandemic outbreak in NYC, my main mode of transportation was the public transportation system, and I primarily used the rail transit system, colloquially referred to as the subway. My work schedule required that I arrive at my store mid-morning and leave at night, and during this time I saw many different kinds of individuals in the subway system. Usually in the morning time I felt much safer since there was more light and other professionals / essential workers who were also commuting to work. At night, however, I felt like things were not as safe. At night I typically saw an influx of homeless New Yorkers, often the most vulnerable for COVID-19 infection and spread, so I often felt anxious riding the subway during this time. One night in particular, a man who appeared to suffering from kind of mental state was repeatedly walking up and down the subway train and blocking doors from closing while cursing about the police or perhaps at a police officer with whom he had an encounter with (this is speculation on part). But the fact remained, the subway system felt desolate, void and more unsafe when compared to pre COVID-19 times.

As an essential worker who worked through the peak infection and peak death rate in NYC during the COVID-19 outbreak, I can attest the experience was full of anxiety, fear and a great sense of unknown. We followed social distancing to the extent feasible, we covered our faces with masks and we erected barriers to protect ourselves and our patients so that we could continue to provide our essential service. We risked our health and safety, we risked infecting our family members, and in some cases many essential workers were not as lucky as me. The thoughts expressed in this letter are mine and are solely my reflection of what it was like working and commuting during the peak infection and death rates in NYC.

Sincerely,

A Certified Pharmacy Technician